

**TENNESSEE LAWYERS' FUND**  

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**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. All claims must be filed within three years of the date that a loss occurred or reasonably should have been discovered, but in no event later than five years from the date of a loss.
  
5. **If you are unable to complete this application**, or need assistance, please call our office at (615) 741-3097 or visit our website at <https://tlfcp.tn.gov> 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).*

Additionally, Tenn. Sup. Ct. R. 25 § 12.01 requires that a claim must be filed within three years of the date that a loss occurred or reasonably should have been discovered, but in no event later than five years from the date of loss.

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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

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If yes, date of recovery or refund? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year  
Source of Recovery/Refund? \_\_\_\_\_

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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**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 understand that filing with the Fund does NOT mean that I will be guaranteed any refund. 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:**

The undersigned, being first duly sworn, I am the applicant in this matter; I have read the foregoing claim for reimbursement and know the contents thereof; and I certify the same is true of my own knowledge.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Second Claimant Date

\_\_\_\_\_  
Notary Public

Expiration Date \_\_\_\_\_

For Office Use Only	
Nature	
Status	

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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  
10 Cadillac Drive, Suite 220  
Brentwood, TN 37027