

Client Protection Fund Application

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 c	lient)			
LAST NAME	FIRST NAME	MIDDLE INITIAL		
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDRESS				
CITY	STATEZIP	CODE		
TELEPHONE	E-MAIL ADDRESS			
I AM REPRESENTED BY A LICENSED LEG	AL PROFESSIONAL ON THIS APPLICATION:	S □NO		
MEMBER'S NAME:	WSBA #			
I WISH TO RECEIVE INFORMATION BY (Note: If you are represented by couns	□ E-MAIL □MAIL sel in this application, all communications will be	e through your attorney).		
NOTE: EXCEPT FOR VERY LIMITED EXC BEFORE YOU FILE AN APPLICATION TO		WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL		
☐ A COPY OF THE GRIEVANCE IS ATT☐ I HAVE NOT FILED A GRIEVANCE W	THE WSBA OFFICE OF DISCIPLINARY COUNSEL ACHED VITH THE WSBA OFFICE OF DISCIPLINARY COUN ER REASON:	SEL BECAUSE		
THERE IS A 🗖 CIVIL OR 🗖 CRIMINAL CA	SE BASED ON THE MEMBER'S ACTS.			
THE CASE IS IN THE FOLLOWING COURT	Γ:, THE STATUS OF THE CASE IS:	COUNTY.		
THE CASE NUMBER IS	THE STATUS OF THE CASE IS:			
ABOUT THE MEMBER				
LAST NAME LAWYER	FIRST NAME	WSBA #		
I LOST MONEY BECAUSE THE MEMBER				
☐ STOLE MY MONEY ☐ KEPT PROP	ERTY I GAVE HIM/HER 🗖 REFUSED TO RETUR	N FEES AND PERFORMED NO WORK		
	MBER, PLEASE SPECIFY: TNER OR ASSOCIATE			
☐ THE MEMBER REPRESENTED ME				
THE CASE THE MEMBER REPRESENTED	ME ON IS INCOUNT	TY.		



AMOUNT LOST: \$	_ DATE YOU LEARNED MONEY/P	ROPERTY LOST	
I HAVE ATTACHED: (check one or more and at	ttach document)		
☐ CANCELLED CHECKS OR BANK STATEM	1ENTS		
☐ WRITTEN RECEPTS WITH MY NAME AT	ND THE LAWYER'S NAME		
☐ FEE AGREEMENT ☐ I DID NOT S	SIGN A FEE AGREEMENT		
☐ OTHER ATTACHMENTS: Please identify	y your attachments		
OTE: EVEN IF YOU HAVE ALREADY GIVEN COPIE OPIES TO THIS APPLICATION.	ES OF YOUR DOCUMENTS TO THE OFFICE OF D	ISCIPLINARY COUNSEL, YOU MUST ST	ILL ATTACH
	'dishonesty" to theft or embezzlement of mone EMBER'S DISHONEST ACT THAT CAUSED YOU T		roperty or
OTHER SOURCES OF RECOVERY			
	resort". You must try to recover your money f	rom other sources first.	
I HAVE APPLIED FOR MONEY ON THIS SAME C			
☐ Bank ☐ YES; COPIES OF MY CLAIM AN	M AND MY INSURANCE COMPANY'S DECISION ND THE BANK'S DECISION ARE ATTACHED		
I RECEIVED REIMBURSEMENT FROM ANOTHE	ER SOURCE: ☐ YES ☐ NO		
Amount Paid \$	By Whom	Date	
I have applied to the clients' security fund in a I intend to apply to the clients' security fund i	another state:	plication.) 🗖 NO.	
declare under penalty of perjury under the law ransaction of the loss. I understand that if the Closs from the member or any other source.			
Date and Place Signed	Signature of Applicant		

The Fund Board must follow the Fund Rules in considering applications, and cannot consider any application until the grievance/discipline against the member is final. The Fund cannot make gifts for legal malpractice or negligence, or resolve fee disputes between members' and clients. In establishing the Fund, the Washington Supreme Court did not create or acknowledge any legal responsibility for the acts of individual members in his or her practice of law. All payments from the Fund are given at the sole discretion of the Fund Trustees.