

**SUPREME COURT OF PENNSYLVANIA
PENNSYLVANIA LAWYERS FUND FOR CLIENT SECURITY
P.O. BOX 62585, HARRISBURG, PA 17106-2585
601 COMMONWEALTH AVENUE, SUITE 5400, HARRISBURG, PA 17120-0901
(717) 231-9510
(800) 962-4618
FAX: (717) 231-9511
EMAIL: admin@palawfund.com
WEB: www.palawfund.com**

Statement of Claim (Please print & complete in ink.)

1. Name of Claimant: _____
(First) (Middle Initial) (Last)
Street Address: _____
City/State: _____ Zip Code: _____
Telephone: Home (____) _____ Other (____) _____
E-mail: _____
Social Security No.: _____
Age: _____ Marital Status: _____ Gender: _____
2. Occupation: _____
3. If Claimant is a business organization, provide the number of employees _____
4. Attorney against whom claim is made:
Name: _____
Address: _____
_____ Zip Code: _____
County: _____
Office Telephone No.: (____) _____
5. How long have you known him/her? _____
6. How long has he/she represented you? _____
7. Dollar amount of alleged loss: _____

8. Claim is based on / / Attorney-client relationship

/ / Fiduciary (Guardian/Executor/Trustee) relationship

9. In chronological order, list events leading up to the alleged misappropriation of theft of your money or property, AND ATTACH ALL DOCUMENTARY PROOFS, SUCH AS CANCELED CHECKS, LETTERS, CONTRACTS, ETC., OR LEGIBLE COPIES THEREOF, TO THIS STATEMENT OF CLAIM:

(Use a separate sheet if more space is needed.)

10. Date and circumstance when you first discovered the alleged loss:

Date: _____

11. Can your loss be reimbursed from some source other than the PA Lawyers Fund for Client Security? Yes _____ No _____. If yes, indicated source below:

12. If known, list the assets of the attorney from which reimbursement can be made and indicate what efforts have been made to recover the loss from the Attorney directly or from other person:

13. Prior to the filing of this claim, have you received any money as reimbursement for your loss? If so, please provide the following information:

Amount: _____ Date: _____

The Claimant hereby agrees to notify the Fund of any reimbursement received by, or on behalf of, the Claimant during the processing of this claim. _____ (Initial.)

14. Have you or any one on your behalf filed a lawsuit against the Attorney? If so, please provide information regarding this action, including the nature of the lawsuit, whether any judgments or funds have been obtained, etc.

15. Prior to the filing of this claim, have you filed a complaint with the Disciplinary Board of the Supreme Court of Pennsylvania? Yes _____ No _____

If yes, please provide:

Disciplinary Board's file number: _____

Approximate date when filed: _____

If no, you must complete the attached Complaint Information Form and return it together with this Statement of Claim to the PA Lawyers Fund for Client Security. If the attorney is deceased at the time this claim is filed, no disciplinary complaint is required.

16. List the names and addresses of any other person to whom the loss has been reported (e.g., the district attorney, police, or other entity), and provide a copy of any complaint and description of any action taken.

17. Have you filed a claim with any other state's client protection fund? If yes, please provide the following:

Name of Fund: _____

Address: _____

Telephone No.: _____

Date filed: _____ File No.: _____

Disposition of claim: _____

18. Other individuals who may have information about your claim:

Name: _____

Address: _____

Name: _____

Address: _____

19. At the time of the alleged misappropriation or theft of your money or property, or the discovery of your loss, were you or are you now either the spouse, close relative, partner, associate, employer or employee of the Attorney or a business entity controlled by the Attorney? Yes _____ No _____.

If yes, explain:

20. Provide the name, address and telephone number of any attorney who assisted you in the preparation and presentation of this statement. **Rule 514(3) prohibits an attorney from accepting payment for assisting a claimant with the filing of a claim with the Fund, unless such payment has been approved by the Board.**

Name: _____

Address: _____

Telephone No.: () _____

21. How did you learn of the PA Lawyers Fund for Client Security?

NOTICE TO CLAIMANT: By the execution of this Statement of Claim, Claimant acknowledges that in establishing the Pennsylvania Lawyers Fund for Client Security, the Supreme Court of Pennsylvania did not create nor acknowledge any legal responsibility for the acts of individual attorneys in their practice of law, that the making of any payment or reimbursement of losses from the Fund shall be a matter of grace in the sole discretion of the Board and not a matter of right, and that no Claimant nor any other person shall have any right in the Fund as a third party beneficiary or otherwise. Should any information provided in this Statement of Claim change, or should additional relevant information become available, Claimant agrees and acknowledges Claimant's responsibility to provide such information to the Pennsylvania Lawyers Fund for Client Security prior to the Board's review of this claim.

Claimant has filed, or is simultaneously filing, a formal Complaint with the Disciplinary Board of the Supreme Court of Pennsylvania against the attorney. Claimant agrees to cooperate in the fullest with the Disciplinary Board, with the authorities and with the Fund in connection with the investigation and prosecution of the alleged dishonest conduct. Claimant acknowledges that the filing of the Disciplinary complaint and cooperation with the Disciplinary Board, the authorities and the Fund are conditions of receiving payment by this Fund.

Claimant acknowledges the Fund's jurisdiction is limited to claims alleging a conversion of client money or property and that the Fund does not have jurisdiction over claims alleging malpractice, negligence, or ineffective representation as the sole basis of the claim. Claimant acknowledges the Board may only consider for reimbursement the money or property actually received by the attorney, which was allegedly converted by the attorney for the attorney's own use.

Claimant understands claims filed with the Pennsylvania Lawyers Fund for Client Security are reviewed by the Board for disposition in the order in which they are received.

I/We, _____, the above-named Claimant(s), hereby state the facts set forth above are true and correct (or are true and correct to the best of my/our knowledge, information and belief). I/We understand that the statements and information provided with this Statement of Claim are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date: _____

Signature

Printed Name: _____

Signature

Printed Name: _____