

**CONFIDENTIAL APPLICATION FOR REIMBURSEMENT**  
**From the**  
**CLIENT SECURITY FUND**  
**of the**  
***Alabama State Bar***

**INSTRUCTIONS:** Please print or type this application and keep a copy for your records. When you have completed the application, have it notarized and return it to:

**The Alabama State Bar**  
**Attn: Client Security Fund**  
**P.O. Box 671**  
**Montgomery, AL 36101**

**NOTICE TO APPLICANT**

**“IN ESTABLISHING THE CLIENT SECURITY FUND, THE ALABAMA STATE BAR DID NOT CREATE, NOR ACKNOWLEDGE, ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS OR LOSSES BY THE CLIENT SECURITY FUND 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 CLIENTS’ SECURITY FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE.”**

NAME OF APPLICANT \_\_\_\_\_  
(Please print or type)

ADDRESS \_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE NO. \_\_\_\_\_

**LOSS CLAIMED:**

Amount of loss suffered due to the misappropriation, embezzlement or wrongful act of attorney.

\$ \_\_\_\_\_

NAME OF ATTORNEY: \_\_\_\_\_  
(Type or print)

ADDRESS \_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE NO. \_\_\_\_\_

**NOTICE:** Are you related to the attorney as husband, wife, child, parent, grandparent, grandchild, brother or sister or are or were you a partner, associate or employee of the attorney?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the relationship? \_\_\_\_\_

Did you have a written agreement with the attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of the agreement.

Did your loss involve: ( ) money ( ) securities ( ) other property

Specify: \_\_\_\_\_

When and where did you give the money or property to the attorney? Give date(s) and amount(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(You must provide proof of payment, i.e., receipts, cancelled checks, money orders, letters, etc.)**

How and when did you discover that the attorney had wrongfully taken your property?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what steps you have taken to recover the loss from the attorney, or any other source.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I should get my money back because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the attorney that represents you now: \_\_\_\_\_

Please attach copies of the following documents in support of your application (examples might be: letters, checks, reports, complaints, newspaper clippings, etc.):

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Please list witnesses to your loss or the attorney’s dishonest conduct (give names, complete addresses and phone numbers).

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**REIMBURSEMENT:**

Have you been reimbursed for any part of your claim? (Including insurance, bonding companies, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

Amount: \$ \_\_\_\_\_ By Whom Paid: \_\_\_\_\_

Address of Insurance or Bonding Company:

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(Street Address or P.O. Box) (City) (State) (Zip Code)

Have you filed a written complaint with a Grievance Committee of any local bar association or the Disciplinary Commission of the Alabama State Bar? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

If you have filed a civil suit against the attorney, please complete the following:

Name of Court: \_\_\_\_\_

Address of Court: \_\_\_\_\_

Date you filed suit: \_\_\_\_\_ Case No.: \_\_\_\_\_

Result: \_\_\_\_\_

If you filed a criminal complaint against the attorney with the appropriate district attorney’s office, please complete this paragraph:

County: \_\_\_\_\_

Name of District Attorney: \_\_\_\_\_

Complaint No.: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

I have read the Client Security Fund Rules of the Alabama State Bar. I understand and agree to be bound by these rules in making this application. I agree to maintain the confidentiality of this application as provided in the Client Security Fund Rules.

\_\_\_\_\_  
Attorney for Claimant

Claimant's attorney, if, any, shall sign the above space which certifies that he will accept no fee for services in connection with this claim.

\_\_\_\_\_  
Signature of Claimant

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the date aforesaid, before me personally appeared

\_\_\_\_\_  
who, after first being duly sworn, knowledged that the foregoing information is true and correct.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)