
Virginia State Bar

CLIENTS' PROTECTION FUND

PETITION FOR REIMBURSEMENT

PART 1

Before submitting this form, you must read Part 2 of this Petition about the Clients' Protection Fund process and requirements.

This is a request for payment from the Clients' Protection Fund because of the acts of attorney _____, whose address is/was _____.

1. Name of Petitioner (person seeking payment from Clients' Protection Fund):

__Mr. __Mrs. __Miss __Ms.

first

middle or initial

last

2. Petitioner's Contact Information:

Street or P.O. Box

Telephone No.:

Daytime (____)_____

Evening: (____)_____

City

State

Zip Code

E-mail address: _____ (check this box to give us permission to contact you by e-mail)

3. Amount you are requesting to receive from the Clients' Protection Fund: \$_____

4. Petitioner's Occupation: _____ **Employer:** _____

5. Name of spouse, if any: _____

6. Did you personally pay money to the attorney? __ YES __ NO

If you answer NO, and someone else paid the lawyer for you, please state who paid the lawyer and that person's relationship to you. _____

Do you have receipts, cancelled checks, credit card information or other documentation to prove your payment?

__ YES __ NO *If you have documentation, attach copies (not originals) to this Petition.*

If you do **not** have proof of payment, state why you do not have it. _____

7. State your fee, retainer, payment or employment agreement with the attorney. What services did you expect the lawyer to provide? Did the lawyer handle any other matter for you at about the same time as the time period for which you are seeking reimbursement? Attach a copy (not **original**) of any written agreement with the lawyer.

(attach additional sheets if you need more room to answer)

8. Are you now or have you ever been:

-- related to the lawyer (spouse or relative by blood or marriage) __ YES __ NO

-- a partner, associate, employee or employer of the lawyer? __ YES __ NO

If YES, state your relationship to the lawyer: _____

9.State why you believe you should receive payment from the Clients' Protection Fund. Include in your statement why you believe the attorney committed a dishonest act that resulted in a loss to you of money or property:

(attach additional sheets if you need more room to answer)

10. When and how did you discover the loss you claim? _____

11. Have you requested a refund of the unearned attorney's fee or demanded payment of your claimed loss from the attorney? YES NO

If YES, please state when and how you made your request and the lawyer's response, if any. _____

12. Have you sought or received any reimbursement from any source, including the Virginia State Bar Clients' Protection Fund for the loss you are claiming?

YES NO *If YES, state:*

Amount received \$ _____ Date you received payment _____

Payment received from _____
Person or company

13. A. Have you filed a lawsuit against the attorney or the attorney's law firm or company to recover the loss you are claiming? YES NO *If you answer YES, please identify the court in which you filed the lawsuit, the date you filed it, and the status or result. Attach copies of your suit papers.*

B. Have you reported the attorney to the police, Commonwealth's Attorney or other law enforcement agency for investigation or criminal prosecution? YES NO *If you answer YES, state the jurisdiction (city or county) to which you reported the matter, when you reported it and the status or result.*

C. Have you filed a complaint with the Virginia State Bar against the attorney? YES NO
If you answer YES, state the status or outcome of the complaint. _____

D. Have you filed a claim for this loss with another state bar's client's recovery fund?
 YES NO *If you answer YES, state where you filed the claim and the status or result.*

E. Describe any other action that you have taken to try to recover the loss you claim.

14. If you know of any bond, surety agreement or insurance contract that may cover the loss you are claiming, state:

Name of issuing company: _____

Address _____

Have you filed a claim with this company? YES NO *If YES, status or outcome of claim:* _____

Amount of any payments you have received from this source: \$ _____

You must sign this document for your Petition to be considered by the Clients' Protection Fund Board. Please sign only in the presence of a Notary Public.

ASSIGNMENT

Upon payment by the Clients' Protection Fund to the petitioner of all or any portion of this loss, the undersigned does hereby transfer, assign, and set over to the Clients' Protection Fund of the Virginia State Bar all or a portion of the proceeds of all claims, demands, causes of action, actions and suits against the lawyer or personal representative or others arising out of the acts complained of in the petition equal to the sum of all amounts paid to the undersigned by the Clients' Protection Fund.

The right of the Clients' Protection Fund to receive such proceeds shall be subordinate to the right of the undersigned to collect and receive full reimbursement for the remainder of the undersigned's loss in cases where only partial payment of the loss has been received from the fund. In the event the undersigned fails to pursue such claims within a reasonable period of time, the Clients' Protection Fund is hereby authorized to pursue such claim(s) in the name(s) of the undersigned and to receive reimbursement for the amount paid previously to the undersigned petitioner and the cost of pursuing such claim(s), including reasonable attorneys' fees prior to paying any of such proceeds to the undersigned. In the event that the amount paid by the Clients' Protection Fund to the undersigned petitioner is not payment in full for all losses which the undersigned petitioner has suffered as a result of the dishonest acts of the lawyer for which this assignment is made, then any amounts recovered by the Clients' Protection Fund which remain in its hands after reimbursement to the Clients' Protection Fund of the amount paid to the undersigned, together with its costs of collection, shall be paid over to the undersigned.

The undersigned agrees to cooperate without any reservation with the Clients' Protection Fund in enforcing any claim, demand, cause of action, action or suit against the lawyer, or personal representative, and agrees that all civil actions to be taken against the lawyer, or personal representative hereunder shall be under the full control of the Clients' Protection Fund, and that the Clients' Protection Fund may as it in its sole judgment deems advisable, prosecute or fail to prosecute, or abandon any such claim, demand, cause of action, action or suit, without the necessity of any consent or approval of the undersigned.

IN CONSIDERATION OF THE FOREGOING, Petitioner agrees to cooperate without any reservation in the investigation of this claim and also in any related criminal or disciplinary proceedings against the lawyer(s) in question; and, as a condition precedent to any payment from said fund, petitioner agrees to execute and deliver to the Virginia State Bar such instrument or instruments as may be required.

AFFIDAVIT

COMMONWEALTH OF VIRGINIA

CITY OR COUNTY OF _____, to wit:

I agree to the terms of the Assignment as stated above. I acknowledge that the information provided on this Petition for Reimbursement is true to the best of my information and belief.

Petitioner's Signature

(Sign **ONLY** in the presence of a Notary Public)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____

If this Petition was prepared by an attorney, or if the Petitioner was assisted by an attorney in preparing it, the attorney must sign this statement.

Attorneys' Fees in Connection with Clients' Protection Fund Petition

The resolution establishing the Clients' Protection Fund contains this language: "No attorney shall be compensated for presenting a petition except as authorized by the Board" (meaning the Clients' Protection Fund Board).

The Board expects that the attorney generally will assist the Petitioner without charge, deeming his or her legal services to be *pro bono publico*. However, where the attorney expends an unusual amount of time and effort, the Board may authorize a modest fee to be paid to the attorney. This fee shall be paid from the amount approved for payment to the Petitioner.

Statement of Attorney assisting in preparing this Petition:

I have assisted the Petitioner in preparing this Petition for Reimbursement.

I have read the statement on this page regarding attorneys' fees for assisting the Petitioner. I hereby acknowledge that I shall be entitled only to such fee as may be authorized by the Clients' Protection Fund Board, and that such fee shall be paid out of the amount approved for payment to the Petitioner.

Unless I make a request to the Board, in writing, for payment of a fee for assisting the Petitioner with this Petition, I shall expect no such fee and am pleased to assist the Petitioner *pro bono publico*.

Attorney's Signature: _____

Print or Type Name: _____

VSB Membership Number: _____

Law Firm or Company: _____

Address: _____

Telephone Number: _____

Do not submit the Client's Protections Fund Petition for Reimbursement, Part 1 without reading the information below and signing on Page 6 that you have read it.

Virginia State Bar
CLIENTS' PROTECTION FUND
PETITION FOR REIMBURSEMENT
PART 2

PURPOSE OF CLIENTS' PROTECTION FUND

The Virginia State Bar Clients' Protection Fund was established in 1976 to make monetary awards to persons who have suffered financial losses because of dishonest conduct by Virginia lawyers. The fund has limited assets and is a remedy of last resort for persons who are not able to obtain reimbursement from other sources, such as a bond, surety agreement, insurance or the lawyer involved.

IN ESTABLISHING THE CLIENTS' PROTECTION FUND, THE VIRGINIA STATE BAR DID NOT CREATE OR ACKNOWLEDGE ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THE PRACTICE OF LAW. ALL REIMBURSEMENTS OF LOSSES FROM THE CLIENTS' PROTECTION FUND SHALL BE IN THE SOLE DISCRETION OF THE BOARD ADMINISTERING THE FUND AND NOT AS A MATTER OF RIGHT. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENTS' PROTECTION FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE.

LIMITS ON CLAIMS

1. In order for the Board to have jurisdiction to consider a Petition, the lawyer who is the subject of the claim must be:
 - disbarred or suspended from the practice of law for disciplinary reasons; or
 - deceased; or
 - adjudicated bankrupt or mentally incompetent; or
 - whereabouts unknown and not subject to judicial process.

2. For a claim to be considered, the monetary loss must be
 - caused by “dishonest conduct” of the lawyer; **AND**
 - arising out of a lawyer-client relationship between the lawyer and the claimant OR a fiduciary relationship between the lawyer and the claimant.
3. The Petitioner is responsible for proving the dollar amount of his or her loss.
4. An award to any one Petitioner cannot be more than \$50,000.00.

OTHER INFORMATION ABOUT THE CLIENTS’ PROTECTION FUND

- Petitioners are expected to pursue other reasonable avenues of reimbursement of their claimed loss, and the Clients' Protection Fund Board will decide what avenues are reasonable on a case-by-case basis;
- Petitioners are expected to cooperate with the Virginia State Bar in its processing and investigating Petitions. Failure to cooperate can result in denial of a claim.
- The filing of a Clients' Protection Fund Petition does not excuse the Petitioner from such obligation as may exist under law to report to the appropriate law enforcement agency any criminal act that may have occurred.

VIRGINIA PRIVACY PROTECTION ACT

DISCLOSURE STATEMENT REQUIRED BY THE VIRGINIA PRIVACY PROTECTION ACT

The information requested on this form, and all subsequent requests by the Clients' Protection Fund Board for additional information, is subject to the Virginia Privacy Protection Act of 1976, Section 2.1-377, **et seq.** of the Code of Virginia (1950), as amended.

You are not required to provide any of the requested information, and you may refuse to supply additional information. Failure to supply requested information, however, may result in your claim being denied or may make it more difficult to investigate your claim if you do not supply all the requested information.

Once your claim has been investigated and acted upon by the Clients' Protection Fund Board, all information which you do provide to the Board is available for inspection by the public under the Virginia Freedom of Information Act, Section 2.1-340, **et seq.** of the Code of Virginia (1950), except in those cases which this Board refers to appropriate law enforcement agencies, which, as a rule is generally not done.

I have read the information in Part 2 of the Virginia State Bar Clients’ Protection Fund Petition for Reimbursement. I have the right to consult an attorney of my own choosing to advise me about any part of this Petition or any aspect of the process for applying for reimbursement from the Clients' Protection Fund.

Petitioner’s Signature

Date

Virginia State Bar

CLIENTS' PROTECTION FUND

PETITION FOR REIMBURSEMENT

Mailing Instructions

Mail completed Petition to:

Virginia State Bar

707 East Main Street, Suite 1500

Richmond, VA 23219

Attn: Clients' Protection Fund Board

Contact Information:

If you have questions about how to complete this Petition, please call the Virginia State Bar office at 804/775-0567 or 804/775-0575. Before calling, please refer to the informational Pamphlet called "Clients' Protection Fund," which you should have received with this Petition if you received it by mail. The online version of the pamphlet can be viewed at the Virginia State Bar website at <http://www.vsb.org/site/public/clients-protection-fund/>. You may also download additional copies of this form from the Virginia State Bar website.