

Maine Lawyers' Fund for Client Protection

Claim Form for Reimbursement

The Maine Supreme Judicial Court has established the Maine Lawyers' Fund for Client Protection (the "Fund"). The Fund was created by payments from all attorneys authorized to practice law in the state of Maine, and full-time judges. The Fund provides for reimbursement, in whole or in part, for losses of a client caused by the dishonest conduct of a Maine lawyer. Losses resulting from malpractice claims are not recognized by the Fund.

Reimbursement and the procedure to obtain it are governed by the Maine Supreme Judicial Court's Rules establishing the Fund. It is intended that the client does not need an attorney fill out this form or prosecute the client's claim. If the client does seek the help of an attorney, the retained attorney may not charge for such services, except as provided for in the Rule.

Name of Claimant:

Name: _____

SSN: _____ DOB: _____

(If multiple claimants, please list SSN and DOB for each)

Address: _____

Phone: _____

Lawyer Involved in Claim:

Name: _____

Address: _____

Phone: _____

I request the Fund reimburse me in the amount of \$ _____

The money was taken on _____, 200__.

The attorney has represented me since _____, 200__.

In the matter for which I seek reimbursement, I retained my attorney on _____, 200__.

The money or other property taken by my attorney was delivered to my attorney by _____ on:

Description:

Date:

I first learned that my attorney took my money or property on _____, 200__.

My attorney: (Check all facts applicable)

- Resigned
- Died
- Adjudged Insane/Incompetent
- Has been disbarred, Suspended or Otherwise Disciplined.
- Has been convicted of a Crime
- Cannot be Found
- Other _____

On _____ 200__, I requested my attorney to return to me the money or other property that I gave him/her.

Pursuant to my request, my attorney, on _____, 200__, returned the following to me (the amount of money or the item(s) returned):

I also received reimbursement of some of such money or property on _____, 200__ from _____ (person or company).

The balance of my claim is \$_____.

When I realized that my attorney had taken some or all of my property, I took the following steps:

1. _____
2. _____
3. _____
4. _____

I have attached copies of the following documents in support of my application:

Examples might be letters, checks, reports, complaints, newspaper clippings, court documents, etc.

Here is my explanation of why I think I should get my money back:

I understand that the Fund may need additional information from me about this matter and it is my responsibility to complete this claim form and provide satisfactory evidence of a reimbursable loss.

**IMPORTANT
Limitations and Agreements**

I understand and agree that upon payment from the Fund, I:

1. Assign to the Fund, to the extent of the reimbursement, all of my rights against the lawyer, the lawyer's law firm, the lawyer's legal representative, estate or assigns, and of my rights against any third party or entity who may be liable for my loss.
2. May join in an action commenced by the Fund's Board of Trustees as transferee, subrogee or assignee of a claim to recover my unreimbursed losses, provided that all sums recovered will be payable first to the Fund up to the amount of reimbursement, less proportionate costs of recovery. The lawyer representing the Fund or the claimant shall be entitled to a reasonable fee for services as a charge against any money recovered.
3. Will notify the Board of Trustees if I commence an action to recover unreimbursed losses against the lawyer or another entity who may be liable for my loss.
4. Agree that it is the decision of the Board of Trustees whether to initiate any action to recover the monies paid to me by the Fund as well as any additional monies owed to me by the respondent lawyer. I understand that the Fund does not need

my consent or approval to take a legal action or to cease legal action against the respondent lawyer. I also agree to cooperate with the Fund in all its efforts to obtain recovery from the respondent lawyer.

NOTICE TO CLAIMANT

The Board of Trustees of the Maine Lawyers' Fund for Client Protection is not responsible for the conduct of lawyers. Any reimbursements of losses from the Fund shall be made in the sole discretion of the Board of Trustees of the Fund. No client or member of the public shall have any right in the Fund 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 or filing of this claim form for payment, or for or on account of the payment of any sums as a result of this claim unless payment has been approved by the Board of Trustees of the Maine Lawyers' Fund for Client Protection.

Date: _____

Signature: _____

VERIFICATION

State of _____

County of _____

I have read this Claim Form for Reimbursement from the Fund, and understand what it says, and I swear that it is true and correct to the best of my knowledge and belief.

Signature: _____

Subscribed and sworn to before me this ____ day of _____, 200__.

Notary Public: _____

My Commission Expires: _____

RETURN TO:

Maine Lawyers' Fund for Client Protection
P O Box 5084
Augusta, ME 04332-5084
Telephone: 207-623-7801