All members of the State Bar of Michigan are urged to give assistance, without fee, to any claimant presenting a claim to the Client Protection Fund. Claimants are advised that, except in unusual circumstances, the assistance of an attorney is not necessary in filing a claim since the State Bar has staff available which will investigate the facts. The Client Protection Fund is not a substitute for malpractice insurance or a fee adjustment service.

The State Bar of Michigan does not acknowledge any legal responsibility for the acts of individual lawyers in their practice of law. All reimbursements of losses by the Client Protection Fund are a matter of grace in the sole discretion of the Board of Commissioners, and are not a matter of right. No person shall have any right in the Client Protection Fund as a third party beneficiary or otherwise.

Answer every question on this application. If there is not enough room, attach additional pages and label your answer using the question number and letter.

**When completed, sign the final page of this form in the presence of a Notary Public and return to:**

State Bar of Michigan  
Client Protection Fund  
306 Townsend Street  
Lansing, MI 48933-2012  
(800) 968-1442 or (517) 346-6379
Answer every question in this application. If more space is needed, please attach additional pages.

1. Person Filing Claim (“Claimant”) Information:

   □ Mr.  □ Mrs.  □ Ms.  Name: ____________________________

   Name of spouse: ____________________________

   Address: ____________________________

   City: ____________________________ State: ____________________________ Zip: ____________________________

   Telephone (Home): (____) __________ Telephone (Cell): (____) __________ Birth Date: __________

   Social Security No: ____________________________ E-mail Address: ____________________________

   Occupation: ____________________________ Name of Employer: ____________________________

   How did you learn about the Client Protection Fund?  AGC  □  Website □  Other: ____________________________

2. Attorney you allege has caused you a loss:

   a. Name: ____________________________

      Name of law firm: ____________________________

      Business address: ____________________________

      City: ____________________________ State: __________ Zip: __________

      Business telephone: ____________________________

      Home address: ____________________________

      City: __________ State: __________ Zip: __________

   b. Were there any other attorneys employed and/or working at the law firm?  □ Yes  □ No

   c. If so, please provide their name(s): ____________________________

3. Have you previously filed a claim with the Client Protection Fund?  □ Yes  □ No

   If yes, state approximate date of submission: ______

   Name of attorney: ____________________________

   ____________________________

   Was the claim: □ Approved  □ Denied

4. Nature of attorney/client relationship:

   a. Date the attorney was first contacted: ____________________________

   b. Reason you contacted the attorney: ____________________________

   c. What fees were agreed upon, and how and when was the attorney to be paid? ____________________________

   d. How much did you actually pay the attorney? ____________________________

   e. Did you pay court costs or filing fees in advance?  Yes □  No □

   If yes, how much? $________________

   f. When and how were such payments made? ____________________________
Answer every question in this application. If more space is needed, please attach additional pages.

5. Claimant’s Loss:
(Do not include money spent trying to recover the funds or properties, interest, pain and suffering or other damages.)

a. Amount misappropriated by the attorney (dollar amount): ________________________________

b. Date the misappropriation occurred (must be a date): ________________________________

c. Date you discovered the misappropriation (must be a date): ________________________________

d. Describe how you discovered the misappropriation: ________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

e. Was this loss reported to the: ___Police ___District Attorney ___City Attorney
    ___FBI ___Attorney General

    If reported, state when, where, and to whom you. (Attach a copy of the report). ____________

    ____________________________________________________________________________________

f. Describe in specific detail how the loss occurred: _________________________________________

    ____________________________________________________________________________________

    ____________________________________________________________________________________

    ____________________________________________________________________________________

g. List the name, address, and telephone number of any other person(s) who have specific knowledge of
   this loss:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. Legal Service Information:

a. How many times did you meet with the attorney? _______________________________________

b. Briefly describe what was discussed during each meeting and what happened. ________________

    ____________________________________________________________________________________

    ____________________________________________________________________________________

    ____________________________________________________________________________________
Answer *every* question in this application. If more space is needed, please attach additional pages.

c. Briefly describe what was discussed during each telephone conversation with the attorney or law office. 


d. List the services performed by the attorney. 


e. State the services you feel the attorney failed to perform. 


f. What is the status of your case at this time? 


g. Did the attorney handle any other legal work for you?  □ Yes  □ No  
If yes, please provide the approximate date and a short description of the work performed: 


h. Did you hire a new attorney to complete your case?  □ Yes  □ No  
If yes, provide the name and address of the attorney. 


7. **Claimant:** Please complete the following questions and statements:

a. Did the loss occur within the context of your attorney-client relationship?  □ Yes  □ No

b. At the time of the loss, or when the loss was discovered, were you related to the attorney (i.e., spouse, relative, partner, employee)?  □ Yes  □ No  
If yes, state the relationship: 


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Answer every question in this application. If more space is needed, please attach additional pages.

c. Have you asked the attorney to reimburse you? ☐ Yes ☐ No
   If yes, attach a copy of the letter.

d. Have you been reimbursed for any part of the claim? ☐ Yes ☐ No
   If yes, Amount: __________ Date received: __________ Received from: __________
   Amount: __________ Date received: __________ Received from: __________

e. Have you filed a claim with a bonding or insurance company to recover for the loss? ☐ Yes ☐ No
   If yes, were you reimbursed? ☐ Yes ☐ No
   If yes, Amount: __________ Date received: __________ Received from: __________

f. Have you filed a Request for Investigation with the Attorney Grievance Commission? ☐ Yes ☐ No
   If yes, provided the Date Submitted: __________ File Number: __________

g. Has the attorney died? ☐ Yes ☐ No
   If yes, Date of Death: ______
   Has the attorney been adjudged incapacitated? ☐ Yes ☐ No
   Has the attorney been suspended from the practice of law? ☐ Yes ☐ No
   If yes, Date: __________
   Has the attorney been disbarred from the practice of law? ☐ Yes ☐ No
   If yes, Date: __________

h. Has the attorney or the attorney’s law firm filed Bankruptcy? ☐ Yes ☐ No
   If yes, please attach copies of all bankruptcy documentation received.

i. State, if known, whether any civil and/or criminal proceedings have been, or will be, commenced in
connection with the facts set out in this application. ☐ Yes ☐ No
   If yes, please provide:
   Court name: __________________________ Court file no.: __________________________
   Party names: __________________________

j. Will you be applying to any other state for reimbursement from its Client Protection Fund? ☐ Yes ☐ No

8. Name and address of the lawyer or other person currently representing or assisting you with this
application.
   Name: __________________________ Telephone: __________________________
   Address: __________________________
   City: __________________________ State: __________ Zip: __________________________

9. Have you attached copies of the following documents? Do not send originals
   a. The retainer or fee agreement? ☐ Yes ☐ No
   b. Receipts, cancelled checks, credit card statements, or invoice reflecting payment and charges? ☐ Yes ☐ No
Answer *every* question in this application. If more space is needed, please attach additional pages.

**c) Did you retain the attorney to represent you in a lawsuit?** □Yes □No

If yes, did you include copies of court documents? □Yes □No

If no, please provide: Court name: _____________________________ Court Case No.: _____________________________

Court Address: ______________________________________________________________________________________

**d) Did the attorney prepare other legal papers for you?** □Yes □No If yes, please attach copies.

**e) Attach copies of any other relevant documents that support your claim.** Include a copy of the police report, bankruptcy notice from the attorney, and the letter requesting reimbursement from the attorney, if applicable.

10. This claim is executed and filed in order to induce the State Bar of Michigan to process and investigate it and to consider in its sole discretion the making of payment from the Client Protection Fund to the claimant.

Claimant 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 the Fund, claimant agrees to give to the State Bar of Michigan all information requested.

**PLEASE SIGN THIS PAGE OF THE APPLICATION IN THE PRESENCE OF A NOTARY PUBLIC**

DATE: _____________________________

________________________________________
Notarized Signature of Claimant

STATE OF ____________________________

COUNTY OF ____________________________

________________________________________
personally appeared before me and signed this Claim Application in my

presence on ____________________________, 20______.

date

________________________________________
Notary Public

________________________________________
County, State of __________________________

My commission expires: __________________________

Acting in the county of: __________________________

NOTARY STAMP WITH EXPIRATION DATE REQUIRED

IF NOTARIZED OUTSIDE THE STATE OF MICHIGAN