

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 (Clients **ONLY**)

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

☐ LPO

☐ LLLT

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 ☐ THE MEMBER REPRESENTED ME

☐ NONE OF THE ABOVE

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

THE CAUSE NUMBER IS _____



PROOF OF AMOUNT LOST [The amount you lost must be the same as the amount shown in your attached documents]

AMOUNT LOST: \$ _____ DATE YOU LEARNED MONEY/PROPERTY LOST _____

I HAVE ATTACHED: (check one or more and attach document)

- ☐ CANCELLED CHECKS OR BANK STATEMENTS
- ☐ WRITTEN RECEIPTS WITH MY NAME AND THE LAWYER'S NAME
- ☐ FEE AGREEMENT ☐ I DID NOT SIGN A FEE AGREEMENT
- ☐ OTHER ATTACHMENTS: Please identify your attachments _____

NOTE: EVEN IF YOU HAVE ALREADY GIVEN COPIES OF YOUR DOCUMENTS TO THE OFFICE OF DISCIPLINARY COUNSEL, YOU MUST STILL ATTACH COPIES TO THIS APPLICATION.

The Fund Rules limit "dishonest conduct" or "dishonesty" to theft or embezzlement of money, or the wrongful taking of money, property or other thing of value. PLEASE EXPLAIN THE MEMBER'S DISHONEST ACT THAT CAUSED YOU TO LOSE MONEY.

OTHER SOURCES OF RECOVERY

The Client Protection Fund is a "fund of last resort". You must try to recover your money from other sources first.

I HAVE APPLIED FOR MONEY ON THIS SAME CLAIM FROM THESE PLACES:

- ☐ Insurance ☐ YES; COPIES OF MY CLAIM AND MY INSURANCE COMPANY'S DECISION ARE ATTACHED ☐ NO
- ☐ Bank ☐ YES; COPIES OF MY CLAIM AND THE BANK'S DECISION ARE ATTACHED ☐ NO
- ☐ Other: _____

I RECEIVED REIMBURSEMENT FROM ANOTHER SOURCE: ☐ YES ☐ NO

Amount Paid	By Whom	Date
\$ _____	_____	_____

I have applied to the clients' security fund in another state: ☐ YES (Please attach your application.) ☐ NO.

I intend to apply to the clients' security fund in another state: ☐ YES ☐ NO

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I am the client in the legal transaction of the loss. I understand that if the Client Protection Fund awards me a gift, I will be obligated to repay the Fund if I later recover this loss 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.

Application form approved by Fund Board 11/06/17