

The West Virginia State Bar

Application For Relief From the Lawyers' Fund for Client Protection

Notice to Applicant:

IN ESTABLISHING THE LAWYERS' FUND FOR CLIENT PROTECTION, THE WEST VIRGINIA STATE BAR DID NOT CREATE, NOR ACKNOWLEDGE, ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS FOR LOSSES BY THE LAWYER'S FUND FOR CLIENT PROTECTION SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE WEST VIRGINIA STATE BAR AND NOT AS A MATTER OF RIGHT. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE LAWYERS' FUND FOR CLIENT PROTECTION AS A THIRD PARTY BENEFICIARY OR OTHERWISE. CLAIMANT REPRESENTS THAT NO FEE HAS BEEN OR WILL BE PAID TO ANY ATTORNEY FOR SERVICES RENDERED IN THE PREPARATION OF THE FILING OF THIS APPLICATION FOR REIMBURSEMENT, OR FOR OR ON ACCOUNT OF THE PAYMENT OF ANY SUMS AS A RESULT OF THIS APPLICATION.

I, _____, hereby acknowledge
(Applicant's Name - Please Print)

that I have read and understand the foregoing notice this ____ day of _____, 20__

Applicant's Signature

PLEASE PRINT OR TYPE A RESPONSE TO EACH LINE
(Use N/A of Not Applicable)

1. NAME AND ADDRESS of Applicant:

(Full Name)

(Street Address or P.O. Box)

(City)

(State)

(Zipcode)

(_____) _____
Telephone Number

2. NAME of Applicant's Spouse, if Married:

(Spouse's Full Name)

(Spouse's Address if different from above)

3. NAME and last know ADDRESS of lawyer whose conduct is alleged to have caused applicant's loss:

(Lawyer's Full Name)

(Name of Law Firm if Applicable)

(Street Address or P.O. Box)

(City)

(State)

(Zip Code)

4. Applicant suffered a monetary loss of \$ _____

Lost property valued at \$ _____

5. To the best of applicant's knowledge, _____ was, at the
(Lawyer's Name)
time of the conduct complained of (check one or more):

_____ (a) A member of the West Virginia State Bar or,

_____ (b) Domiciled in the state of _____, or

_____ (c) Licensed to practice law in the state of _____

6. Please describe the arrangement for payment of fees to this lawyer and state what portion, if any, of these fees has been paid to this lawyer so far. (If you had a written agreement concerning fees, please attach it. Additionally, please attach copies of any canceled checks, receipts or other evidence of payment of attorney fees.)

Amount of attorney fees to be paid: \$ _____

Amount of attorney fees you paid to date: \$ _____

Amount of attorney fees reimbursed to you, if any: \$ _____

7. The alleged improper conduct on the part of the attorney occurred at

_____, _____ on or about
(City) (State)

_____; the loss occurred or accrued on or about
(Date)

_____ and the loss was discovered on or about
(Date)

_____.
(Date)

8. The applicant, at the time the loss occurred, was the: (check if applicable; if none apply, check here _____)

_____ (a) Spouse

_____ (b) Sibling (brother, sister, stepbrother or stepsister)

_____ (c) Parent

_____ (d) Grandparent

_____ (e) Child

_____ (f) Grandchild

_____ (g) Law Partner or Associate

_____ (h) Lawyer-Employer or Employee

_____ (i) Related in any manner

_____ (j) If related, what relationship _____
of the lawyer whose conduct is alleged to have cause applicant's loss.

9. Has any demand for satisfaction of this loss been made to the lawyer?

_____ Yes

_____ No

If yes, when: _____
(Date)

Briefly explain. If your demand and/or the lawyer's response was in writing, please attach copies of all correspondence to the attorney as well as from the attorney.

10. Have you already been reimbursed for any part of your loss?

_____ Yes

_____ No

If yes:

_____ (Amount)

_____ (By Whom Paid)

_____ (Date Paid) _____

Please explain briefly the circumstances of this reimbursement. If it was in writing, please attach copies of all correspondence to the attorney as well as from the attorney.

11. To the best of the applicant's knowledge, was or is this loss coverage by any insurance, indemnity or guaranteed closing service letter or bond?

_____ Yes _____ No

If yes: _____
(Name of Insurer, Surety or Bondsman)

(Street Address)

(City) (State) (Zipcode)

\$ _____
(Extent of Coverage)

\$ _____
(Payment of Applicant)

12. Check were appropriate (if known):

- (a) Civil proceedings have been or will be undertaken in connection with this _____ lawyer's alleged improper conduct.
- (b) Criminal proceedings _____ have been or _____ will be undertaken in connection with this lawyer's alleged improper conduct.
- (c) Lawyer disciplinary proceedings _____ have been or _____ will be undertaken in connection with this lawyer's alleged improper conduct.

If you have checked any of the above, please state with respect to each one of the following information:

- (a) _____
(Who is/has undertaken this proceeding)
- (b) _____
(Location of proceeding)
- (c) _____
(In what court is proceeding pending or held)
- (d) _____
(Present status of proceeding if known)
- (e) _____
(Applicant's role, if any, in proceeding)
- (f) _____
(Name of attorney representing applicant in any of these proceedings)

NOTE: If a judgement has been obtained against the attorney, what steps have been taken to collect said judgement. Please attach a copy of judgement.

13. To the best of applicant's knowledge, has the lawyer: (check appropriate line)

____ (a) Died _____
(Date)

____ (b) Been adjudicated legally incompetent _____
(Date)

____ (c) Been adjudicated bankrupt _____
(Date)

____ (d) Been disbarred from practice in _____, _____
(City) (State)

____ (e) Been suspended from practice in West Virginia _____
(Date)

____ (f) Resigned from practice in West Virginia _____
(Date)

14. Please give the most detailed statement possible of the nature of the lawyer's alleged improper conduct and the way in which that conduct caused your loss. Please attach copies of any document, correspondence, and other related papers which would help explain this claim. (eg. Receipts, canceled checks, contracts, letters to or from attorney, judgements against lawyer, newspaper or other articles relating to case.) Attach such additional pages as are necessary to fully and adequately explain in detail the nature and contents of the attorney's improper conduct.

15. NAME and ADDRESS of any lawyer representing your or assisting you with this application:

(Name)

(Street Address)

(City)

(State)

(Zipcode)

16. In the event that this application is being filed by the personal representative or attorney in fact for the actual applicant, please provide a copy of the power of attorney or a certified copy of the certificate appointing the personal representative. Additionally, please list below the following information:

(a) _____
(Full name of personal representative or attorney in fact)

(b) _____
(Street Address or P.O. Box)

(c) _____
(City) (State) (Zipcode)

(d) _____
(Telephone)

IMPORTANT: PLEASE READ THE FOLLOWING LIMITATIONS
AND AGREEMENT TO THIS APPLICATION

A. This application is executed and filed in order to induce The West Virginia State Bar to process, investigate and consider it in sole discretion and the reimbursement from its Lawyers' Fund for Client Protection of all or part of the loss incurred by the applicant as a result of the dishonest and fraudulent conduct of the lawyer named in this application.

B. The applicant understands and agrees that upon payment from the Lawyers' Fund for Client Protection, if any, the undersigned applicant thus hereby:

1. Transfers, assigns and sets over to the Lawyer's Fund for Client Protection of the West Virginia State Bar, pro-tanto, all of the undersigned applicant's claims, demands, causes of action, and suits against the above named lawyer arising out of the above described dishonest and fraudulent conduct upon which this application for relief is based.

2. Authorizes The West Virginia State Bar to prosecute all such claims, demands, causes or action, actions and such against the above named lawyer either in the name of the undersigned applicant or in the name of The West Virginia State Bar or in the name or both, as The West Virginia State Bar may in its sole exercise of its discretion deems appropriate.

3. Agrees that your applicant will cooperate with The West Virginia State Bar in any efforts by said State Bar in enforcing any claim, demand, cause of action, action or suit against the above named lawyer.

4. Agrees that all civil actions to be taken against the above named lawyer hereunder shall be under the absolute control of the Board of Governors of The West Virginia State Bar, and that said Board for an on behalf of The West Virginia State Bar may prosecute, fail to prosecute or abandon any such claim, demand, cause of action, action or suit against the above named lawyer as it shall, in the exercise of its discretion and without the necessity of consent or approval of the undersigned applicant, deems appropriate.

5. That the applicant agrees to defend, indemnify, and hold harmless The West Virginia State Bar of an from any counterclaims, cross claims, or other third party actions that might be brought as a result of any civil action against the above named lawyer for the conduct described in this application.

C. The undersigned applicant understands that before he receives any payment from the Fund, the applicant or his legal representative will be required to execute and deliver to The West Virginia State Bar a written agreement stating that in the event the reimbursed applicant or his estate should ever receive any restitution from the lawyer or the estate of the lawyer named above, the reimbursed applicant does hereby agree and shall agree in said contract to repay to the Fund (up to the amount of the original reimbursement from the Fund) that amount by which the original reimbursement from the Fund plus the actual restitution from the lawyer or his estate exceeds the reimbursed applicant's actual loss, as that "actual loss" is or was determined by The West Virginia State Bar.

IN CONSIDERATION OF THE FOREGOING, applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and, as a condition precedent to any payment from said Fund, applicant agrees to execute and deliver to The West Virginia State Bar such instrument or instruments as The West Virginia State Bar may require.

Dated this the _____ day of _____, 20_____.

Signature of Applicant

Return to:

Lawyers' Fund for Client Protection
The West Virginia State Bar
2000 Deitrick Boulevard
Charleston, WV 25311-1231

