



North Carolina State Bar

Client Security Fund

Application for Reimbursement

Post Office Box 25908
Raleigh, North Carolina 27611
Telephone (919) 828-4620
Email: ACAP@NCBar.gov
Web: www.NCBar.gov

- ❖ Mail or email completed & **notarized** application and signed Subrogation Agreement to the address listed above.
- ❖ Please answer every question and submit **only copies** of all evidence that proves your loss such as canceled checks, receipts, letters, settlement statements, bank statements, closing statements, etc. Attach additional pages if more space is needed.

DATE: _____

APPLICANT INFORMATION

Name: _____ Address: _____

Phone: _____ City / State / Zip: _____

Email: _____ County: _____

New Attorney Representing You: _____ Case Status: _____

New Attorney Email: _____ Phone: _____

Is the new attorney also assisting you with this CSF application? YES NO

Have you also filed a complaint? If yes . . . Grievance Number: _____ Resolution: _____

ATTORNEY INFORMATION / SERVICES / FEES PAID

Attorney who you believe dishonestly took your money or property.

Name: _____ Address: _____

Phone: _____ City / State / Zip: _____

Email: _____ County: _____

Date Hired: _____ Legal Service Requested: _____

Court File Number(s): _____

County of Filing: _____

Fee Agreement: _____ Written Contract? YES

*If the fee agreement was in writing, please provide a copy of the agreement.

AMOUNT OF MONEY OR PROPERTY LOST DUE TO DISHONEST ACTS OF ATTORNEY

Money: _____ Property: _____

Date of Loss: _____ Date Loss Discovered: _____

Details of Loss and Dishonest Conduct

*Attach copies of all relevant documents such as the accused attorney's file, canceled checks, receipts, agreements, settlement statements, correspondence, etc.

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ATTORNEY PAYMENTS

List dates, amounts and from whom payments were made. Attach proof of payments, billing statements, etc.

ATTORNEY CONTACT AND PERFORMANCE

List any times you met, called, or texted with the attorney to discuss your matter and any court appearances made on your behalf. Attach supporting documents.

LEGAL FILINGS AND DOCUMENTS

List and attach any legal documents prepared and/or filed on your behalf.

PERSONS WHO HAVE KNOWLEDGE OF LOSS

Provide Name, Telephone Number and Email Address.

EFFORTS MADE TO COLLECT AMOUNTS CLAIMED FROM ATTORNEY OR OTHER SOURCE

Attorney-Client Assistance Program Fee Dispute Case Number: _____ Resolution: _____

List all attempts made to collect loss and attach any supporting documentation.

Were you related by blood, marriage or in business with the attorney or an associate of accused attorney? NO

If yes, explain.

Have you made any claim against any bond, malpractice or other insurance policy of accused attorney? NO

If yes, explain.

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Do you have any insurance, bond or agreement that may pay for the loss? NO

If yes, explain.

If the loss occurred in a real estate transaction, have you pursued a claim with the title insurance company listed on the HUD-1 for the closing? Provide copy of the HUD-1. NO

If yes, explain.

Have you been reimbursed by anyone for any or all of your loss? If yes, provide details below. NO

Date of Payment

Payment Made By

Amount of Payment

ADDITIONAL INFORMATION

Has any civil, criminal, or other proceedings been brought against the accused attorney based on the same facts as contained in this application? NO

If yes, provide by whom, file number, county of filing and status of those proceedings.

Has the accused attorney acknowledged to you that you have a valid claim? NO

If yes, explain.

State any other facts that you believe would be important to the Board when it considers your claim and to whom reimbursement should be made to if different from the applicant.

NOTARIZED SIGNATURE OF APPLICANT

Signature of Applicant

Signature of Co-Applicant

Subscribed and Sworn/Affirmed To, Before Me

This _____ Day of _____ 20 _____

Signature of Notary Public

My Commission Expires

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SUBROGRATION AGREEMENT

- A. The undersigned applicant has signed and submitted an application to induce the Client Security Fund (the “Fund”) to process and investigate a claim and to consider reimbursement of all or part of the loss incurred by the applicant as a result of the dishonest conduct of the accused lawyer.
- B. Upon payment by the Fund of all or any portion of the loss, applicant, in consideration of such payment:
1. Transfers, assigns, and sets over to the North Carolina State Bar, as subrogee, all of applicant’s claims and demands against and rights to sue the accused attorney arising out of the dishonest acts described in this application (the “Subrogated Claims”);
 2. Authorizes the North Carolina State Bar to pursue all Subrogated Claims against the accused attorney, either in the name of the applicant, in the State Bar’s name, or both, as the State Bar in its sole judgment deems advisable;
 3. Agrees to cooperate with the North Carolina State Bar in: (a) enforcing any Subrogated Claim, (b) the investigation of this claim, and (c) the investigation and prosecution of any related disciplinary proceedings against the accused attorney;
 4. Agrees to repay the Fund, up to the amount paid to the applicant by the Fund plus expenses, any amounts based on this claim subsequently received by applicant from any source other than the Fund; and,
 5. Agrees to assign to the North Carolina State Bar any judgments obtained by applicant against the accused attorney arising out of the attorney’s dishonest conduct.
- C. The applicant understands that:
1. All civil actions against the accused attorney shall be under the control of the North Carolina State Bar and the State Bar may prosecute, fail to prosecute, or abandon any such action against the accused attorney as the State Bar may deem appropriate in its sole discretion and without the necessity of the consent or approval of the applicant; and
 2. Should the applicant receive an award from the Fund, the facts relating to the loss become a matter of public record.
 3. IN ESTABLISHING THE CLIENT SECURITY FUND PURSUANT TO ORDER OF THE SUPREME COURT OF NORTH CAROLINA, THE NORTH CAROLINA STATE BAR DID NOT CREATE OR ACKNOWLEDGE ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL ATTORNEYS IN THE PRACTICE OF LAW.
 4. ALL REIMBURSEMENTS OF LOSSES FROM THE CLIENT SECURITY FUND SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE BOARD ADMINISTERING THE FUND AND NOT A MATTER OF RIGHT.
 5. NO APPLICANT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENT SECURITY FUND AS A THIRD-PARTY BENEFICIARY OR OTHERWISE.

Signature of Applicant

Signature of Co-Applicant

This ____ Day of _____ 20 ____