



**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, negligent acts or the attorney being unable to obtain the desired results in the representation. 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.*

Before your application can be submitted to the Client Assistance Fund Committee, you must provide proof of payment and/or documented proof of your financial loss. Please also provide any engagement letters, documents or contracts detailing the scope of representation. Dishonest conduct, proven by you, that results in a taking, conversion or embezzlement of your funds will be considered by the Committee. Any deception in your application or failure to assist or cooperate with the assigned committee member may result in denial of your claim.

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

1. Name of applicant(s) _____

2. Address _____

City/State/Zip Code _____ / _____ / _____

Phone Number(s) _____ Work Number _____

Cell Phone Number _____

Email _____

3. Name of Spouse, Next of Kin or Contact Person _____

Address _____

Phone Number(s) _____ Work Number _____

4. 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 _____

5. 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, SETTLEMENT DOCUMENTS, 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.

6. 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?

7. 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 _____

8. a. Where did the fraudulent or dishonest act(s) occur? _____

b. When did your loss occur? _____

c. When did you discover the loss? _____

9. 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

10. 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.

11. 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.

12. 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.

13. Location and Name of Court _____
 Section # _____ Docket or Case # _____

14. 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

15. 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*).

16. Name of any lawyer presently representing or assisting you with this application.

Address _____

City/State/Zip Code _____ / _____ / _____

Phone number _____

17. 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

Please advise if a complaint has been filed with the Office of Disciplinary Counsel.
 Yes No

This application for relief is executed and filed to request that the Louisiana State Bar Association investigate the matter and consider payment from the Client Assistance Fund toward reimbursement of any loss incurred by Applicant.

The Client Assistance Fund requires Applicants to file a theft claim with local law enforcement before any payment by the Fund.

Upon payment by the fund of any portion of this claim, Applicant assigns to the Fund all claims and suits against the attorney arising out of the dishonest acts for which this claim is made. Applicant authorizes the Client Assistance Fund to prosecute all such claims and suits against the attorney, either in the name of the Applicant or the Fund, as the Fund deems advisable.

A subrogation agreement must be executed before a Notary Public and two witnesses prior to any payment by the Fund. A subrogation agreement will be furnished to you in the event the Committee authorizes payment by the Fund.

In the event that the amount paid by the Fund to the Applicant is not payment in full for all losses suffered as a result of the dishonest acts of the subject attorney, then any amount recovered by the Fund which remains after reimbursement to the Fund of its payment to the Applicant, together with its costs of collection and legal interest, shall be paid to the Applicant.

Applicant agrees to cooperate with the Fund in any efforts to pursue or enforce any claim or suit against the attorney hereunder shall be under the full control of the Fund, and that the Fund may, as it deems advisable, prosecute or fail to prosecute, or abandon any such claim or suit, without the necessity of consent by Applicant.

IN CONSIDERATION OF THE FOREGOING, Applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and, as a condition to any repayment from the Fund, Applicant agrees to execute and deliver to the Louisiana State Bar Association any instrument that may be required.

Applicant authorizes the Committee member assigned to investigate this claim to obtain any documentation necessary to process any claim including but not limited to Applicant's file with the attorney against whom the claim is made, court records, medical records and hospital records.

I certify that the above information is true and correct to my knowledge and belief.

Signature of Applicant(s)

Date

**Please return to:
Cheri Cotogno Grodsky
Associate Executive Director
Louisiana State Bar Association
601 St. Charles Avenue
New Orleans, Louisiana 70130**