

Mail Claim back to:

**CLIENTS' SECURITY FUND  
KENTUCKY BAR ASSOCIATION  
514 WEST MAIN STREET  
FRANKFORT, KY 40601-1883**

**CLAIM APPLICATION**

Please refer to the Q&A Brochure for further information about the Client's Security Fund. Note that, the Fund only considers losses caused by the dishonest conduct of the lawyer that have arisen out of or in the course of a lawyer-client relationship between the lawyer and the claimant. Losses incurred as a result of any negligent act of malpractice are not reimbursable (SCR 3.820(10)).

**INSTRUCTIONS:**

1. If you have a claim against more than one lawyer, use a SEPARATE claim form for each lawyer, with the details and relevant exhibits attached to each separate application. If you are filing more than one claim, do not combine your claim details or your exhibits into one document, or make a specific comment about a claim filed against another lawyer, or it will be returned to you. The Clients' Security Fund will not accept claims against law firms.
2. Send your application with an original notarized signature. Copies of your signature will not be accepted.
3. State specifically, on each individual claim, what the lawyer did or failed to do within the lawyer-client relationship which you believe constitutes dishonest conduct.
4. Provide the names, address and phone numbers of witnesses.
5. Attach COPIES of any receipts, contracts, proof of payment such as bank statements or checks, or other documents which are important to the claim to the back of each individual application. Keep your own original documents.
6. Please do not bind your application. Type or write your claim legibly in black ink so it can be copied.
7. You may add more pages to this form if necessary.
8. Kentucky Supreme Court Rule 3.820-17 provides that this matter is confidential at this stage of the proceedings, until the Trustees authorize reimbursement to the claimant.
9. Kentucky Supreme Court Rule 3.820-15(d) provides that if you have made a claim or filed action to recover unreimbursed losses against the lawyer or any other entity which may be liable for your loss, you are required to notify the Clients' Security Fund Trustees of such action. If you commence such action after the Application is filed, you must also notify the Trustees.
10. The Kentucky Bar Association Office of Bar Counsel does not represent you in this matter, but acts to investigate claims on behalf of the Clients' Security Fund of the Kentucky Supreme Court.

Please print or type.

DATE: \_\_\_\_\_

YOUR NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**NAME AND ADDRESS OF LAWYER WHOSE CONDUCT CAUSED YOUR LOSS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

1. **WAS YOUR LOSS CAUSED BY THE LAWYER’S DISHONEST CONDUCT OR FRAUDULENT CONDUCT?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  
2. **DID YOUR LOSS OCCUR WHILE YOU WERE A CLIENT OF THE LAWYER?**  
\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  
3. **A. HAS THE LAWYER REPAID ANY MONEY TO YOU?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
**B. HAS ANYONE ELSE PAID YOU BACK, INCLUDING AN INSURANCE COMPANY, INDEMNITY OR BOND?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  
4. **ARE YOU A RELATIVE OF THE LAWYER?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  
5. **HAVE YOU EVER BEEN EMPLOYED BY THE LAWYER?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, WHEN AND IN WHAT CAPACITY?** \_\_\_\_\_

\_\_\_\_\_

6. **A. AMOUNT OF YOUR LOSS:** \_\_\_\_\_  
**B. HOW DID YOU CALCULATE YOUR LOSS?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **AMOUNT PAID DIRECTLY TO THE LAWYER (PLEASE ATTACH RECEIPTS:** \_\_\_\_\_

8. **A. WHEN DID THE LOSS OCCUR?** \_\_\_\_\_

**B. WHEN DID YOU DISCOVER THE LOSS?** \_\_\_\_\_

9. **DID THE LAWYER’S DISHONEST OR FRAUDULENT CONDUCT WHICH CAUSED THE LOSS OCCUR WITHIN THE PAST 24 MONTHS?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

10. **HAVE YOU REPORTED THE LOSS TO ANY OTHER AGENCY?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, IDENTIFY THE PERSON AND AGENCY (POLICE, PROSECUTING LAWYER, DISCIPLINARY AUTHORITY, ETC.) AND STATE THE DATE OF THE REPORT. ATTACH COPIES OF ANY REPORT(S). DO YOU KNOW WHAT THE OUTCOME WAS?**

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11. **PLEASE PROVIDE A DETAILED SUMMARY OF THE LAWYER’S DISHONEST OR FRAUDULENT CONDUCT. YOU MAY ADD MORE PAPER. PLEASE REFERENCE IN THIS SUMMARY:**

- 1) WHY AND WHEN YOU HIRED THE LAWYER;**
- 2) THE AMOUNT THAT YOU PAID THE LAWYER;**
- 3) WHAT THE LAWYER DID FOR YOU;**
- 4) WHAT THE LAWYER DID THAT WAS DISHONEST;**
- 5) THE LOSSES YOU ARE CLAIMING;**
- 6) HOW AND WHEN YOU DISCOVERED THE LOSS.**

**PLEASE ATTACH COPIES OF DOCUMENTS WHICH ARE RELATED TO YOUR CLAIM, INCLUDING RECEIPTS OR CANCELLED CHECKS AND ANY LAWYER FEE CONTRACT. YOU MAY ADD MORE PAGES TO THIS FORM IF NECESSARY.**

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**I SWEAR OR AFFIRM THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL VOLUNTARILY APPEAR AND TESTIFY TO THE FACTS IN THE CLAIM IF CALLED UPON TO DO SO BY THE KENTUCKY BAR ASSOCIATION.**

\_\_\_\_\_  
**SIGNATURE OF CLAIMANT**

**NOTARY’S CERTIFICATE – CLAIM MUST BE NOTARIZED (OR IT WILL NOT BE FILED)**

**COMMONWEALTH/STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

THIS CLAIM APPLICATION WAS SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE STATE AND COUNTY AFORESAID BY \_\_\_\_\_ (PRINT CLAIMANT’S NAME) THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES: \_\_\_\_\_