

LAWYERS' FUND FOR CLIENT PROTECTION COMMITTEE OF THE SOUTH CAROLINA BAR

CONFIDENTIAL APPLICATION FOR RELIEF

Please answer every question. If more space is needed, you may attach additional pages. Mail or deliver the completed application to:

South Carolina Bar
Lawyers' Fund for Client Protection Committee
P.O. Box 608
Columbia, SC 29202-0608

Submit all evidence which may support your claim, including canceled checks, receipts, letters, settlement statements, and statements for services rendered.

Print or type:

1. Your full name: _____

2. Your address: _____

City/State/Zip: _____

Telephone Numbers: (Work) _____ (Home) _____

Your Email Address: _____

Who is the lawyer presently representing you or assisting you with this application (if any)?

Present Lawyer's Name:

Present Lawyer's Address:

Present Lawyer's Telephone Number:

3. Who is the lawyer whose dishonest conduct you allege has caused your loss?

Accused Lawyer's Name:

Accused Lawyer's Address:

Accused Lawyer's Telephone Number:

4. If you have hired a new lawyer to represent you in the legal matter for which you originally hired the accused lawyer (if different from your answer in Question No. 2 above), who is the new lawyer?

New Lawyer's Name:

New Lawyer's Address:

New Lawyer's Telephone Number:

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5. At the time your loss occurred, were you related by blood or marriage to the accused lawyer, or a partner, associate, or employee of the accused lawyer? Yes No

If yes, explain:

6. List your losses incurred as a result of the accused lawyer's alleged dishonest conduct:

DESCRIPTION OF PROPERTY LOST (money item)	VALUE
	\$
	\$
	\$
	\$

7. When did you hire the accused lawyer? (Date) _____

8. When did the loss occur? (Date) _____

9. When did you discover the loss? (Date) _____

10. Describe the legal services the accused lawyer was hired to perform for you: (For example, will, real estate transaction, insurance claim, divorce or domestic matter, criminal case civil litigation or other):

11. Was your fee agreement in writing? Yes No If yes, attach a copy of the agreement

If no, describe the arrangement for payment of fees to the accused lawyer:

12. List below the amounts and dates of all payments actually made to the accused lawyer: (Attach copies of any evidence of payments and copies of billing statements you may have.)

DATE PAID	AMOUNT PAID
	\$
	\$
	\$
	\$

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

If yes, what amount? \$ _____

14. Describe as best you can each time you met with the accused lawyer and what occurred at each meeting:

15. Describe as best you can each time you discussed your legal matter by telephone with the accused lawyer:

16. List all legal papers, if any, the accused lawyer prepared for you and state the case number and location of the court:

LEGAL PAPER	CASE NUMBER	COURT LOCATION

17. Describe any court appearances the accused lawyer made for you:

18. Explain the status of your legal matter at this time:

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19. In the order it happened, provide a detailed statement of the dishonest act(s) on which your claim is based. (Attach copies of all relevant documents such as the accused lawyer's file, correspondence, court papers, canceled checks, receipts, agreements, and settlement statements):

20. List names, addresses, and telephone numbers of individuals who may have knowledge or information about your loss:

NAME	ADDRESS	TELEPHONE#

21. Describe what you have done to try to collect the amount claimed from the accused lawyer (and/or partners or associates of the accused lawyer) (for example, telephoned, wrote letters, sued, etc.) and the outcome of your attempts to collect. Attach all relevant documents:

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22. To the best of your knowledge, was or is your loss covered by insurance, indemnity, or bond? If so, provide the name, address and phone of the insurer, surety or bondsman as well as the type and extent of coverage and payments to you, if applicable:

23. Describe any civil, criminal, or disciplinary proceedings brought or to be brought against the accused lawyer based on the facts set forth in this application. Include the location and present status of any such proceeding(s), as well as your involvement and any amounts awarded to you in such proceeding(s):

24. If you have been reimbursed by anyone for any portion of your loss, indicate the amount received, the person/entity who made the payment, and the date of payment:

25. Has the accused lawyer acknowledged to you that your claim is valid? Yes No
If yes, explain:

26. How did you learn of the Lawyers' Fund for Client Protection?

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IMPORTANT: LIMITATIONS AND AGREEMENTS

- A. This application is executed and filed in order to induce the South Carolina Bar to process, investigate, and consider in its sole discretion the reimbursement from its Lawyers' Fund for Client Protection of all or part of the loss incurred by the Applicant as a result of the dishonest conduct of the lawyer named in this application.
- B. The Applicant understands and agrees that upon payment from the Lawyers Fund for Client Protection, the undersigned Applicant:
 - a. Transfers, assigns and sets over to the Lawyers' Fund for Client Protection of the South Carolina Bar, *pro tanto*, all of the undersigned Applicant's claims, demands, causes of action, actions, and suits against the above-named lawyer arising out of the above-described dishonest conduct upon which this application for relief is based;
 - b. Authorizes the Lawyers' Fund for Client Protection of the South Carolina Bar to prosecute all such claims, demands, causes of action, action, actions, and suits against the above-named lawyer either in the name of the undersigned Applicant or in the name of the Lawyers' Fund for Client Protection or in the name of both, as the Lawyers' Fund for Client Protection may, in sole exercise of its discretion, deem appropriate;
 - c. Agrees, that he will cooperate with the Lawyers' Fund for Client Protection in any efforts by the Lawyers' Fund for Client Protection in enforcing any claim, demand, cause of action, action or suit against the above-named lawyer;
 - d. And further agrees that all civil actions to be taken against the above-named lawyer hereunder shall be under the absolute control of the Lawyers' Fund for Client Protection Committee, and that Committee may prosecute, fail to prosecute or abandon any such claim, demand, cause of action, action, or suit against the above-named lawyer as it shall, in the exercise of its discretion and without the necessity of consent or approval of the undersigned Applicant, deem appropriate.
- C. The undersigned Applicant understands that before he receives any payment from the fund, the Applicant or his legal representative will be required to execute and deliver to the Committee a written agreement stating that in the event the reimbursed Applicant or his estate should ever receive any restitution from the lawyer or the estate of the lawyer named above, the reimbursed Applicant shall agree to repay to the fund (up to the original reimbursement from the fund) that amount by which the original reimbursement from the fund plus the present restitution from the lawyer or his estate exceeds the reimbursed Applicant's actual loss, as that actual loss is or was determined by the Committee.
- D. **In establishing the Lawyers' Fund for Client Protection, the South Carolina Bar did not create, nor acknowledge any legal responsibility for the acts of individual lawyers in the practice of law. All reimbursements of losses of the Lawyers' Fund for Client Protection shall be a matter of grace in the sole discretion of the committee administering the Fund and not a matter of right. No client or member of the public shall have any right in the Lawyers' Fund for Client Protection as a third party beneficiary or otherwise.**

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IN CONSIDERATION OF THE FOREGOING, Applicant 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, Applicant agrees to execute and deliver to the South Carolina Bar such instrument or instruments as may be required.

Date: _____ Signature of Applicant: _____

I, the undersigned say: I am the Applicant in the above matter, I have read the foregoing Application for Relief, I know the contents thereof, and I certify that the same is true of my knowledge, except as to the matters and things which are therein stated upon my information or belief, and that as to those matters and things I believe them to be true.

I certify (or Declare) under penalty of perjury that the foregoing is true and correct.

Date: _____ Signature of Applicant: _____

City: _____

State: _____