

TENNESSEE LAWYERS' FUND

for CLIENT PROTECTION

10 Cadillac Drive, Suite 220
Brentwood, TN 37027

CLAIM FOR REIMBURSEMENT

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 complete this claim form and keep a copy for your records. Mail the completed claim form to the address listed above.

CONTACT INFORMATION

First Name	Middle Name	Last Name	Suffix	
Home Address	Suite/Apt	City	State	Zip
Home Phone	Work Phone	Email Address		
Cell Phone	Employer	Occupation		

How did you learn of the existence of the TN Lawyers' Fund for Client Protection?

When did you learn of the existence of the TN Lawyers' Fund for Client Protection?

LAWYER INFORMATION

Attorney Name		Attorney's BPR Number	Phone Number	
Address	Suite	City	State	Zip
Are you related to this lawyer? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, explain?		Have you ever been employed by or in business with this lawyer? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, explain?		
When did you hire this lawyer?	What did you hire this lawyer to do?			
Attach a copy of your written agreement with this lawyer. If you are unable to provide a copy of your agreement, please explain.				

What was the agreed legal fee?	What was the total legal fee you paid?	List the payments you made by date and amount.		
		Date:	Amount	Date: Amount
Did you pay court costs or filing fees? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount?		Date:	Amount	Date: Amount
Did you meet with the lawyer? If so, briefly describe each meeting and what happened.				

What is the status of your case?	Did your lawyer complete your case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a new lawyer to complete your case? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sign an agreement for representation with your new lawyer? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide a copy, and the lawyer's name and address.		

Attach copies of cancelled checks and/or receipts for legal fees paid. If you are unable to provide proof of payment, please explain.

INFORMATION ABOUT YOUR LOSS: (Attach copies of any documents which would help prove your loss.)

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

How much money did the lawyer take?	If the lawyer took anything other than money, please describe the item(s) taken.	
On what date did you realize that a theft had occurred?	What was the actual date of the loss and how did you learn of it?	

Please provide the name, address and contact information for any other individuals with first-hand knowledge of your loss.

Name	Address	Phone Number
Name	Address	Phone Number

Actions you have taken

Have you reported your loss to:
District Attorney? Yes No Police? Yes No No Yes if yes, please provide complaint number: Have you filed a complaint with the Board of Professional Responsibility?

What actions have any of these organizations taken?

Do you know of any insurance, bond, or agreement that might pay for your loss? No Yes If so, please provide the name & address of the insurance company, the type of coverage, the policy number, the steps you have taken to make a claim and the insurance company's response.

If the loss occurred in a real estate transaction, have you pursued a claim under the insured closing letter issued by the title company listed for the closing? If so, Please Attach the copy of the settlement statement.

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

Has the accused attorney acknowledged to you that you have a valid claim? If so, please explain and provide documentation.

If you have been reimbursed by anyone for any and all of your loss, state the amount received by you, the person(s) who made the payment, and the date of the payment.

Amount	Paid by whom	Date
Amount	Paid by whom	Date

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.

Date	Signature of claimant	Stamp
State of	County of	
Sworn to and subscribed before me this _____ day of _____, 20_____		
By:	My Commission Expires	
Notary Public		

For Office Use Only	
Nature	
Status	