

**CONFIDENTIAL CLAIM FOR REIMBURSEMENT
TENNESSEE LAWYERS' FUND FOR CLIENT PROTECTION**

**221 FOURTH AVENUE, NORTH, SUITE 300
NASHVILLE, TN 37219 • 615-741-3097**

NOTICE TO APPLICANT

“IN ESTABLISHING THE TENNESSEE LAWYERS’ FUND FOR CLIENT PROTECTION, THE TENNESSEE SUPREME COURT DID NOT CREATE, NOR ACKNOWLEDGE, ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS FOR LOSSES BY THE TENNESSEE LAWYERS’ FUND FOR CLIENT PROTECTION SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE MEMBERS OF THE BOARD ADMINISTERING THE FUND AND NOT A MATTER OF RIGHT. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT TO PAYMENT FROM THE TENNESSEE LAWYERS’ FUND FOR CLIENT PROTECTION AS A CLAIMANT, THIRD PARTY BENEFICIARY OR OTHERWISE. DECISIONS OF THE BOARD ARE FINAL AND ARE NOT SUBJECT TO APPEAL OR REVIEW BY ANY COURT.”

INSTRUCTIONS: Please print or type this claim form and keep a copy for your records. EVERY question must be answered as completely as you can (put N/A if the question does not apply). When you have completed the claim form, have it notarized and send it to the address listed above. Incomplete forms will be returned for completion. If additional space is needed to answer a question add an additional page. Be sure to include the number of the question.

Information about you:

1. Name: _____ E-mail address: _____

Address: _____
City State Zip Code

Home Phone: _____ Work Phone: _____

Employer: _____

Occupation: _____ Social Security No.: _____

2. How and when did you learn of the existence of the TN Lawyers’ Fund for Client Protection?

Information about the lawyer who caused your loss:

3. Name: _____

Address: _____

Telephone Number: _____

4. Are you related to this lawyer in any way? Yes No If so, how?

5. Have you ever been employed by or in business with this lawyer? Yes No

6. When did you retain this lawyer? _____

7. What did you hire this lawyer to do? _____

8. Have you sent us a copy of the written agreement with this lawyer? Yes No

9. If No, please provide a copy or explain why you cannot provide a copy:
Copy enclosed: Yes No Explanation: _____

10. What was the agreed legal fee? \$ _____

11. What was the total legal fee you paid? \$ _____

12. List the payments made by date and amount:

Date _____ Amt: _____; Date _____ Amt: _____;
Date _____ Amt: _____;

13. Did you pay court costs or filing fees in advance? Yes No

14. If yes, how much did you pay? \$ _____

15. How many times did you meet with this lawyer? _____

16. Briefly describe each meeting and what happened. _____

17. Briefly describe all telephone calls or emails with this lawyer that involved discussion with your case. _____

18. What legal papers did this lawyer prepare for you? _____

19. Describe all court appearances this lawyer made for you including the date of the court appearance.

20. What is the status of your case at this time? _____

21. Do you have a new lawyer to complete your case? Yes No

22. Did you sign an agreement for representation with your new lawyer? Yes No
If Yes, please provide a copy.

23. If Yes, what is the lawyer's name and address? _____

24. Have you sent us copies of receipts for legal fees paid, cancelled checks, etc.? Yes No

25. If No, please explain why not. _____

Information about your loss:

26. Please describe how this lawyer dishonestly took money or property from you.

27. How much money did the lawyer take? \$ _____

28. If the lawyer took anything other than money, please describe the item(s) taken.

29. On what date did you realize that a theft had occurred? _____

30. How did you learn of this loss? _____

Attach copies of any documents which would help prove your loss.

31. Who else knows anything that could help prove your loss?

Name & Address: _____

Telephone: _____. What did this person see or hear? _____

Name & Address: _____

Telephone: _____. What did this person see or hear? _____

List any additional witnesses and their contact information. Attach a separate sheet to this form if necessary.

Actions you have taken:

32. Have you reported your loss to: District Attorney? Yes No Police? Yes No

Board of Professional Responsibility? Yes No *If so, please attach a copy of the complaints.*

33. What actions have any of these organizations taken? _____

34. Do you know of any insurance, bond, fidelity agreement or other reason why someone other than the lawyer might be required to pay for your loss? Yes No If Yes, explain.

35. What have you done to try and recover your loss from the lawyer or from any other person?

36. If you have a lawyer representing you about this loss, please give his or her name & address:

You do not have to have a lawyer to file this claim. No Tennessee lawyer may charge you for representing you in filing this claim. You may need a lawyer to help you with other things connected with your loss.

Other information:

37. Please provide any other facts which you believe are important in evaluating your claim.

Agreement:

By signing and submitting this Claim Form, I, _____,

agree that if the Tennessee Lawyers' Fund for Client Protection pays me for all or any portion of my loss, then the Fund shall have the first right of recovery on any funds collected from the lawyer who caused my loss, or from any other party, to the extent of the Fund's payment to me plus any expenses of recovery. I further agree that a lien shall exist in favor of the Fund for any amounts paid to me and shall attach to any money or other property payable to me from or on behalf of the lawyer who caused my loss. Further, if the Fund pays any portion of my loss, I assign to the Fund all my rights and remedies against the lawyer who caused my loss, his or her estate, or any other person or entity which might be liable for my loss. I promise to cooperate with the Fund in any efforts undertaken to achieve reimbursement of any amounts paid to me. I agree to report to the Fund any voluntary payment for my loss by the lawyer or any other person. I also agree to notify the Fund and send a copy of the complaint if any suit is filed to recover my loss. I also agree to keep the Fund informed of any changes in my address.

True and Complete Information:

To the best of my knowledge, information and belief, the information contained in this Claim Form and any documents is true, and I have not knowingly left out any information which might cause the Fund to deny payment of my claim. I understand that intentionally including false information in this claim or intentionally failing to include information which might cause the Fund not to pay my claim AND could cause me to be criminally prosecuted for lying under oath.

Date: _____

Signature of claimant

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20 ____ .

Notary Public

My Commission Expires: _____

RELEASE of CONFIDENTIAL INFORMATION and CONSENT

This form authorizes the release of CONFIDENTIAL information about my claim filed with the Tennessee Board of Professional Responsibility (BOPR) against lawyer _____

_____.

I have filed a claim for reimbursement with the Tennessee Lawyers' Fund for Client Protection (Fund). I understand that the Fund utilizes the investigative services of the BOPR in making a determination of my claim. I hereby authorize the release of all information on my complaint filed with BOPR in order to assist the Fund in making a determination of the appropriateness of reimbursement on my claim.

I further authorize and consent to the Fund providing information to the BOPR on the outcome of my claim with the Fund in order to facilitate reimbursement from the lawyer who is the subject of my claim.

Further, in recognition of payment by the Fund for any portion of my loss, I have assigned to the Fund all my rights and remedies against the lawyer who caused my loss, his or her estate, or any other person or entity which might be liable for my loss.

Signature

Name (Please print legibly)

Date

Revised 10/23/2013