



The North Carolina State Bar

Client Security Fund

Application for Reimbursement

RE: Daniel Ruffy & Carolina Legal Services

217 E. Edenton Street (27601)
Post Office Box 25908
Raleigh, North Carolina 27611
Telephone (919) 828-4620
Web: www.ncbar.gov

- ❖ Mail or Email completed application and Subrogation Agreement to Client Security Fund Board, North Carolina State Bar.
- ❖ Please answer every question and submit all evidence that proves your loss such as cancelled 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: _____

Attorney assisting you with claim: _____ Phone: _____

Carolina Legal Services Client Retainer Agreement:

Date Retained : _____

Total Debt to be Negotiated: _____ Creditors: _____

Date of First Payment: _____

Date of Last Payment: _____

Monthly Payment Amount: _____

Total Payments Made: _____

Global Holdings Refund: _____

Pendergrass Trust Refund: _____

Any Other Refunds Rec'd: _____

Amount Paid to Creditors: _____

Documents Needed to be Filed with Client Security Fund Application

Carolina Legal Services Client Retainer Agreement

Global Holdings Account Ledger

Global Holdings Refund Check Copy

Pendergrass Law Firm Trust Questionnaire

Pendergrass Law Firm Response & Refund Check Copy

Ruffy Correspondence

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

NCSB CSF APPLICATION FOR REIMBURSEMENT

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.

Additional Information

Are/were you related by blood or marriage or in business with the attorney or were you an associate of the accused attorney? If so, explain.

Have you made any claim against any bond, malpractice or other insurance policy of the accused attorney?

If so, explain.

Do you have any insurance, bond or agreement that may pay for the loss?

If so, explain.

Has the accused attorney acknowledged to you that you have a valid claim?

If so, explain.

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

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

NCSB CSF APPLICATION FOR REIMBURSEMENT

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 _____