

Washington State Bar Association

1325 Fourth Avenue – Sixth Floor, Seattle, WA 98101-2539 Phone: 800-945-WSBA 206-443-WSBA

NOTICE TO APPLICANT: The Lawyers' Fund for Client Protection makes gifts to people who lose money or property due to a lawyer's dishonest conduct or failure to account for money or property. The Fund cannot make gifts for legal malpractice, negligence, or fee disputes.

Lawyers' Fund for Client Protection Application—Please print or type

ABOUT YOU		
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 LAWY	ER ON THIS APPLICATION: □YES	□NO
LAWYER'S NAME:		WSBA#
	ON BY E-MAIL MAIL (Note: If you are NOT re	f you are represented by counsel, all communications with expresented by counsel.)
	IMITED EXCEPTIONS, YOU MUS INSEL <u>BEFORE</u> YOU FILE AN APPI	T ALSO FILE A GRIEVANCE WITH THE WSB LICATION TO THE FUND.
\square I <u>HAVE</u> FILED A GRIEVAN	CE WITH THE WSBA OFFICE OF DI	SCIPLINARY COUNSEL
THE DATE I FILED MY GRIEV	ANCE WAS	$_{-}\;\square$ A COPY OF THE GRIEVANCE IS ATTACHED
\square I HAVE NOT FILED A GRIE	VANCE WITH THE WSBA OFFICE C	OF DISCIPLINARY COUNSEL BECAUSE
\Box THE ATTORNEY IS	DEAD OTHER REASON:	
THE CASE IS IN THE FOLLOW	NAL CASE BASED ON THE LAWYER /ING COURT: THE STAT	R'S ACTS,COUNTY. FUS OF THE CASE IS:
ABOUT THE LAWYER		
LAST NAME	FIRST NAME_	WSBA #
I LOST MONEY BECAUSE THE LA	AWYER:	
☐ STOLE MY MONEY ☐	KEPT PROPERTY I GAVE HIM/HER	8
☐ REFUSED TO RETURN A	TTORNEY FEES AND PERFORMED	NO WORK
THE LAWYER IS MY ☐ SPOUSE	□DOMESTIC PARTNER □ PARENT	$\Gamma \ \square \ ext{CHILD/GRANDCHILD} \ \square \ ext{SIBLING OR OTHER}$
CLOSE FAMILY MEMBER □ LAW	/ PARTNER OR ASSOCIATE □ BUSI	INESS PARTNER $\ \square$ NONE OF THE ABOVE
☐ THE LAWYER REPRESENTED	ME	
THE CASE THE LAWYER RE	EPRESENTED ME ON IS IN	COUNTY. THE CAUSE NUMBER

AMOUNT LOST: \$	Temperature The The The Temperature Temper	PERTY LOST
I HAVE ATTACHED: (check of	one or more and attach document)	
☐ CANCELLED CHECKS	S	
☐ WRITTEN RECEPTS V	WITH MY NAME AND THE LAWYER'S NAME	
☐ FEE AGREEMENT	☐ I DID NOT SIGN A FEE AGREEMENT	
☐ OTHER ATTACHMEN	VTS: Please identify your attachments	
	LREADY GIVEN COPIES OF YOUR DOCUMENTS ATTACH COPIES TO THIS APPLICATION.	TO THE OFFICE OF DISCIPLINARY
	t conduct" or "dishonesty" to theft or embezzlement of mo E EXPLAIN THE LAWYER'S DISHONEST ACT THA	
OTHER SOURCES OF RECO	OVERY	
•	of last resort". You must try to recover your money f	from other sources first.
I HAVE APPLIED FOR MONE	EY ON THIS SAME CLAIM FROM THESE PLACES:	
☐ Insurance ☐ YES; COF	PIES OF MY CLAIM AND MY INSURANCE COMPAN	NY'S DECISION ARE ATTACHED
☐ Bank ☐ YES; COPIES	OF MY CLAIM AND THE BANK'S DECISION ARE A	ATTACHED □ NO
☐ Other:		
I RECEIVED REIMBURSEME	ENT FROM ANOTHER SOURCE: ☐ YES ☐ NO	
Amount Paid \$	By Whom	Date
I have applied to the clients' sec	curity fund in another state:	r application.) 🗖 NO.
1.1	_ _	
I intend to apply to the clients' s	security fund in another state: TYES TNO	
I intend to apply to the clients' s declare under penalty of perjury	recurity fund in another state: YES NO Note that the formula is a gift, I will be obligated to repay	

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