



**ATTORNEY INFORMATION** *(Do not name a law firm.)*

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**CLAIM INFORMATION** *(All questions must be answered. Incomplete claim forms will be returned.)*

1. When did you hire this attorney: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. What legal services was the attorney hired to provide and what services were provided?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many meetings, telephone calls and/or emails/text messages did you have with the attorney?  
*Provide copies of any letters or other written communications exchanged with the attorney.*

Meetings \_\_\_\_\_ Calls \_\_\_\_\_ Other(emails/text messages) \_\_\_\_\_

4. Does your loss involve:

A. a legal fee(s) paid to the attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide a copy of the fee agreement or other communication discussing the fee.*

B. a personal injury settlement or other settlement received by the attorney on your behalf?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide a copy of all documents relating to the settlement, such as letters discussing the settlement, Release, settlement check, etc. If the settlement was the result of litigation, provide a copy of the Complaint, Answer, and any other relevant pleadings in the litigation. If such documents are not available, provide the name of the defendant and the court where the litigation was filed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. (con't)

C. an estate or trust? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide a copy of the relevant estate documents, such as the Will, Short Certificate, inheritance tax return, etc., or trust document.*

5. What is the amount of your loss? \_\_\_\_\_

*Provide copies of canceled checks, credit card statements, or other documentation to support the amount received by the attorney to support the claimed loss. If you do not have documentation, please explain why.*

\_\_\_\_\_  
\_\_\_\_\_

6. When did the loss occur? \_\_\_\_\_

7. When and how did you learn of your loss? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*If the date is more than two years prior to the filing of this claim, also provide information for the reason the claim was not filed sooner.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you hired, or has the court appointed, a new attorney to represent you in the underlying matter? *If yes, provide the new attorney's name and contact information.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

9. Have you filed a claim with any other state's client protection fund? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide the name of the client protection fund, the date filed, the claim/file number, and the status of that claim.*

\_\_\_\_\_  
\_\_\_\_\_

10. Have you taken any action to recover the loss directly from the attorney or any other source?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please explain.*

---

---

---

---

11. 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, provide the following information:*

Date disciplinary complaint filed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

File Number \_\_\_\_\_ Contact person \_\_\_\_\_

***If no, you must complete the Complaint Information Form provided and return the signed, completed form with the completed Statement of Claim to the Pennsylvania Lawyers Fund for Client Security. If the attorney is deceased at the time of the filing of this claim, no disciplinary complaint is required.***

12. Have you contacted the local prosecutor and/or the local police department? Yes \_\_\_ No \_\_\_  
*If yes, please provide the following information:*

Date contacted: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Contact information for the prosecutor and/or local police department:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

13. At the time of the loss, were you the spouse or other close relative, partner, associate, employer, or employee of the attorney or a business entity controlled by any of the foregoing?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please explain.*

---

---

14. Did an attorney assist you with the preparation and filing of this claim?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the attorney's contact information below.*  
**Pa.R.D.E. 514(c) prohibits an attorney from accepting payment for assisting a claimant with the filing of a claim with the Pennsylvania Lawyers Fund for Client Security, unless such fee has been approved by the Board prior to payment of the fee.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

15. Prior to the filing of this claim, have you received any money as reimbursement for your loss?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information and copies of any documentation that accompanied the payment:*

Amount: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Claimant hereby agrees to notify the Pennsylvania Lawyers Fund for Client Security of any reimbursement received by, or on behalf of, the Claimant during the processing of this claim. If full reimbursement is received, Claimant acknowledges a written withdrawal of this claim should be submitted on a timely basis.**

16. How did you learn of the Pennsylvania Lawyers Fund for Client Security?

\_\_\_\_\_  
\_\_\_\_\_

**CLAIMANT (and Co-Claimant, if applicable) MUST READ AND SIGN THE FOLLOWING PAGE.**

By the execution of this Statement of Claim, Claimant/Co-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 Pennsylvania Lawyers Fund for Client Security 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/Co-Claimant agree and acknowledge Claimant/Co-Claimant's responsibility to provide such information to the Pennsylvania Lawyers Fund for Client Security prior to the Board's review of the claim.

Claimant/Co-Claimant has filed, or is simultaneously filing, a formal Complaint with the Disciplinary Board of the Supreme Court of Pennsylvania regarding this matter. Claimant/Co-Claimant agrees to cooperate in the fullest with the Disciplinary Board, with the authorities, and with the Pennsylvania Lawyers Fund for Client Security in connection with the investigation and prosecution of the alleged dishonest conduct. Claimant/Co-Claimant acknowledges the filing of the disciplinary complaint and cooperation with the Disciplinary Board, the authorities and the Pennsylvania Lawyers Fund for Client Security are conditions of receiving an award from the Pennsylvania Lawyers Fund for Client Security.

Claimant/Co-Claimant acknowledges the Pennsylvania Lawyers Fund for Client Security's jurisdiction is limited to claims alleging a conversion of client money or property, and the Pennsylvania Lawyers Fund for Client Security does not have jurisdiction over claims alleging malpractice, negligence, or ineffective representation as the sole basis of the claim. Claimant/Co-Claimant acknowledges the Board may only consider for reimbursement the money or property actually received by the attorney, which is being alleged to have subsequently been converted by the attorney for the attorney's own use or benefit.

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

The undersigned Claimant/Co-Claimant hereby states the facts set forth above are true and correct to the best of my/our knowledge, information and belief. Claimant/Co-Claimant understands 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).

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_

Date signed: \_\_\_\_\_

Date signed: \_\_\_\_\_