CLIENT PROTECTION FUND
CLAIM APPLICATION
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 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: 

________________________________________________________________________________________

________________________________________________________________________________________
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.

______________________________________________________________________________
                                                                                       Date
                                                                                       Signature of Claimant