



**CLIENT ASSISTANCE FUND  
LOUISIANA STATE BAR ASSOCIATION**

**APPLICATION FOR RELIEF**

Claim Number \_\_\_\_\_

Amount Sought \_\_\_\_\_

Bar Roll Number \_\_\_\_\_

**NOTICE TO APPLICANT:** *In establishing the Client Assistance Fund, the Louisiana State Bar Association did not create or acknowledge any legal responsibility for the acts of individual lawyers in the practice of law. Reimbursements by the fund are a matter of grace and the sole discretion of the committee administering the fund and not a matter of right. The fund is a fund of last resort and all other means available for reimbursement must be exhausted. No client or member of the public shall have any enforceable right in the fund as a third party beneficiary or otherwise. The Committee does not consider or act on fee disputes. You are urged to consult with an attorney, as you may have other legal rights. An attorney cannot charge you for any services rendered in connection with your Client Assistance Fund application.*

**All Applicant Information MUST be completed in its entirety to be considered.**

1. Name of applicant(s) \_\_\_\_\_

2. Social Security Number of applicant(s) \_\_\_\_\_

3. Driver's License Number of applicant(s) \_\_\_\_\_

4. Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Work Number \_\_\_\_\_

5. Name of Spouse, Next of Kin or Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Work Number \_\_\_\_\_

6. Name of lawyer whose conduct caused the applicant's loss:

\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone number \_\_\_\_\_

**Do you know if the lawyer was part of a law firm at the point of defalcation?**  Yes  No

**If yes, please furnish the name of the law firm** \_\_\_\_\_

7. a. Amount of claim \$ \_\_\_\_\_
- b. Was the loss caused by the fraudulent or dishonest act of the lawyer named on line 6?  
 Yes  No
- c. Was the lawyer a member of the Louisiana State Bar Association at the time of the alleged fraudulent or dishonest act(s)?  Yes  No  Do not know
- d. Was the lawyer acting as the attorney of the applicant and did the dishonest act(s) occur in the context of the attorney/client relationship?  Yes  No
- e. What arrangements for payment of fees to the lawyer existed and what has been paid?

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

f. **PLEASE ATTACH ALL COPIES OF RECEIPTS, CANCELED CHECKS, OR OTHER INFORMATION SHOWING PROOF OF PAYMENT TO THE ATTORNEY. IF YOU DO NOT HAVE PROOF OF PAYMENT, PLEASE EXPLAIN WHY THERE IS NO PROOF OF PAYMENT. PAYMENT CANNOT BE MADE WITHOUT PROOF OF DISHONEST CONDUCT.**

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

8. At the time the loss occurred or was discovered, was the applicant the spouse, relative, partner, associate, employer or employee of the attorney?  Yes  No

If yes, what was the relationship?

9. At the time the loss occurred or was discovered was any relative of the applicant the spouse, relative, partner, associate, employer or employee of the attorney?  Yes  No

If yes, what was the relationship \_\_\_\_\_

10. a. Where did the fraudulent or dishonest act(s) occur? \_\_\_\_\_  
b. When did your loss occur? \_\_\_\_\_  
c. When did you discover the loss? \_\_\_\_\_

11. Have you requested that the lawyer repay you?  Yes  No

a. When ? \_\_\_\_\_

b. Was the request in verbal or in writing? \_\_\_\_\_

c. Have you been reimbursed for any part of your claim ?  Yes  No

If so, please provide the amount you received, the person who made the payment and the date of the payment.

\$ \_\_\_\_\_  
Amount Paid by Whom Date

12. Do you know if the fraudulent or dishonest act was covered by any insurance, indemnity or bond?  
 Yes  No

If covered, please provide the name and address of the insurance company, the extent of the coverage, and the amount paid under the policy.

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

13. Please state whether any civil, criminal or disciplinary proceedings have been, or will be, taken in connection with the facts set out in this application. If so, state by whom instituted, where, the title and number of any proceedings and the present status of those proceedings.

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

14. a.. Please furnish copies of any documents in your possession relating to any civil, criminal, or disciplinary proceedings in connection with the facts set out in this application.  
b. Please furnish copies of any and all documents relating to your claim.  
c. Please furnish copies of any letters to the attorney.

- d. Please furnish copies of any pleadings in your possession.
- e. Please furnish copies of any documents which you gave to the attorney.

15. To your knowledge:  
Has the lawyer died?  Yes  No If yes, date \_\_\_\_\_  
Been judged insane?  Yes  No  
Been disbarred?  Yes  No  
Been suspended from the Louisiana State Bar Association?  Yes  No  Do not know  
Been placed on inactive status?  Yes  No  Do not know

16. Please give as detailed a statement as possible of the nature of the fraudulent or dishonest act(s) complained of, attaching *copies* of all documents which are in any way related to this claim (*Please retain a copy of all attachments for your records and attach separate sheets if necessary*).

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17. Name of any lawyer presently representing or assisting you with this application.  
\_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone number \_\_\_\_\_

18. Before the Client Assistance Fund can consider a payment recommendation, you must file a complaint with the Office of Disciplinary Counsel. Their contact information is as follows:  
Office of Disciplinary Counsel  
4000 S. Sherwood Forest Blvd., Suite 607  
Baton Rouge, LA 70816  
(800)326-8022  
[www.ladb.org](http://www.ladb.org)  
Please advise if a complaint has been filed with the Office of Disciplinary Counsel.  
 Yes  No

