

OFFICE OF THE DISCIPLINARY ADMINISTRATOR
701 SOUTHWEST JACKSON STREET, FIRST FLOOR
TOPEKA, KANSAS 66603
785-435-8200
785-783-8385 (fax)
attydisc@kscourts.org

LAWYERS' FUND FOR CLIENT PROTECTION

The Lawyers' Fund for Client Protection (the Fund) was created by the Kansas Supreme Court to promote public confidence in courts and the legal profession by reimbursing losses to clients caused by the dishonest conduct of lawyers licensed to practice law in Kansas.

Reimbursement is limited to losses occurring in the course of a lawyer-client relationship between the lawyer and the claimant. Rule 227 of the Rules of the Supreme Court of the State of Kansas governs eligibility and the amount of reimbursement available.

All reimbursements of losses through the Fund are a matter of grace in the sole discretion of the Commission administering the Fund and are not made as a matter of right. The Fund is financed solely by Kansas lawyers. No public funds are involved.

In order to be eligible for consideration for reimbursement:

- The loss must be caused by the dishonest conduct of an active member of the Bar of Kansas and have arisen out of the course of the lawyer-client relationship between the lawyer and the claimant and by reason of that relationship. Acts of legal malpractice, negligence, or fee disputes are not covered by the Fund.
- The claim must be filed no later than **one year** after the claimant knew or should have known of the dishonest conduct of the lawyer.
- Prior to, or at the same time the claim is filed, the claimant must report the lawyer's dishonest conduct to:

Office of the Disciplinary Administrator
701 Southwest Jackson Street, First Floor
Topeka, KS 66603
785-435-8200
785-783-8385 (fax)
attydisc@kscourts.org

LAWYERS' FUND FOR CLIENT PROTECTION

STATEMENT OF CLAIM

NOTICE TO THE CLAIMANT

Types of Losses Qualified for Reimbursement. Only money actually paid to the lawyer, or received by the lawyer for the claimant, which was lost due to the dishonest conduct of the lawyer is qualified for possible reimbursement. The Fund does not cover claims based upon fee disputes, malpractice, or negligence, nor does it consider claims for additional amounts such as damages, interest, court costs, and/or fees paid to other lawyers.

Form Must be Complete. Clearly print or type answers to all questions. You may attach additional pages if necessary. Submit copies of any evidence that establishes your loss. Review of your claim may be significantly delayed if you do not answer all questions on the form.

Proof of Payment is Required. You must provide proof of payment, such as canceled checks (front and back), receipts, billing statements, fee agreements, or settlement information. Review of your claim may be significantly delayed if you do not provide proof of payment at the time you submit your claim.

Must be Signed before a Notary Public. Please read the entire form, complete each section, sign in front of a notary public, and return the form and documentation to the address on the first page.

1. Was the lawyer hired to represent you?

Yes _____ If "yes," you are the client. **Provide your contact information.**

No _____ If "no," someone else is the client. **Provide the client's contact information.**

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

2. Did you pay for the legal services?

Yes _____ No _____

If "yes," you are the claimant.

If "no," the person who paid for the legal services is the claimant. The claimant must join you in filing this claim. **The claimant, the person who paid for the legal services, must sign this form.** Provide the contact information for the claimant if it is someone other than the client.

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

3. Lawyer against whom claim is made:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

4. Do you (did you) have a family relationship with this lawyer?

Yes _____ No _____ If "yes , " what is (was) the relationship?

5. Do you (did you) have a business relationship with this lawyer other than the lawyer-client relationship?

Yes _____ No _____ If "yes," what is (was) the relationship?

6. Was any other lawyer also representing you at the time of the incident regarding the matter in question?

Yes _____ No _____ If the answer is "yes", please provide the following regarding the other lawyer:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

7. Do you have a current lawyer other than the lawyer against whom this claim is made as listed in question 3?

Yes _____ No _____ If the answer is "yes", please provide the following regarding your current lawyer:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

8. What was the lawyer against whom you are making this claim hired to do? Explain below:

9. How much was the lawyer paid for legal services OR how much money did the lawyer receive on the claimant's behalf? (**Attach proof of payment in the form of a cancelled check or receipt. Copies are acceptable, but please copy both sides of the check. If you do not have proof of payment, attach a sheet explaining why not.**)

\$ _____

10. Do you have a written agreement with the lawyer or others regarding the work that was to be done? (A written agreement, for example, could be a fee agreement, an engagement letter, or a settlement agreement.)

Yes _____ No _____ (**Attach a copy of any written agreement to this claim.**)

11. Did the lawyer do any part of what you hired him or her to do?

Yes _____ No _____ Explain below:

13. Explain the form of your loss (money, securities, or other property, etc.).

14. State the total amount or value of the loss.

\$ _____

15. What is the date the loss occurred? _____

16. What is the date you discovered the loss? _____

17. Explain how you discovered the loss.

18. If this claim is being filed more than one year after you discovered the dishonest conduct of your lawyer, please **explain** why the claim was not filed within the one year limitation which generally applies.

19. Has the lawyer told you that the lawyer owes you money because of the facts explained above? Yes _____ No _____

If "yes," give details as to the date, type of acknowledgment (for example, phone call or letter), and how much money the lawyer admitted owing. (**Attach a copy of any written acknowledgments.**)

20. Provide the name, address and phone number of anyone who has knowledge of your loss.

21. What did this person see or hear?

22. **List any additional witnesses and the information each witness knows on a separate sheet.**

23. Have you reported the dishonest conduct to the Office of the Disciplinary Administrator?

Yes _____ No _____

24. Have you reported the dishonest conduct to a law enforcement agency, a County Attorney or a District Attorney? Yes _____ No _____ If the answer is "yes", please provide the following information about to whom you reported the dishonest conduct.

Name: _____

Agency: _____

City/State: _____

25. Are there any sources from which this loss, or any part of it, can be reimbursed, such as insurance, fidelity, or surety agreement?

Yes _____ No _____ Don't Know _____

If "yes," describe the source.

26. Have you asked the lawyer for a refund of your money? Yes _____ No _____

If "yes," please provide the date of your request and the response of the lawyer. (**Attach copies of any correspondence.**)

27. Describe any other steps you have taken to recover this loss from the lawyer or any other source.

28. Have you filed a civil or criminal action against the lawyer, arising out of the facts set out in this claim form?

Yes _____ No _____ If "yes," please explain.

29. Have you applied or do you intend to apply to a Client Protection Fund from another state or any other state agency for reimbursement of this loss?

Yes _____ No _____

If "yes," provide the name and address of the fund and a copy of your application.

Name of Fund: _____

Address: _____

City/State/ZIP: _____

IMPORTANT NOTICE TO CLAIMANT

The Lawyers' Fund for Client Protection has no legal responsibility for the acts of individual lawyers. The Fund is a lawyer-financed public service, and the payment of reimbursement is a matter of grace and discretion by the Commission. The maximum limit per claim is \$125,000, with an aggregate limit of \$350,000 for claims against one lawyer. The claim shall be filed no later than one year after the claimant knew or should have known of the dishonest conduct of the lawyer.

As used in Rule 227 of the Rules Relating to the Lawyers' Fund for Client Protection "dishonest conduct" means any of the following:

- Acts committed by a lawyer in the wrongful taking or conversion of money, property, or other things of value;
- Refusal to refund unearned fees received in advance where the lawyer performed no services or such an insignificant portion of the services that the refusal to refund the unearned fees constitutes a wrongful taking or conversion of money;
- The borrowing of money from a client without an intention to repay it or with disregard of the lawyer's inability or reasonably anticipated inability to repay it; or
- A lawyer's act of intentional dishonesty which proximately leads to the loss of money or property.

AGREEMENT

By signing and submitting this Statement of Claim form, I agree to cooperate with the Client Protection Fund Commission in reference to this claim.

I further agree that if the Lawyers’ Fund for Client Protection (hereinafter “the Fund”) pays me for all or any portion of my loss, then the Fund shall have the first right of recovery of any funds collected from the lawyer who caused me loss, or from any other party, to the extent of the Fund’s payment to me plus any expenses of recovery.

I further agree that a lien shall exist in favor of the Fund for any amounts paid to me and shall attach to any money or other property payable to me from or on behalf of the lawyer who caused my loss.

Further, if the Fund pays any portion of my loss, I assign to the Fund all my rights and remedies against the lawyer who caused my loss, the lawyer’s legal representative or assign, or any other person or entity which might be liable for my loss. I promise to cooperate with the Fund in any efforts undertaken to achieve reimbursement of any amounts paid to me. I agree to report to the Fund any voluntary payment for my loss by the lawyer or any other person. I also agree to notify the Fund and send a copy of the petition or complaint if any suit is filed to recover my loss.

I further agree to the publication of appropriate information about the nature of the claim and the amount of reimbursement, if reimbursement is made. I understand that my name will not be used unless I give specific written permission.

By signing, I agree to comply with the Rules of the Kansas Supreme Court relating to the Lawyers’ Fund for Client Protection.

Dated this _____ day of _____, 202____.

Signature of Claimant

Signature of Client, if different than Claimant

CLAIMANT'S VERIFICATION

True and Complete Information. To the best of my knowledge, information and belief, the information contained in this Statement of Claim form and any attached documents is true, and I have not knowingly left out any information which might cause the Fund to deny my claim. I understand that intentionally including false information in this Statement of Claim form or intentionally failing to include information which might cause the Fund to deny my claim could cause me to be criminally prosecuted for lying under oath.

Dated this _____ day of _____, 202____.

Signature of Claimant

State of)
) ss
County of)

Sworn to and subscribed before me this _____ day of _____,
202_____.

My appointment expires: _____

Notary Public

CLIENT'S VERIFICATION (IF DIFFERENT THAN CLAIMANT)

True and Complete Information. To the best of my knowledge, information and belief, the information contained in this Statement of Claim form and any attached documents is true, and I have not knowingly left out any information which might cause the Fund to deny my claim. I understand that intentionally including false information in this Statement of Claim form or intentionally failing to include information which might cause the Fund to deny my claim could cause me to be criminally prosecuted for lying under oath.

Dated this _____ day of _____, 202____.

Signature of Client, if different than Claimant

State of)
) ss
County of)

Sworn to and subscribed before me this _____ day of _____,
202_____.

My appointment expires: _____

Notary Public

CONFIDENTIAL INFORMATION OF CLAIMANT AND CLIENT (IF DIFFERENT THAN CLAIMANT)

The requirement that social security numbers be included on the Client Protection Claim form is mandatory. The Commission is unable to authorize payment of a claim without a social security number. The number is used only for purposes of identification and payment. It is not a public record.

Claimant: _____

Social Security No.: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Client: _____

Social Security No.: _____

Date of Birth: _____

Occupation: _____

Employer: _____

How did you learn about the Client Protection Fund?

NOTE: You do not need a lawyer’s assistance to file this claim. If a lawyer does assist you in filing this claim, please note that Rule 19 of the rules relating to this Commission states that it is intended lawyers will “provide assistance as a public service.”

If a lawyer is assisting you with this application, provide the lawyer’s contact information below:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

RETURN COMPLETED FORM AND DOCUMENTATION TO:

Office of the Disciplinary Administrator
Attention: Client Protection Fund Commission
701 Southwest Jackson Street
First Floor
Topeka, Kansas 66603