



Virginia State Bar Clients' Protection Fund Petition for Reimbursement

Mail to:

Virginia State Bar
1111 E. Main Street, Suite 700
Richmond, VA 23219-0026
Attn: Clients' Protection Fund Board
or e-mail to: cpf@vsb.org

If you have questions about how to complete this Petition, please call (804) 775-9426 or refer to the information at www.vsb.org/site/public/clients-protection-fund/.

This is a request for payment from the Clients' Protection Fund because of the acts of a Virginia attorney whose name is _____, and whose address is/was _____

1. Name of Petitioner (person seeking payment from Clients' Protection Fund):

Mr. Mrs. Ms.

first

middle or initial

last

2. Petitioner's Contact Information:

Street or P.O. Box

Telephone No.:

Daytime: (_____) _____

Evening: (_____) _____

City

State

Zip Code

E-mail address: _____ (check here to give us permission to contact you by e-mail)

3. Amount you are requesting to receive from the Clients' Protection Fund: \$ _____

4. Date or period of time in which the alleged loss occurred: _____

5. Name of spouse, if any: _____

6. Did you personally pay money to the attorney? YES NO

If you answer NO, and someone else paid the lawyer for you, please state who paid the lawyer and that person's relationship to you

7. Do you have receipts, canceled checks, credit card information, or other documentation to prove your payment?

YES

NO

If you have documentation, attach copies (not originals) to this petition. If so, then please redact personally identifying information such as social security numbers, date of birth, driver's license numbers, etc. If you do not have proof of payment, state why you do not have it. _____

8. **State your fee, retainer, payment, or employment agreement with the attorney.** What services did you expect the lawyer to provide? Did the lawyer handle any other matter for you at about the same time as the time period for which you are seeking reimbursement? Attach a copy (not original) of any written agreement with the lawyer.

(attach additional sheets if you need more room to answer)

9. **Are you now or have you ever been:**

- related to the lawyer (spouse or relative by blood or marriage) YES NO
- a partner, associate, employee or employer of the lawyer YES NO

If YES, state your relationship with the lawyer. _____

10. **State why you believe you should receive payment from the Clients' Protection Fund.** Include in your statement a description of the lawyer's misconduct and how you believe that conduct caused you to suffer a monetary loss. _____

(attach additional sheets if you need more room to answer)

11. **When and how did you discover the loss you claim?** _____

12. **Have you requested a refund of the unearned attorney's fee or demanded payment of your claimed loss from the attorney?**
YES NO

If YES, please state when and how you made your request and the lawyer's response, if any. _____

13. **Have you sought or received any reimbursement from any source, including the Virginia State Bar Clients' Protection Fund, for the loss you are claiming?**

YES NO *If YES, state:*

Amount received \$ _____ Date you received payment _____

Payment received from _____

Person or company

14. **A. Have you filed a lawsuit against the attorney or the attorney's law firm or company to recover the loss you are claiming?**

YES NO If you answer YES, please identify the court in which you filed the lawsuit, the date you filed it, and the

status or result. Attach **copies** of your suit papers. _____

B. Have you reported the attorney to the police, commonwealth's attorney, or other law enforcement agency for investigation or criminal prosecution? YES NO If you answer YES, state the jurisdiction (city or county) to which you reported the matter, when you reported it and the status or result. _____

C. Have you filed a complaint with the Virginia State Bar against the attorney? YES NO

If you answer YES, state the status or outcome of the complaint. _____

D. Have you filed a claim for this loss with another state bar's client's recovery fund?

YES NO If you answer YES, state where you filed the claim and the status or result.

E. Describe any other action that you have taken to try to recover the loss you claim.

15. If you know of any bond, surety agreement, or insurance contract that may cover the loss you are claiming, state:

Name of issuing company:

Address

Have you filed a claim with this company? YES NO If YES, status or outcome of claim:

Amount of any payments you have received from this source: \$

16. List the names, addresses, and phone numbers of persons who might be able to give additional information about your claim:

Four horizontal lines for listing names, addresses, and phone numbers.

17. How did you learn about the Clients' Protection Fund?

One horizontal line for the answer.

PURPOSE OF CLIENTS' PROTECTION FUND

The Virginia State Bar Clients' Protection Fund was established in 1976 to make monetary awards to people who have suffered financial losses because of dishonest conduct by Virginia lawyers. The fund has limited assets and is a remedy of last resort for people who are not able to obtain reimbursement from the lawyer involved or other sources, such as a bond, surety agreement, or insurance.

In establishing the Clients' Protection Fund, the Virginia State Bar did not create or acknowledge any legal responsibility for the acts of individual lawyers. The payment of reimbursable losses from the Clients' Protection Fund shall be in the sole discretion of the Clients' Protection Fund Board and not as a matter of right. The Clients' Protection Fund is intended to be a remedy of last resort, and the Petitioners must pursue other recovery options before filing a claim. No person or entity shall have any right in the Clients' Protection Fund as a third party beneficiary or otherwise.

You must sign this document for your petition to be considered by the Clients' Protection Fund Board. Please sign only in the presence of a Notary Public.

ASSIGNMENT

Upon payment by the Clients' Protection Fund to the petitioner of all or any portion of this loss, the undersigned does hereby transfer, assign, and set over to the Clients' Protection Fund of the Virginia State Bar all or a portion of the proceeds of all claims, demands, causes of action, actions and suits against the lawyer or personal representative or others arising out of the acts complained of in the petition equal to the sum of all amounts paid to the undersigned by the Clients' Protection Fund.

The right of the Clients' Protection Fund to receive such proceeds shall be subordinate to the right of the undersigned to collect and receive full reimbursement for the remainder of the undersigned's loss in cases where only partial payment of the loss has been received from the fund. In the event the undersigned fails to pursue such claims within a reasonable period of time, the Clients' Protection Fund is hereby authorized to pursue such claim(s) in the name(s) of the undersigned and to receive reimbursement for the amount paid previously to the undersigned petitioner and the cost of pursuing such claim(s), including reasonable attorneys' fees prior to paying any of such proceeds to the undersigned. In the event that the amount paid by the Clients' Protection Fund to the undersigned petitioner is not payment in full for all losses which the undersigned petitioner has suffered as a result of the dishonest acts of the lawyer for which this assignment is made, then any amounts recovered by the Clients' Protection Fund which remain in its hands after reimbursement to the Clients' Protection Fund of the amount paid to the undersigned, together with its costs of collection, shall be paid over to the undersigned.

The undersigned agrees to cooperate without any reservation with the Clients' Protection Fund in enforcing any claim, demand, cause of action, action or suit against the lawyer, or personal representative, and agrees that all civil actions to be taken against the lawyer, or personal representative hereunder shall be under the full control of the Clients' Protection Fund, and that the Clients' Protection Fund may as it in its sole judgment deems advisable, prosecute or fail to prosecute, or abandon any such claim, demand, cause of action, action or suit, without the necessity of any consent or approval of the undersigned.

IN CONSIDERATION OF THE FOREGOING, petitioner agrees to cooperate without any reservation in the investigation of this claim and also in any related criminal or disciplinary proceedings against the lawyer(s) in question; and, as a condition precedent to any payment from said fund, petitioner agrees to execute and deliver to the Virginia State Bar such instrument or instruments as may be required.

AFFIDAVIT

COMMONWEALTH OF VIRGINIA
CITY OR COUNTY OF _____, to wit:

I agree to the terms of the Assignment as stated above. I swear or affirm that the information provided on this Petition for Reimbursement is true and correct to the best of my information and belief.

Petitioner's Full Name (print or type)

Petitioner's Signature
(Sign **ONLY** in the presence of a Notary Public)

Date

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

Notary Public

My commission expires: _____

If this petition was prepared by an attorney, or if the petitioner was assisted by an attorney in preparing it, the attorney must sign this statement.

ATTORNEYS' FEES IN CONNECTION WITH CLIENTS' PROTECTION FUND PETITION

The Board expects that the attorney generally will assist the petitioner without charge, deeming his or her legal services to be *pro bono publico*. However, where the attorney expends an unusual amount of time and effort, the board may authorize a modest fee to be paid to the attorney. This fee shall be paid from the amount approved for payment to the petitioner.

STATEMENT OF ATTORNEY ASSISTING IN PREPARING THIS PETITION:

I have assisted the petitioner in preparing this petition for reimbursement.

I have read the statement on this page regarding attorneys' fees for assisting the petitioner. I hereby acknowledge that I shall be entitled only to such fee as may be authorized by the Clients' Protection Fund Board, and that such fee shall be paid out of the amount approved for payment to the petitioner.

Unless I make a request to the board, in writing, for payment of a fee for assisting the petitioner with this petition, I shall expect no such fee and am pleased to assist the petitioner *pro bono publico*.

Attorney's Signature: _____

Print or Type Name: _____

VSB Membership Number: _____

Law Firm or Company: _____

Address: _____

Telephone Number: (_____) _____

E-mail Address: _____

LIMITS ON CLAIMS

1. In order for the board to have jurisdiction to consider a petition for reimbursement, the lawyer who is the subject of the claim must:
 - have been disbarred or suspended from the practice of law, or have transferred to another class of membership during a disciplinary proceeding; or
 - have voluntarily resigned from the practice of law in Virginia; or
 - have died; or
 - have been adjudicated incompetent; or
 - have been discharged debts in bankruptcy; or
 - have had their whereabouts unknown to the claimant after reasonable efforts to locate the lawyer.
2. For a claim to be considered, the monetary loss must have:
 - been caused by “dishonest conduct” of the lawyer; and
 - arisen out of a lawyer-client relationship between the lawyer and the claimant or a fiduciary relationship between the lawyer and the claimant.
3. The petitioner is responsible for proving the dollar amount of his or her loss.
4. An award to any one petitioner cannot be more than \$100,000 for a loss incurred on or after July 1, 2021, or \$75,000 for a loss that occurred on or after July 1, 2015, or \$50,000 for a loss that occurred on or after July 1, 2000, and prior to July 1, 2015.

OTHER INFORMATION ABOUT THE CLIENTS’ PROTECTION FUND

- Petitioners are expected to pursue other reasonable avenues of reimbursement of their claimed loss, and the Clients’ Protection Fund Board will decide what avenues are reasonable on a case-by-case basis;
- Petitioners are expected to cooperate with the Virginia State Bar in its processing and investigating petitions. Failure to cooperate can result in denial of a claim.
- The filing of a Clients’ Protection Fund petition does not excuse the petitioner from such obligation as may exist under law to report to the appropriate law enforcement agency any criminal act that may have occurred.

PRIVACY OF INFORMATION OBTAINED BY THE CLIENTS’ PROTECTION FUND BOARD

The information requested on this form, and all subsequent requests by the Clients’ Protection Fund Board for additional information, is subject to the Virginia Freedom of Information Act, Section 2.2-3700, *et seq.* and the Government Data Collection and Dissemination Practices Act, Section 2.2-3800, *et seq.* of the Code of Virginia (1950), as amended.*

You are not required to provide any of the requested information, and you may refuse to supply additional information. Failure to supply requested information, however, may result in your claim being denied or may make it more difficult to investigate your claim if you do not supply all the requested information. By providing this information, you agree to the publication of appropriate information about the nature of the claim and the amount of reimbursement, if reimbursement is approved.

Once your claim has been investigated and acted upon by the Clients’ Protection Fund Board, all information that you provide to the board is available for inspection by the public under the Virginia Freedom of Information Act, Section 2.2-3700, *et seq.* of the Code of Virginia (1950), as amended, except in those cases that the Clients’ Protection Fund Board refers to law enforcement agencies.

***You are advised that the information provided may be subject to public disclosure.**

I have read and understand the information above. I have the right to consult an attorney of my choice to advise me about any part of this petition or any aspect of the process for applying for reimbursement from the Clients’ Protection Fund.

Petitioner’s Signature

Date