

The Nebraska State Bar Association
Client Assistance Fund Statement

The Client Assistance Fund has been established by the Nebraska State Bar Association to provide assistance to individuals who have suffered losses as a result of the **dishonest acts** of Nebraska attorneys. Payment may be made from the Client Assistance Fund at the direction of the Client Assistance Fund Committee based on this Statement and other information submitted to the Committee.

The Client Assistance Fund Committee will only consider requests for payment from individuals who have suffered losses as a result of attorneys' dishonest acts. No payment will be considered, and no payment will be made from the Client Assistance Fund, in respect to any loss suffered as a result of the negligence of an attorney, or in respect of any fee dispute between a client and attorney.

INFORMATION ABOUT THE APPLICANT

Name: _____ E-mail Address: _____
Address: _____ Phone Number: _____
City, State Zip _____ Alternative Contact Number: _____

INFORMATION ABOUT THE ATTORNEY WHO COMMITTED THE DISHONEST ACT

Name: _____
Address: _____
City, State Zip: _____
Phone: _____

INFORMATION ABOUT THE LOSS

When did you first employ this attorney? _____
When did you first learn of the loss? _____
How much was the loss? _____

What payments have you made to the attorney? (Attach billing statements from attorney and proof of payment, such as copies of checks.)

Please give a detailed statement of the following: (1) the circumstances that gave rise to your loss; (2) the amount of the loss you suffered as a result of the **dishonest act**. Include copies of all documents which substantiate your claim. You may attach additional pages and photo copies.

Please identify and describe the **specific dishonest act(s)** of the attorney which caused your loss.

Please confirm you have filed a grievance against the attorney with the Supreme Court Office of the Counsel for Discipline, 3808 Normal Blvd., Lincoln, NE 68506, (877) 504-0967. Provide the date and details, attach additional pages as needed.

Have you contacted the attorney concerning this claim? How has the attorney responded? Please give a detailed statement of the steps you have taken to recover the claim directly from the attorney. Attach additional pages as needed.

Do you have any other source for recovering all or any part of the loss described in this Statement? If yes, please explain.

I expressly waive the attorney-client privilege and authorize the Client Assistance Fund Committee or its designate to examine the file in this case. I affirm under penalty of perjury that I am telling the truth and that the above information is true and accurate to the best of my knowledge. If I have an attorney represent me to the Client Assistance Fund, I, and my attorney, understand and agree that the attorney will receive no part of the claim, if paid, either directly or indirectly, as compensation for such services.

Date: _____

Applicant: _____

Attorney: _____

STATE OF NEBRASKA)
)
COUNTY OF)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

Notary

Submit to: NSBA/Client Assistant Fund, 635 South 14th Street, Lincoln, NE 68508.