



Filing A Claim with the *Clients' Security Fund*

Oklahoma Bar Association
1901 N. Lincoln Boulevard
P.O. Box 53036
Oklahoma City, OK 73152
(405) 416-7007

1. Please read the enclosed brochure. The brochure explains the purposes and duties of the Client Security Fund, the Client Security Fund Committee and what types of losses may or may not be claimed.
2. Please fill out the enclosed form completely. All of the requested information is important in properly processing your claim. **Incomplete forms will be returned.**
3. Please remember to ***sign and have your claim form notarized.***
4. You will be notified in writing that your claim has been received and when necessary be contacted by an investigator.
5. Your claim must be **submitted by October 1** of the current calendar year or it will be considered for the following year. The Client Security Fund Committee presents its findings to the Board of Governors in November of each year and approved claims are paid in December.

**THE CLIENTS' SECURITY FUND
CONFIDENTIAL STATEMENT OF CLAIM**

1. Claimant(s) Information, circle: Mr. Mrs. Ms.
Name: _____
Address: _____

a. Home Telephone: _____
b. Business Telephone: _____
c. Occupation & Employer: _____
d. Social Security #: _____
e. Name of Spouse, if any: _____

2. Name, address and telephone number of the attorney whom you allege has dishonestly taken your money or property:

3. Has the lawyer died: Yes _____ No _____
Been adjudged mentally incompetent: Yes _____ No _____
a. If deceased or incompetent, give name and address of Executor, Administrator, or Guardian: _____

4. Did you hire this attorney? Yes _____ No _____
a. If so, what date _____
b. What legal services did you ask the attorney to perform for you?

c. Was your agreement with the attorney in writing?
Yes _____ No _____ If "Yes", attach a copy of the agreement.
d. What was the agreed legal fee to be? _____
e. How much of the legal fee did you pay out of pocket (not settlement)? *If settlement funds only, skip to #5.* \$ _____

- f. **Please provide copies of receipts for legal fees paid, cancelled checks, etc.** If NONE, please explain: _____

- g. Did you pay court costs, filing fees or expenses in advance? Yes ___ No ___
If "Yes", how much? _____
- h. **Total out of pocket monies paid to attorney:** \$ _____

5. Did your loss involve: Money from personal injury, workers compensation or other settlement? YES ___ NO ___ If "Yes", how much? \$ _____
Other ___? Specify: _____

6. Date of loss: _____

7. Date loss discovered? _____

8. How was the loss discovered and what occurred? _____

Total loss you are claiming (from part 4 and 5) \$ _____

9. How many times did you actually meet with this attorney? _____ Briefly describe each meeting (ie. approximate dates and what happened.)

10. Briefly describe all telephone calls with this attorney concerning your case (ie. approximate date and content of conversation.) _____

11. Did this attorney prepare legal papers for you?
Yes _____ No _____ Don't Know _____ If "Yes", attach copies.

12. Did the attorney send you any letters or bills?
 Yes _____ No _____ If "Yes", attach copies.
13. Please provide the following information about your case or circle **N/A** if none:
 a. County: _____
 b. Case Number: _____
 c. Date filed: _____
14. Describe all court appearances this attorney made for you:

15. What is the status of your case at this time? Pending _____ Settled/Closed _____
16. If your case is still pending, have you hired a new attorney to complete your case?
 Yes _____ No _____ If "Yes", give the name and address of your new attorney:

17. What legal fee is your new attorney charging you to complete your case?
 \$ _____
18. Provide the name and address of all persons who have knowledge of the loss:

19. This loss has been reported to: District Attorney _____ Police _____
 State Bar _____ Local Bar Grievance Committee _____
 (Furnish a copy of your complaint, and describe what action was taken.)
 a. Have you made a claim for this loss to any other agency or person?
 Yes _____ No _____ If "Yes", provide a copy of your claim.

20. Describe what steps you have taken to recover the loss directly from the attorney, or any other source: _____

21. Have you been reimbursed for any part of your claim? Yes _____ No _____
By: Insurance Company _____ District Attorney's Office _____ Other _____

If so, state the following and provide any supporting documents:

a. By whom paid (agency): _____

b. Name and Address: _____

c. Amount Paid: \$ _____

d. Date Paid: _____

22. What, if any, family relationship existed between the claimant and the lawyer at the time of the alleged loss or thereafter (if none, so state): _____

23. Was the loss suffered by a business entity? Yes _____ No _____

If "Yes", please state the form of the business entity (corporation, partnership, or otherwise) and your relation-ship to such entity: _____

24. Please give the name, address and telephone number of any lawyer presently representing you and/or assisting you with this application and complete page 6:

25. Have you agreed to pay any portion of your recovery (if any) to any other attorney? Yes _____ No _____ If "Yes" please explain: _____

VERIFICATION

I hereby swear or affirm that I have read this Statement of Claim and that the answers and information stated herein are true and correct to my best information and belief.

I acknowledge that I have read and understand the Client Security Fund Information Brochure that is attached to this form. I understand that the Oklahoma Bar Association (OBA) makes voluntary awards under its Rules to clients who have suffered losses of client funds caused by the wrongful acts of their attorneys. These awards are in the sole discretion and grace of the OBA and there is no right of any recovery from the OBA.

I further understand and agree that I waive any attorney-client privilege between me and respondent attorney so that my claim can be investigated. I agree to cooperate in any investigation of this claim and understand that a failure to cooperate can be a reason to deny the claim.

If the OBA decides to make an award for this claim, I understand that I will be required to assign the claim to the OBA to the extent of the amount of the award and that the OBA may collect reimbursement for itself from the attorney/attorney's estate or any other proper or related source. I understand that I must fully cooperate with the OBA's efforts to seek subrogation (reimbursement) for any award that I may receive from the OBA.

I understand and agree that the OBA may release information regarding this claim to investigate the claim, to pursue reimbursement from the attorney, or when publicly reporting its actions and activities to the OBA membership and general public.

If I am submitting this claim as a representative of the claimant I state that I am authorized to make this claim and bind the claimant to the terms and conditions herein.

CLAIMANT

Subscribed and sworn to before me this ____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires:

Commission Number:

**ATTORNEYS' FEES IN CONNECTION
WITH THIS PETITION**

The resolution establishing the Clients' Security Fund contains this language: "No attorney shall be compensated for presenting a petition except as authorized by the Clients' Security Fund Committee and the Board of Governors."

It is expected that most attorneys will assist the Petitioner without charge, deeming his services to be **pro bono publico**. However, where an unusual amount of time and effort is expended by the preparing attorney, he may be awarded a modest fee out of the award.

If this petition was prepared by an attorney, or if the Petitioner was assisted by an attorney in preparing it, the attorney must sign the following statement:

I AM AWARE OF THE FOREGOING, AND HEREBY ACKNOWLEDGE THAT I SHALL BE ENTITLED ONLY TO SUCH FEE AS MAY BE ALLOWED BY THE CLIENT SECURITY FUND COMMITTEE AND BOARD OF GOVERNORS AND THAT SUCH FEE SHALL BE PAID OUT OF THE AWARD, IF GRANTED.

I FURTHER STATE THAT, UNLESS I ADVISE THE BOARD IN WRITING THAT MY SERVICES IN CONNECTION WITH THIS PETITION HAVE BEEN SUCH AS TO MERIT A FEE, I SHALL EXPECT NO SUCH FEE AND AM PLEASED TO PERFORM THESE SERVICES **PRO BONO PUBLICO**.

SIGNATURE OF ATTORNEY

Name: _____

Address: _____

Phone: _____