

THE NORTH CAROLINA STATE BAR
CLIENT SECURITY FUND
APPLICATION FOR REIMBURSEMENT

Instructions

Please answer every question. If more space is needed, attach additional pages.

Mail the completed application and Subrogation Agreement to: Client Security Fund Board, North Carolina State Bar, P.O. Box 25908, Raleigh, North Carolina 27611-5908. Telephone number (919) 828-4620.

It is important that you submit all evidence that proves your loss, such as canceled checks, receipts, letters, settlement statements, closing statements, etc.

Please print or type this application.

1. Your name: _____

2. Your address: _____
City: _____ State: _____ Zip: _____

3. Your telephone numbers: (Work) _____ (Home) _____
(Mobile) _____

4. Your email address: _____

5. Name office telephone number of any attorney representing or assisting you with this application:
(It is not necessary for you to be represented by counsel. The Fund does not pay fees charged by an attorney for representing an applicant.)

6. **Name, address and office telephone number of attorney who you believe dishonestly took your money or property:**

7. What amount of money or what property did you lose because of the dishonest acts of the accused attorney:

Money: _____

Property: _____

8. If you know, the date the loss occurred: _____

Date you discovered the loss and how you discovered it:

If you are not seeking reimbursement for legal fees, go to question 11.

10. Are you seeking reimbursement for legal fees paid to the accused attorney? _____ If so, please send us the attorney's file if you have it and answer the following questions.

(a) Approximately when did you hire the accused attorney? _____

(b) What legal services was the accused attorney hired to perform for you?

(c) In what county was the attorney's legal work to be filed? _____

(d) What was the fee agreement for those services?

(e) Was the fee agreement in writing? _____ If so, please attach a copy of the agreement.

(f) How much did you pay the accused attorney and when did you make the payment(s)? (Please attach copies of any evidence of payments and copies of billing statements you have.)

(g) Did you pay court costs or filing fees in advance? _____ If so, how much?
\$ _____

(h) Describe as best you can recall each time you met with the accused attorney and what happened. Provide any available documentation.

(i) Describe as best as you can recall each time you discussed your matter by telephone with the accused attorney. Provide any available documentation.

(j) What legal papers, if any, did the accused attorney prepare for you? If legal papers were filed with the court, provide case number and location of court.

(k) Describe any court appearances the accused attorney made for you.

(l) What is the status of your legal matter at this time? _____

(m) Do you have a new attorney to complete your legal matter? _____ If so, please give the name and address of the new attorney. _____

11. In chronological order, give a detailed statement of the dishonest act(s) on which your claim is based. **(Please attach copies of all relevant documents such as the accused attorney's file, canceled checks, receipts, agreements, settlement statements, correspondence, etc.)**

12. Names, addresses and telephone numbers of other persons who may have knowledge about the loss who might be witnesses for you:

13. At the time of the dishonest conduct, were you related by blood or marriage to the accused attorney, or a partner or associate of the accused attorney, or in business with the accused attorney, or an employee of the accused attorney? _____ If so, please explain:

14. Please describe all efforts you have made to collect the amount claimed from the accused attorney (e.g., telephone calls, demand letters, lawsuit, etc.). **Please attach copies of all relevant documents.**

15. Do you know if the accused attorney was bonded or had malpractice or other insurance which might cover the loss? _____ If so, what is the name and address of the insurance company (ies)?

16. Have you made any claim against any bond or malpractice or other insurance policy of the accused lawyer? _____ If so, describe your efforts and the insurance company's response.

17. Do you have any insurance, bond or agreement that may pay for the loss? _____ If so, please describe the name and address of the insurance company, the type of coverage, the policy number, the steps you have taken to make a claim and the insurance company's response.

18. If the loss occurred in a real estate transaction, have you pursued a claim under the insured closing letter issued by the title insurance company listed on the HUD-1 for the closing? **Please attach a copy of the HUD-1.**

19. If you have been reimbursed by anyone for any or all of your loss, state the amount received by you, the person(s) who made the payment, and the date of the payment(s).

Amount	By Whom Paid	Date of Payment
\$ _____	_____	_____
\$ _____	_____	_____

20. To your knowledge have any civil, criminal or other proceedings been brought against the accused attorney based on the same facts as contained in this application? _____ If so, state by whom, where, file number, and the status of those proceeding(s). If not, to your knowledge are such proceedings planned?

21. Has the accused attorney acknowledged to you that you have a valid claim? _____ If so, please explain and provide any documentation.

22. State any other facts that you believe would be important to the Board when it considers your claim.

State of _____ County of _____

The undersigned, being first duly sworn, says: I am the applicant in the above matter; I have read the foregoing Application for Reimbursement, and know the contents thereof; and I certify that the same is true of my own knowledge.

Signature of Applicant

Signature of Co-Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 2____.

(Notary Public Signature)

My commission expires: _____

**THE NORTH CAROLINA STATE BAR
CLIENT SECURITY FUND
Subrogation 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. 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. NO APPLICANT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENT SECURITY FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE.**

Signed the _____ day of _____ 2_____.

Signature of Applicant

Signature of Co-Applicant