

Client Security Fund Application for Reimbursement

Return completed form to:

Oregon State Bar
Client Security Fund
PO Box 231935
Tigard, OR 97281-1935

Payments from the Client Security Fund are entirely within the discretion of the Oregon State Bar.
Submission of this claim does not guarantee payment.
The Oregon State Bar is not responsible for the acts of individual lawyers.

*Please note that this form and all documents received in connection with your claim are public records.
Please attach additional sheets if necessary to give a full explanation.*

1. Information about the client(s) making the claim:

- a. Full Name: _____
- b. Street Address: _____
- c. City, State, Zip: _____
- d. Phone: (Home) _____ (Cell) _____
(Work) _____ (Other) _____
- e. Email: _____

2. Information about the lawyer whose conduct caused your claim (also check box 10A on page 3):

- a. Lawyer's Name _____
- b. Firm Name _____
- c. Street Address: _____
- d. City, State, Zip: _____
- d. Phone: _____
- e. Email: _____

3. Information about the representation:

- a. When did you hire the lawyer? _____
- b. What did you hire the lawyer to do? _____

- c. What was your agreement for payment of fees to the lawyer? (attach a copy of any written fee agreement)

- d. Did anyone else pay the lawyer to represent you? _____
- e. If yes, explain the circumstances (and complete item 10B on page 3):

- f. How much was actually paid to the lawyer? (please attach proof of payment, if any) _____
- g. What services did the lawyer perform? _____

h. Was there any other relationship (personal, family, business or other) between you and the lawyer?

4. Information about your loss:

a. When did your loss occur? _____

b. When did you discover the loss? _____

c. Please describe what the lawyer did that caused your loss _____

d. Total amount of your loss _____

e. How did you calculate your loss? _____

f. Amount you are requesting to be reimbursed _____

5. Information about your efforts to recover your loss:

a. Have you been reimbursed for any part of your loss? *If yes, please explain:* _____

b. Do you have any insurance, indemnity or a bond that might cover your loss? *If yes, please explain:* _____

c. Have you made demand on the lawyer to repay your loss? When? *Please attach a copy of any written demand.*

d. Has the lawyer admitted that he or she owes you money or has he or she agreed to repay you? *If yes, please explain:* _____

e. Have you sued the lawyer or made any other claim? *If yes, please provide the name of the court and a copy of the complaint.* _____

f. Have you obtained a judgment? *If yes, please provide a copy* _____

g. Have you made attempts to locate assets or recover on a judgment? *If yes, please explain what you found:* _____

6. Information about where you have reported your loss:

District attorney

Police

Oregon State Bar Professional Liability Fund

If yes to any of the above, please provide copies of your complaint, if available.

Oregon State Bar Client Assistance Office or Disciplinary Counsel

7. Did you hire another lawyer to complete any of the work? *If yes, please provide the name and telephone number of the new lawyer:* _____

You are not required to have an attorney in order to file this claim. The CSF encourages lawyers to assist claimants in presenting their claims without charge. A lawyer may charge a fee for such work only if the following information is provided.

1. I authorize _____ *(print name of attorney)*
to act as my attorney in presenting my claim.

Claimant's Signature

2. I have agreed to act as the claimant's attorney: *(check one below)*

- Without charge
- Under the attached fee agreement

Attorney's Signature

Attorney's Bar No.

Attorney's Phone

Attorney's Address