

LAWYERS' FUND FOR CLIENT PROTECTION

Established by the Maine Supreme Judicial Court

P O Box 5084

Augusta, ME 04332-5084

Phone 207-623-7801 • Fax 207-623-4175

CLAIM FORM FOR REIMBURSEMENT

Information and Instructions – Please Read Carefully

The Maine Supreme Judicial Court has established the Maine Lawyers' Fund for Client Protection (the "Fund"). The Fund was created by payments from all attorneys authorized to practice law in the state of Maine and judges. The Fund provides for reimbursement, in whole or in part, for losses of a client caused by the dishonest conduct of a Maine lawyer. Losses resulting from malpractice claims are not recognized by the Fund.

Reimbursement and the procedure to obtain it are governed by the Maine Supreme Judicial Court's Rules establishing the Fund. It is intended that the client does not need an attorney fill out this form or prosecute the client's claim. If the client does seek the help of an attorney, the retained attorney may not charge for such services, except as provided for in the Rule.

Part A: Claimant Information

**Your
Name:**

First

Middle Initial

Last

**Your
Address:**

Street Address

Home ()

Work ()

Mailing Address

Cell ()

City

State

Zip

Email Address

Date of Birth

Last 4 Digits of SSN

Alternative contact:

Gender: Male Female

Name

Phone ()

Part B: Respondent Information

Note: Claims may not be brought in the name of a law firm. You must specifically name the attorney about whom you are complaining.

**Attorney
Name:**

First

Middle Initial

Last

**Attorney
Address:**

Street Address

Mailing Address

Phone ()

City

State

Zip

Email Address

Part C: Please answer the following questions:

1. In regards to this complaint, I am the:
 Client Other _____
Specify name and relationship to client.
2. I request reimbursement in the amount of: \$ _____
3. When did the attorney first agree to handle your case? ___ / ___ / ___
4. Your claim concerns what kind of legal matter, i.e. divorce, probate, real estate, criminal, etc.?

5. Did you pay court costs or filing fees in advance? Yes No If yes, how much? \$ _____
6. When did you discover your alleged loss? ___ / ___ / ___
7. How much did you pay this attorney? \$ _____
8. In chronological order, list events leading up to the alleged misappropriation or theft of your money or property.
Please attach all documentary proofs such as cancelled checks, letters, contracts, etc.

9. Who paid the attorney? Client Other _____
Specify name and relationship to client.
10. Was there a written fee agreement or fee letter from the attorney explaining how much would be charged? If yes, please attach agreement or letter. Yes No
11. Had the attorney or law firm ever represented you before accepting this case? Yes No
12. When was the last day the attorney worked on your case? ___ / ___ / ___
13. Have you reported the loss to: District Attorney Police Board of Overseers of the Bar
14. Describe what steps you have taken to recover your loss: _____

15. Can your loss be reimbursed from some other source? If yes, indicate other source below. Yes No

16. List all amounts paid to the attorney and the dates of payment. Attach copies of all bills received from the attorney.

17. Before filing this claim, have you received any money as reimbursement for your loss: Yes No
If so, please provide the following information:

Amount: \$ _____ Date: _____

Note: The Claimant hereby agrees to notify the Fund of any reimbursement received by or on behalf of, the Claimant during the processing of this claim. **Initial:** _____

18. Prior to filing this claim, have you discussed your concerns with the attorney? Yes No

19. Have you hired a new attorney to complete your case? If yes, please given the name, address and phone number of your new attorney. Yes No

Name: _____

Address: _____

Telephone No.: _____

20. Are you suffering any immediate financial hardship because of this alleged misappropriation or theft: If yes, please describe below: Yes No

21. At the time of the alleged misappropriation or theft of your money or property, or the discovery of your loss, were you or are you now either the spouse, close relative, partner, associate, employer or employee of the attorney or a business entity controlled by the attorney? If yes, please explain below: Yes No

22. Did an attorney assist you with the preparation of your claim? If so, please provide the name, address and telephone number of any attorney who assisted you in the preparation and presentation of this claim. Yes No

Name: _____

Address: _____

Telephone No.: _____

23. How did you learn of the Lawyers' Fund for Client Protection?

IMPORTANT INFORMATION
Limitations and Agreements

I understand and agree that upon payment from the Fund, I:

1. Assign to the Fund, to the extent of the reimbursement, all of my rights against the attorney, the attorney's law firm, the attorney's legal representative, estate or assigns, and of my rights against any third party or entity who may be liable for my loss.
2. May join in an action commenced by the Fund's Board of Trustees as transferee, subrogee or assignee of a claim to recover my unreimbursed losses, provided that all sums recovered will be payable first to the Fund up to the amount of reimbursement, less proportionate costs of recovery. The attorney representing the Fund or the claimant shall be entitled to a reasonable fee for services as a charge against any money recovered.
3. Will notify the Board of Trustees if I commence an action to recover unreimbursed losses against the lawyer or another entity that may be liable for my loss.
4. Agree that it is the decision of the Board of Trustees whether to initiate any action to recover the monies paid to me by the Fund as well as any additional monies owed to me by the respondent attorney. I understand that the Fund does not need my consent or approval to take a legal action or to cease legal action against the respondent attorney. I also agree to cooperate with the Fund in all its efforts to obtain recovery from the respondent attorney.

Notice to Claimant

The Board of Trustees of the Maine Lawyers' Fund for Client Protection is not responsible for the conduct of attorneys. Any reimbursements of losses from the Fund shall be made in the sole discretion of the Board of Trustees of the Fund. No client or member of the public shall have any right in the Fund as a third-party beneficiary or otherwise.

Claimant represents that no fee has been or will be paid to any attorney for services rendered in the preparation or filing of this claim form for payment, or for or on account of the payment of any sums as a result of this claim unless payment has been approved by the Board of Trustees of the Maine Lawyers' Fund for Client Protection.

I affirm and certify that all of my statements and claims in this complaint are true and correct.

Verification

I have read this Claim Form for Reimbursement from the Fund, and understand what it says, and I swear that it is true and correct to the best of my knowledge and belief.

Date: ____ / ____ / ____
MM DD YYYY

Signed: _____

Printed Name: _____

Subscribed and sworn to before me this ____ / ____ / ____
MM DD YYYY

Notary Public: _____ My Commission Expires: ____ / ____ / ____
MM DD YYYY

RETURN TO

Lawyers' Fund for Client Protection • P O Box 5084 • Augusta, ME 04332-5084

*Prior to submitting your petition, please be sure to make a copy of this claim form and attachments for your own use.
Please do not send original documents; as the Fund is unable to return such documents to you.*