

CONFIDENTIAL
The Florida Bar Clients' Security Fund
Statement of Claim

PLEASE TYPE OR PRINT USING BLACK INK

1. CLAIMANT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____
Email Address: _____

2. ATTORNEY COMPLAINED AGAINST:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

3. CLAIM AMOUNT *(evidence required):* _____ \$

If payments were made by check or money order, provide a copy of the front and back of the canceled checks or money orders. If payments were made by another method, provide receipts or card statement.

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. Was there a written fee agreement between you and the attorney? If so, provide a copy if available. If not, explain your understanding of the fee arrangement.

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.)
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.

CLAIMANT SIGNATURE REQUIRED:

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))