IMPORTANT

Please read this information carefully so that you may understand the process of filing an application for reimbursement with the Client Security Fund of the Alabama State Bar.

CLIENT SECURITY FUND
of the
Alabama State Bar

WHAT IS THE CLIENT SECURITY FUND?

The Client Security Fund was established to provide a remedy for clients who have lost money or other property as a result of the dishonest conduct of a lawyer. The Alabama State Bar recognizes that the legal profession depends upon the trust of clients and although very few lawyers breach that trust, it is important that the profession's reputation for honesty and integrity be maintained and protected. The Client Security Fund serves this function by providing some reimbursement to those whose money or property has been wrongfully taken by lawyers licensed to practice law in Alabama.

The Fund is a remedy of last resort for clients who cannot obtain reimbursement from other sources.

WHAT LOSSES ARE COVERED?

The Fund does not cover losses due to malpractice. Losses caused by the dishonest conduct of lawyers licensed to practice law in Alabama may be reimbursed at the discretion of the Client Security Fund Committee.

"Dishonest conduct" means the wrongful taking of a client's money or other property and does not encompass the dissatisfaction of the client with services or results obtained by the lawyer or because the lawyer acted incompetently. The Client Security Fund does not cover a loss where the lawyer becomes a client's debtor.

Uncollected fees may be reimbursed only in limited situations. Fees are not reimbursable simply because you are not satisfied with the services and/or results, or because the work was not completed.
You must be able to prove that the money or property was received by the lawyer. The Fund does not pay interest nor does it pay for any damage incurred as a result of losing your money. Generally, you have three years from the date of discovery of the loss to file an application; however, applications arising prior to the creation of the Fund in May of 1987 are not eligible for payment.

It is imperative that an applicant report dishonest conduct to the Disciplinary Commission of the Alabama State Bar and cooperate with any resulting investigation. Claims generally will not be settled until the completion of disciplinary or legal action against the lawyer. Please complete and sign the enclosed grievance form.

In order for your application to be considered, you must fill out and sign the enclosed affidavit of a grievance against the lawyer.

WHAT ELSE CAN I DO?

Depending on the circumstances, you may have other remedies available to you through the civil or criminal court system. Because the Alabama State Bar cannot give you legal advice, you may want to consult a lawyer. If you need assistance in finding a lawyer, you may contact the Alabama State Bar’s Lawyer Referral Service at 1-800-392-5660 (in AL) or (334) 269-1515.

WHO CAN APPLY?

If you are the spouse or close relative, partner, employer, or employee of the lawyer in question you are not eligible for reimbursement from the Client Security Fund. Other than these qualifications almost anyone who has lost money due to a lawyer’s dishonesty in his or her practice can apply for reimbursement.

MY APPLICATION

All Client Security Fund Applications and decisions are confidential with the exception of those claims that are reimbursed. You will need the case numbers of any other grievances or suits filed in connection with your application, receipts or other documentation of the funds that were transmitted to the lawyer, and copies of documents in support of your application, to fill out the application. To be valid, the completed application form must be signed and notarized.

WHAT HAPPENS AFTER I APPLY?

Each application will be reviewed to determine eligibility. Ineligible applications will be dismissed. Eligible applications will be investigated and presented to the Client Security Fund Committee. The Client Security Fund Committee members are appointed and serve strictly as a public service, without compensation. The Client Security Fund Committee will determine all the eligibility for applications for reimbursement and will also determine the
amount, time, and manner of reimbursement. Factors that will be considered by the Committee include the amount of money available in the Fund, the number of applicants seeking reimbursement, and the degree of hardship suffered by each applicant.

You will be advised, in writing, of the final determination of your application once it has been reviewed by the Client Security Fund Committee. You will not be notified by telephone due to the confidentiality of claims.

If your application is paid, you must assign any rights of recovery you have against the dishonest lawyer to the Fund by a subrogation agreement that will be provided to you before reimbursement is made.

Decisions of the Client Security Fund Committee are discretionary. There is no appeal and all decisions are final.

WHERE DOES THE MONEY COME FROM?

No tax dollars are used. The Client Security Fund is financed by assessments of all lawyers licensed to practice law in Alabama.

"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 of losses by the Client Security Fund shall be a matter of grace in the sole discretion of the committee administering the fund, and not as a matter of right. No client or member of the public shall have any right in the Client Security Fund as a third party beneficiary or otherwise."

For further information please contact:

Laurie Blazer
Administrator
Client Security Fund
334-269-1515 or 1-800-354-6154
Alabama State Bar
CLIENT SECURITY FUND

CONFIDENTIAL APPLICATION FOR REIMBURSEMENT

INSTRUCTIONS: Answer ALL questions in this application or it will be returned to you. If space is inadequate, attach additional pages. Please print or type this application and keep a copy for your records. The application must be legible. You must provide copies of documents as proof of your loss. Please do not send originals. Examples of such documents are written fee agreements, cancelled checks (front and back), receipts, letters or other papers showing that the attorney received the money or property. When you have completed the application, have it notarized and return it to:

The Alabama State Bar
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 OF 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 CLIENT SECURITY FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE."

NAME OF APPLICANT ________________________________________________________________
(Please print or type)
______________________________________________________________
(Street Address or P.O. Box)
______________________________________________________________
(City State, Zip)

TELEPHONE NO. ___________________________________ CELL /ALTERNATE NO. ________________

EMAIL ADDRESS: ________________________________________________________________

ALTERNATE CONTACT:
(Name) (Address) (Telephone No.) (Relationship)
The amount of loss suffered was $___________. (You must submit copies of receipt(s) or other proof of payment.)

What is the name, address and telephone number of the attorney whose conduct caused your loss?

__________________________________________________________

(Attorney’s Name)

__________________________________________________________

(Street Address or P.O. Box)

__________________________________________________________

(City) (State) (Zip Code)

TELEPHONE NO.________________________________________________________

My attorney has (check all that apply):

Died ☐
Filed bankruptcy ☐
Cannot be found ☐
Been convicted of a crime ☐
Is declared disabled or incompetent ☐
Is disbarred or suspended from the practice of law ☐
Has a civil judgment placed against him by me ☐

Was the attorney hired to represent you? Yes ☐ No ☐

(Date Hired)

a. If no, then describe your relationship to the attorney:

__________________________________________________________

b. Describe the fee arrangement you had with the attorney:

__________________________________________________________

c. How much have you paid the attorney to date?

__________________________________________________________

d. Did you have a written agreement with the attorney? Yes ☐ No ☐

If yes, attach a copy of the agreement.

What did you hire the attorney to do? How would you describe your loss?

Probate ☐ Settlement Funds ☐
Traffic/DUI ☐ Proceeds from probate ☐
Bankruptcy ☐ Trust account funds ☐
Worker’s Compensation ☐ Advance Fees and costs ☐
Criminal Matter ☐ Investment/Loan ☐
Business/Real Estate ☐
Divorce/Custody/Post Divorce, etc. ☐
Personal Injury/Property Damage ☐

Other:__________________________________________________________

__________________________________________________________

Date of loss or when loss discovered:

(Month) (Day) (Year)
Describe briefly, in your own words, your claim and why you believe you should be reimbursed (attach additional sheets if needed):

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Have you received any reimbursement from the attorney or from any other source for your loss?
Yes ☐ No ☐

If yes, from whom? __________________________________________________________
Date reimbursed ___________________________________________________________
Amount reimbursed $________________________

Have you filed a complaint against the attorney with the Center for Professional Responsibility of the Alabama State Bar?
Yes ☐ No ☐

If yes, when?
(Approximate Month) ___________________________ (Year) ___________________________

If no, please contact the Center for Professional Responsibility of the Alabama State Bar for a complaint form at (334-269-1515) or log on to our website at www.alabar.org for additional information.

Have you filed any of the following against the attorney?
a. A civil lawsuit Yes ☐ No ☐
b. A criminal complaint Yes ☐ No ☐

If you said yes to a or b, please provide the present status of the proceeding and complete the following:

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

Name of Court: ______________________________________________________________

Name of Case: _______________________________________________________________

Date suit filed: _______________ Case No.: ______________________________________

Name(s) & Address of all attorneys involved:
__________________________________________________________
__________________________________________________________

Results:
__________________________________________________________
If you filed a criminal complaint against the attorney with the appropriate district attorney’s office, please complete the following:

County: ________________________________________________________________________

Name of District Attorney: ________________________________________________________________________

Complaint No.: ________________ Date of Complaint: ________________

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 lawyer? Yes □ No □ If yes, what was the relationship? ________

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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Did you hire another attorney to represent you? Yes □ No □ If yes, please provide the name and address of the attorney __________________________________________________________

Did you pay the attorney additional fees? Yes □ No □ If yes, provide the amount paid to the attorney, $_____________

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.

______________________________________  ______________________________
Signature of Applicant  Attorney for Applicant
Applicant’s lawyer, if any, shall sign the above space which certifies that he will accept no fee or services in connection with this application.

SWORN TO AND SUBSCRIBED before me on this, the _________ day of ________, 20__.

______________________________________
Notary Public

My Commission expires: ________________