

**TENNESSEE LAWYERS' FUND**  
**for CLIENT PROTECTION**

10 Cadillac Drive, Suite 220  
Brentwood, TN 37027

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**CLAIM FOR REIMBURSEMENT**

**INSTRUCTIONS**

1. **All questions** on this application **must be answered**. If a question does not apply to your situation, please answer "N/A" (not applicable.) If you need more space, please attach additional pages. **Incomplete applications will be returned.**
  
2. Attach copies of any documents that support your claim for reimbursement. **Proof of all amounts paid to the attorney or received by the attorney on your behalf is required** ( i.e. front and back of cancelled checks, payment receipts, billing statements, fee agreements, settlement documents or checks, etc.) ***PLEASE DO NOT SEND ORIGINALS.***
  
3. **Sign and date the application in the presence of a notary** and return it with your supporting documentation to: Tennessee Lawyers' Fund for Client Protection, 10 Cadillac Drive, Suite 220, Brentwood, TN 37027. **Original applications that have not been notarized will not be accepted and will be returned.**
  
4. **If you are unable to complete this application**, or need assistance, please call our office at (615) 741-3097 or visit our website at **Error! Hyperlink reference not valid.**for more information.

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**Notice to Claimants:** Reimbursement is limited to money or property paid to or received by your lawyer. Damages or other types of losses are not reimbursable.

Reimbursement from the Tennessee Lawyers' Fund for Client Protection is within the sole discretion of the Board and not as a matter of right. **The maximum amount of reimbursement for any claim is \$100,000.** The Tennessee Lawyers' Fund for Client Protection is separate from the lawyer discipline process. If you have not already done so, you must contact the Board of Professional Responsibility to file a disciplinary grievance against the lawyer involved in your claim.

(KEEP THIS PAGE FOR YOUR RECORDS)

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### CLAIM FOR REIMBURSEMENT

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(PLEASE PRINT OR TYPE)

#### **CLAIMANT** (*your Information*)

Mr.  Mrs.  Ms.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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#### **ATTORNEY INFORMATION** (*Lawyer alleged to have caused loss*)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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1. **Have you filed a Disciplinary Complaint against the attorney?**  Yes  No

*If yes, please provide the following information:*

Date Filed: \_\_\_\_\_Month\_\_\_\_\_Day\_\_\_\_\_Year

File # \_\_\_\_\_

*You must file a complaint with the Board of Professional Responsibility.*

2. **When did you hire this attorney?**

Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

3. **What legal services was the attorney hired to provide?**

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4. **How many meetings and/or telephone calls (emails, text messages) did you have with the attorney?**

\_\_\_\_\_ Meetings \_\_\_\_\_ Calls \_\_\_\_\_ other (emails, text messages)

*Attach copies of any letters or other written correspondence to/from the attorney.*

5. **What legal services did the attorney provide for you?**

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**6. How much did you pay the attorney for the services to be provided?**

\$ \_\_\_\_\_ Date(s) Paid \_\_\_\_\_

**7. How was the attorney paid?**

Cash  Check  Credit Card  Other

*Attach copies of documentation to verify all money received by the attorney, i.e. cancelled checks, credit card receipts, cash receipts, billing statements, etc.*

If you cannot provide this information, please explain why.

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**8. Did you have a written fee agreement with the attorney?**  Yes  No

*(If yes, please attach a copy of your fee agreement.)*

**9. What is your alleged loss amount?** \$ \_\_\_\_\_

*(If loss amount includes property, please include a description and the value of the property. You must complete this question for your claim to be considered pursuant to Tenn. Sup. Ct. R. 25 §9.02(f).*

**10. How did your attorney's conduct cause the loss?**

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**11. When did you become aware of your loss?** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*(You must complete this question for your claim to be considered pursuant to Tenn. Sup. Ct. R. 25 §9.02(g))*

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**12. What happened that made you aware of the loss?**

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**13. Did you hire, or did the court appoint, a new attorney to represent you?**  Yes  No

*If yes, please provide the new attorney's name and contact information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**14. What is the current status of your legal matter?**

*(If applicable, please include case numbers and other court information.)*

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**15. Have you taken any action to recover the loss directly from the attorney or any other source?**

Yes  No (If yes, please explain)

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**16. Has any part of the loss been recovered or refunded?**  Yes  No

*If yes, date of recovery or refund?* \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Source of Recovery/Refund? \_\_\_\_\_

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17. Are you aware if the attorney was covered by any insurance, indemnity or bond?  Yes  No  
 Unknown

*If yes, provide the following information:*

Name of Insurer, Surety Company, or Bondsman: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

18. Were you, at the time of the loss, the spouse, child, parent, grandparent or sibling of the attorney, or a partner, associate, employee or employer of the attorney or a business entity controlled by the Attorney?  Yes  No

*If yes, give your relationship to the attorney:* \_\_\_\_\_

19. Have you contacted the local prosecutor and/or the local police department?  Yes  No

*If yes, please provide the following information:*

Date Contacted: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Agency Contacted:

\_\_\_\_\_  
\_\_\_\_\_

20. Did you file a malpractice lawsuit?  Yes  No

21. If a lawyer is assisting you with this claim, provide his/her name and contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

22. How did you learn about the Lawyers' Fund for Client Protection?

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**APPLICATION CHECKLIST**

**Please check the following:**

- Answered all questions (PRINT OR TYPE)
- Attached all support documentation (*including proof of payments - i.e. front and back of cancelled checks, payment receipts, billing statements, fee agreements, settlement documents or checks, etc.*)
- Application is notarized
- Mail** completed claim for reimbursement to:

Tennessee Lawyers' Fund for Client Protection  
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