The West Virginia State Bar

Application for Relief from the Lawyers’ Fund for Client Protection

Notice to Applicant:
IN ESTABLISHING THE LAWYERS’ FUND FOR CLIENT PROTECTION, THE WEST VIRGINIA STATE BAR DID NOT CREATE, NOR ACKNOWLEDGE, ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS FOR LOSSES BY THE LAWYER’S FUND FOR CLIENT PROTECTION SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE WEST VIRGINIA STATE BAR AND NOT AS 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. CLAIMANT REPRESENTS THAT NO FEE HAS BEEN OR WILL BE PAID TO ANY ATTORNEY FOR SERVICES RENDERED IN THE PREPARATION OF THE FILING OF THIS APPLICATION FOR REIMBURSEMENT, OR FOR OR ON ACCOUNT OF THE PAYMENT OF ANY SUMS AS A RESULT OF THIS APPLICATION. IN ORDER TO ADEQUATELY REVIEW THIS CLAIM, THE CLAIMANT MUST COMPLETE THIS FORM IN ITS ENTIRETY. FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD RESULT IN DENIAL OF YOUR CLAIM.

I, ______________________________________, hereby acknowledge that I have read and understand the foregoing notice this ____ day of ___________________.

______________________________
Applicant’s Signature

STATE OF WEST VIRGINIA
COUNTY OF __________________

The foregoing instrument was acknowledged before me this _____________, 20__
date
by ______________________________

My commission expires_________________________

_________________________________
Notary Public

PLEASE PRINT OR TYPE A RESPONSE TO EACH LINE
1. NAME AND ADDRESS of Applicant:

(Full Name)

(Street Address or P.O. Box)

(City)  (State)  (Zip Code)

Telephone Number (____)_____________________________________________

2. NAME of Applicant’s Spouse, if Married:

(Spouse’s Full Name)

(Spouse’s Address if different from above)

3. NAME and last known ADDRESS of lawyer whose conduct is alleged to have caused applicant’s loss:

(Lawyer’s Full Name)

(Name of Law Firm if Applicable)

(Street Address or P.O. Box)

(City)         (State)       (Zipcode)
4. Applicant suffered a monetary loss of $_____________________
   Lost property valued at $_____________________

5. To the best of applicant’s knowledge, ___________________________ was, at the 
   (Lawyer’s Name)
   Time of the conduct complained of (check one or more):

   (a) A member of the West Virginia State Bar or,

   (b) Domiciled in the state of ________________________________ or

   (c) Licensed to practice law in the state of ___________________.

6. Give the most detailed statement possible of the nature of the lawyer’s alleged improper 
   conduct and the way in which that conduct caused your loss. **Attach additional pages if 
   necessary to fully explain the nature of the attorney’s improper conduct.**

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Attach copies of any document, correspondence, and other related papers which would help 
   explain your claim. (for example, receipts, canceled checks, contracts, letters to or from 
   attorney, judgments against lawyer, newspaper or other articles relating to case.)

8. Describe the arrangement for payment of fees to this lawyer and state what portion, if any, of 
   these fees has been paid to this lawyer so far. (If you had a written agreement concerning 
   fees, attach it. Additionally, attach copies of any canceled checks, receipts or other evidence 
   of payment of attorney fees.)

   Amount of attorney fees to be paid: $___________________________

   Amount of attorney fees you paid to date: $_________________________

   Amount of attorney fees reimbursed to you, if any: $_________________
9. The alleged improper conduct on the part of the attorney occurred at

_____________________________, ________________________________ on or about

(City)  (State)

______________________________; the loss occurred or accrued on or about

(Date)

_____________________________ and the loss was discovered on or about

(Date)

_____________________________.

(Date)

10. The applicant, at the time the loss occurred, was the: (check if applicable; if none apply, check here _________________

(a) Spouse

(b) Sibling (brother, sister, stepbrother or stepsister)

(c) Parent

(d) Grandparent

(e) Child

(f) Grandchild

(g) Law Partner or Associate

(h) Lawyer-Employer or Employee

(i) Other relative – identify the relationship ________________________________.

11. Has any demand for satisfaction of this loss been made to the lawyer?

________ Yes  ___________ No

If yes, when: ________________________________

(Date)
If your demand for satisfaction of this loss and/or the lawyer’s response was in writing, attach copies of all correspondence to the attorney as well as from the attorney.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12. Have you already been reimbursed for any part of your loss?

____________ Yes ____________ No

If yes:

_______________________________________
(Amount)

_______________________________________
(By Whom Paid)

_______________________________________
(Date Paid)

Explain briefly the circumstances of this reimbursement. If it was in writing, attach copies of all correspondence to the attorney as well as from the attorney.

___________________________________________________________________________

To the best of the applicant’s knowledge, was or is this loss coverage by any insurance, indemnity or bond?

_________ Yes ____________ No

If yes: ________________________________
(Name of Insurer, Surety or Bondsman)

_______________________________________
(Street Address)

_______________________________________
(City)  (State)  (Zip code)

$_______________________________________
(Extent of Coverage)
13. Check where appropriate (if known):

(a) Civil proceedings have been or will be undertaken in connection with this lawyer’s alleged improper conduct. ________

(b) Criminal proceedings have been or will be undertaken in connection with this lawyer’s alleged improper conduct. ________

(c) Lawyer disciplinary proceedings have been or will be undertaken in connection with this lawyer’s alleged improper conduct. ________

If you have checked any of the above, state with respect to each one of the following information:
(a) __________________________________________________________ (Who is/has undertaken this proceeding)
(b) __________________________________________________________ (Location of proceeding)
(c) __________________________________________________________ (In what court is proceeding pending or held)
(d) __________________________________________________________ (Present status of proceeding, if known)
(e) __________________________________________________________ (Applicant’s role, if any, in proceeding)
(f) __________________________________________________________ (Name of attorney representing applicant in any of these proceedings)

NOTE: If a judgement has been obtained against the attorney, what steps have been taken to collect said judgement? Attach a copy of judgement.

14. To the best of applicant’s knowledge, has the lawyer: (check appropriate line)

(a) Died ____________________
    (Date)

(b) Been adjudicated legally incompetent ____________________
    (Date)
(c) Been adjudicated bankrupt ________________
       (Date)

(d) Been disbarred from practice in _____________________.
       (City)                 (State)

(e) Been suspended from practice in West Virginia ________________
       (Date)

(f) Resigned from practice in West Virginia ________________
       (Date)

15. NAME and ADDRESS of any lawyer representing your or assisting you with this
    application:

_______________________________________________________________________
    (Name)

_______________________________________________________________________
    (Street Address)

_______________________________________________________________________
    (City)  (State)  (Zip Code)

16. In the event that this application is being filed by the personal representative or attorney in
    fact for the actual applicant, provide a copy of the power of attorney or a certified copy of
    the certificate appointing the personal representative. Additionally, list below the following
    information:

(a)_____________________________________________________________________
    (Full name of personal representative or attorney in fact)

(b)_____________________________________________________________________
    (Street Address or P.O. Box)

(c)_____________________________________________________________________
    (City)  (State)  (Zip Code)

(d)_____________________________________________________________________
    (Telephone)
IMPORTANT: PLEASE READY THE FOLLOWING LIMITATIONS AND AGREEMENT TO THIS APPLICATION

(A) This applicant is executed and filed in order to induce The West Virginia State Bar to process, investigate and consider it in sole discretion and 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 and fraudulent conduct of the lawyer named in this application.

(B) The applicant understands and agrees that upon payment from the Lawyers’ Fund for Client Protection, if any, the undersigned applicant thus hereby:

1. Transfers, assigns and sets over to the Lawyer’s Fund for Client Protection of the West Virginia State Bar, pro-tanto, all of the undersigned applicant’s claims, demands, causes of action, and suits against the above named lawyer arising out of the above described dishonest and fraudulent conduct upon which this application for relief is based.

2. Authorizes The West Virginia State Bar to prosecute all such claims, demands, causes or action, actions and such against the above named lawyer either in the name of the undersigned applicant or in the name of The West Virginia State Bar of in the name or both, as The West Virginia State Bar may in its sole exercise of its discretion deems appropriate.

3. Agrees that your applicant will cooperate with The West Virginia State Bar in any efforts by said State Bar in enforcing any claim, demand, cause of action, action or suit against the above named lawyer.

4. Agrees that all civil actions to be taken against the above named lawyer hereunder shall be under the absolute control of the Board of Governors of The West Virginia State Bar, and that said Board for an on behalf of The West Virginia State Bar 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, deems appropriate.

5. That the applicant agrees to defend, indemnify, and hold harmless The West Virginia State Bar of and from any counterclaims, cross claims, or other third party actions that might be brought as a result of any civil action against the above named lawyer for the conduct described in this application.

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 West Virginia State Bar 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 does hereby agree and shall agree in said contract to repay to the Fund (up to the amount of the original reimbursement from the Fund) that amount by which the original reimbursement from the Fund) that amount
by which the original reimbursement from the Fund plus the actual restitution from the lawyer or his estate exceeds the reimbursed applicant’s actual loss, as that “actual loss” is or was determined by The West Virginia State Bar.
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 said Fund, applicant agrees to execute and deliver to The West Virginia State Bar such instrument or instruments as The West Virginia State Bar may require.
Dated this the _______________ day of _________________________, 20_________.

____________________________________
Signature of Applicant

STATE OF WEST VIRGINIA
COUNTY OF __________________

The foregoing instrument was acknowledged before me this _________________, (Date)
by ________________________________

My commission expires ____________________________.

___________________________
Notary Public

Return to:

Lawyers’ Fund for Client Protection
The West Virginia State Bar
2000 Deitrick Boulevard, Charleston, WV
25311