

NOTICE TO APPLICANT: The Client Protection Fund makes gifts to clients who lose money or property due to a licensed legal professional's dishonest conduct or failure to account for money or property. The Fund cannot make gifts for legal malpractice, negligence, or fee disputes. Applicants must be the client in the transaction of the loss.

Please print or type

ABOUT YOU (applicant must be the client)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

SPOUSE'S LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ E-MAIL ADDRESS _____@_____

I AM REPRESENTED BY A LICENSED LEGAL PROFESSIONAL ON THIS APPLICATION: YES NO

MEMBER'S NAME: _____ WSBA # _____

I WISH TO RECEIVE INFORMATION BY E-MAIL MAIL

(Note: If you are represented by counsel in this application, all communications will be through your attorney).

NOTE: EXCEPT FOR VERY LIMITED EXCEPTIONS, YOU MUST ALSO FILE A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL BEFORE YOU FILE AN APPLICATION TO THE FUND.

- I HAVE FILED A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL DATE GRIEVANCE FILED: _____
- A COPY OF THE GRIEVANCE IS ATTACHED
- I HAVE NOT FILED A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL BECAUSE
 - THE MEMBER IS DEAD OTHER REASON: _____

THERE IS A CIVIL OR CRIMINAL CASE BASED ON THE MEMBER'S ACTS.

THE CASE IS IN THE FOLLOWING COURT: _____, _____ COUNTY.

THE CASE NUMBER IS _____ THE STATUS OF THE CASE IS: _____

ABOUT THE MEMBER

LAST NAME _____ FIRST NAME _____ WSBA # _____

LAWYER LLLT LPO

I LOST MONEY BECAUSE THE MEMBER:

- STOLE MY MONEY KEPT PROPERTY I GAVE HIM/HER REFUSED TO RETURN FEES AND PERFORMED NO WORK

THE MEMBER IS MY: FAMILY MEMBER, PLEASE SPECIFY: _____ OR

- DOMESTIC PARTNER LAW PARTNER OR ASSOCIATE BUSINESS PARTNER NONE OF THE ABOVE

THE MEMBER REPRESENTED ME

THE CASE THE MEMBER REPRESENTED ME ON IS IN _____ COUNTY.

THE CAUSE NUMBER IS _____



