Washington State Bar Association

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

To: The Lawyers' Fund for Client Protection Board of the Washington State Bar Association

NOTICE TO APPLICANT: To be eligible for payment from the Lawyers' Fund for Client Protection, a loss must be caused by the dishonest conduct of a lawyer or the failure to account for money or property entrusted to a lawyer in connection with the lawyer's practice of law, or while acting as a fiduciary in a matter related to the lawyer's practice of law. The Fund cannot compensate for legal malpractice nor 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.

Application—Please print or type

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1. Full name of applicant: _____

2. Address of applicant: _____

   City/State/Zip: _____

   Daytime telephone: (_____)_____

   Evening telephone: (_____)_____

   E-mail address: _____

3. Name of spouse, if any: _____

4. Name and address of any lawyer representing or assisting you with this application:

   _____

   _____

   _____

NOTE: Rule 12 of the Lawyers' Fund for Client Protection provides: No lawyer shall charge or accept any payment for prosecuting an application on behalf of an applicant, unless such charge or payment has been approved by the Board of Governors of the Washington State Bar Association.

5. Name of attorney about whom application is made: _____

6. Amount of loss suffered by applicant: _____
   (Please provide copies of supporting documents, such as canceled checks or receipts. If documents are not available, please explain why.)

7. List dates or period of time during which the dishonest act occurred: _____

8. Also note date you discovered dishonest act occurred: _____

9. Outline fee agreement and payment to attorney: _____
   (Please provide a copy of any written fee agreement or receipts for fees paid. If documents are not available, please explain why.)

10. Are you related to the lawyer?
    ❒ YES ❒ NO If yes, please explain the relationship: _____

    _____

11. Were you associated in any business matter with the lawyer, including any investment matters?
    ❒ YES ❒ NO If yes, please explain: _____

    _____

    _____

12. The Lawyers' Fund is a "fund of last resort." Please describe what efforts you have made to recover your loss from other sources such as the lawyer, any partners of the lawyer, a bank that honored a forged endorsement, insurance, etc.

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13. Have you applied to any other state for reimbursement from its clients' security fund?

❒ YES ❒ NO If yes, when: _____
(Please provide a copy of the application.)

14. Do you intend to apply to any other state for reimbursement from its clients' security fund?
❒ YES ❒ NO

15. Have you been reimbursed for any part of your claim?
❒ YES ❒ NO If yes, state the amount you received, the person(s) who made the payment, and the date of the payment:

Amount Paid	By Whom	Date
$_____	_____	_____
$_____	_____	_____
$_____	_____	_____
$_____	_____	_____

16. Applicants to the Lawyers' Fund must also file a grievance against the attorney with the Office of Disciplinary Counsel. Please state the date you filed your grievance. (If you have not yet filed a grievance, please explain.)

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17. State, if known, whether any civil and/or criminal proceedings have been, or will be, taken in connection with the facts set out in this application. If so, state by whom, where and the present status of such proceedings.

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18. Please give as detailed a statement as possible of the nature of the dishonest act complained of, attaching copies of all documents which are in any way related to this claim. (Attach separate sheets if necessary. If documents are not available, please explain why.)

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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if the Lawyers' Fund for Client Protection awards me a gift, I will be obligated to repay the Fund if I later recover this loss from the lawyer or any other source.

_____ _____
Date and Place Signed Signature of Applicant