

INSTRUCTIONS FOR COMPLETING THE CLIENTS' SECURITY FUND CLAIM FORM

1. If you are filing a claim against more than one attorney you must fill out a separate form for each.
2. It is very important that you answer all questions on the form and provide facts and documentation (copies, not originals) in support of your claim. If you do not understand any portion of the form, please call or email for assistance.
3. Do not write in the margins of the claim form. If you need additional space, please use a separate sheet of paper.
4. This form will be electronically scanned. To help us get the best copies possible please:
 - a. Please use black ink or type your information on the claim form.
 - b. Use letter-size (8.5 x 11) paper.
 - c. **Do not staple your documents.** Either use paper clips or leave them loose.
 - d. Do not use highlighters or tabs to emphasize parts of your claim. If you would like to direct attention to certain information, please do so in a different manner such as underlining.
 - e. **Please limit your attachments to 25 pages.**
5. Please allow 90 days to receive your acknowledgment letter that will include your claim number. Your claim will be reviewed as soon as possible, and we appreciate your patience.

Submit via email: csf@floridabar.org

or

**Mail to: Clients' Security Fund
The Florida Bar
651 E. Jefferson Street
Tallahassee, Florida 32399-2300**

If you have questions please call 850-561-5812 or 1-800-342-8060, ext. 5812.

CONFIDENTIAL
The Florida Bar Clients' Security Fund
Statement of Claim

PLEASE TYPE OR PRINT USING BLACK INK

1. CLAIMANT: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone No.: _____ Email Address: _____	2. ATTORNEY COMPLAINED AGAINST: Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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3. Amount of loss due to the misappropriation or wrongful taking by attorney: \$ _____
**You must provide copies of receipts, cancelled check (front and back) or any other evidence of payment.*

4. Describe in detail what you hired the attorney to do and include information on what the attorney did or did not do:
(Attach a separate sheet if necessary.)

5. What was the fee arrangement you had with the attorney? (Attach a copy of any written fee agreement.)

6. Was any part of your case completed by another attorney? Yes No
If so, give the name and address of the attorney:
Attorney's Name: _____
Attorney's Address: _____

7. Have you been reimbursed by anyone for any part of your claim? (Including insurance, bonding companies, the attorney, etc.)
Please provide relevant documents.
 Yes No Amount: _____
By Whom: _____

8. Have you received any offer of settlement by the attorney or other party? Yes No
If yes, please explain:

9. Have you filed a civil suit against the attorney? Yes No
 Name of Court where filed: _____ Case No.: _____
 Result: _____
10. Have you filed a criminal complaint against the attorney? Yes No
 Name of agency where filed: _____
 Complaint No.: _____
11. If the attorney is deceased, have you filed a claim against the attorney's estate? Yes No
 Result: _____

CLAIMANT ACKNOWLEDGEMENT:

I UNDERSTAND THAT NO ONE HAS THE RIGHT OR ENTITLEMENT TO RECOVER MONEY FROM THE CLIENTS' SECURITY FUND AS A THIRD-PARTY BENEFICIARY OR OTHERWISE. DECISIONS OF THE BOARD OF GOVERNORS OF THE FLORIDA BAR ARE FINAL AND NOT SUBJECT TO APPEAL.

ASSIGNMENT OF CLAIM:

UPON PAYMENT BY THE CLIENTS' SECURITY FUND TO THE CLAIMANT OF ALL OR ANY PORTION OF THIS CLAIM, THE CLAIMANT DOES HEREBY TRANSFER, ASSIGN AND SET OVER TO THE CLIENTS' SECURITY FUND OF THE FLORIDA BAR ALL OF THE CLAIMANT'S CLAIMS, DEMANDS, CAUSES OF ACTION, ACTIONS AND SUITS ARISING OUT OF THE ABOVE-DESCRIBED ACTS FOR WHICH THIS CLAIM IS MADE, TO THE EXTENT OF PAYMENT BY THE FUND.

THE UNDERSIGNED AUTHORIZES THE CLIENTS' SECURITY FUND OF THE FLORIDA BAR TO PROSECUTE ALL SUCH CLAIMS, DEMANDS, CAUSES OF ACTION, ACTIONS AND SUITS, EITHER IN THE NAME OF THE UNDERSIGNED OR IN THE NAME OF THE CLIENTS' SECURITY FUND OF THE FLORIDA BAR, OR IN THE NAMES OF BOTH, AS THE FLORIDA BAR, IN ITS SOLE JUDGMENT, SHALL DEEM ADVISABLE.

THE CLAIMANT AGREES TO COOPERATE WITH THE FUND IN ANY EFFORTS BY THE FLORIDA BAR IN ENFORCING ANY CLAIM, DEMAND, CAUSE OF ACTION, ACTIONS OR SUITS, AND AGREES THAT ALL CIVIL ACTIONS TO BE TAKEN HEREUNDER SHALL BE UNDER THE FULL CONTROL OF THE FLORIDA BAR AND THE FLORIDA BAR MAY, AS IT DEEMS ADVISABLE, PROSECUTE OR FAIL TO PROSECUTE OR ABANDON ANY SUCH CLAIM, DEMANDS, CAUSE OF ACTION, ACTIONS OR SUIT WITHOUT THE NECESSITY OF ANY CONSENT OR APPROVAL OF THE UNDERSIGNED.

THE CLAIMANT AGREES TO NOTIFY THE FLORIDA BAR IN THE EVENT ANY PAYMENT FROM ANY OTHER SOURCE IS RECEIVED.

CLAIMANT AGREES TO COOPERATE IN THE INVESTIGATION OF THIS CLAIM AGAINST THE ATTORNEY IN QUESTION. AS A CONDITION PRECEDENT TO ANY PAYMENT FROM THE CLIENTS' SECURITY FUND, CLAIMANT AGREES TO EXECUTE AND DELIVER TO THE CLIENTS' SECURITY FUND OF THE FLORIDA BAR SUCH DOCUMENT OR DOCUMENTS AS MAY BE REQUIRED.

UNDER PENALTY OF PERJURY, I DECLARE THE FOREGOING FACTS ARE TRUE CORRECT AND COMPLETE. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE PAMPHLET "CLIENTS' SECURITY FUND".

CLAIMANT:

 Signature

 Date

ATTORNEY FOR CLAIMANT
 Claimant's attorney, if any, must sign the above space which certifies that he/she will accept no fee for services in connection with this claim. (R. Reg. Fla. Bar 7-2.2(e))