

CLIENTS' SECURITY FUND CLAIM FORM INSTRUCTIONS

To ensure the timely processing of CSF claims, review the following instructions before submission:

- Submit one claim form for each attorney.
- Sign the second page of the claim form; unsigned forms will be returned.
- Limit the submission to 25 pages including attachments.
- Do not bind, staple, tab or index the documents.
- Do not highlight documents or submit materials in color. When documents are scanned, highlighting and color may obscure the underlying text.
- Do not attach media like audio tapes, thumb/flash drives, or CDs. We cannot process any media that cannot be scanned into the electronic record.
- Do not submit .jpeg, .mpeg, .mp3, or links to online materials including Dropbox, as these items are difficult to incorporate into the electronic record. For security reasons, we cannot click online links to documents.
- Do not submit original supporting documents, as documents will be discarded after scanning.
- Attach proof of payment that the funds you seek to recover were in the attorney's possession or control. Examples: Receipts, front/back of canceled personal checks, settlement checks, money orders, credit card statements, bank statements, etc. Be sure the documentation submitted shows the account holder's name. Account numbers can be redacted.
- Attachments may be in paper form if you intend to mail your submission using a postal service. Attachments may be in electronic form if you intend to email your submission and if possible, combine all electronic documentation into one PDF attachment.
- Send the submission only one time; do not submit duplicates via email, fax, or by any other means.
- Allow 90 days to receive an acknowledgment letter from The Florida Bar that will include the claim number.

The claim will be returned if not properly submitted.

Email: csf@floridabar.org

or

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

CONFIDENTIAL

The Florida Bar Clients' Security Fund Application for Relief

PLEASE TYPE OR PRINT USING BLACK INK

CLAIMANT

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

ATTORNEY CLAIM IS AGAINST

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

CLAIM AMOUNT

\$ _____

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

If claim involves settlement funds, provide a copy of the front and back of the cancelled settlement check. To obtain a copy, contact the issuer of the check.

AGREEMENT WITH ATTORNEY

Provide a detailed description as to why the attorney was hired. If additional space is needed, attach a separate sheet.

Explain your understanding of the fee arrangement. Provide a copy of the written fee agreement, if available.

CHECK ALL THAT APPLY

_____ The attorney was hired for a court case.

County where case was filed: _____

Case number: _____

_____ Part of the case was completed by another attorney.

Attorney's Name: _____

Attorney's Address: _____

_____ An offer of settlement and/or reimbursement by the attorney or other party (including insurance, bonding companies, etc.) has been received. Provide relevant documents.

Amount: \$ _____

Explain: _____

_____ A civil suit has been filed against the attorney.

Name of court where filed: _____

Case number: _____

Result of case: _____

_____ A criminal complaint has been filed against the attorney.

Name of agency where filed: _____

Complaint number: _____

_____ A claim has been filed against the deceased attorney's estate.

Result of claim: _____

PUBLICATION OF PAYMENT INFORMATION

If the board authorizes payment of a claim, the bar may publish the nature of the claim, the amount of the reimbursement, and the name of the lawyer who is the subject of the claim. The name, address, and telephone number of the claimant remains confidential unless specific written permission has been granted by the claimant permitting disclosure. Publicity of fund activities is at the discretion of the board (RRTFB 7-5.1(b)). **SELECT ONE OF THE FOLLOWING:**

I authorize The Florida Bar to disclose my name, address, and telephone number if a request is made regarding my claim. The authorization includes media reporters and I understand my doing so may result in a news story or article related to my claim with the Clients' Security Fund.

I request that my name, address, and telephone number not be disclosed.

CLAIMANT ACKNOWLEDGEMENT

I UNDERSTAND THAT NO ONE HAS THE RIGHT OR ENTITLEMENT TO RECOVER MONEY FROM THE CLIENTS' SECURITY FUND (THE FUND).

I UNDERSTAND THAT DECISIONS OF THE BOARD OF GOVERNORS OF THE FLORIDA BAR ARE FINAL AND NOT SUBJECT TO APPEAL.

I AGREE TO RECEIVE PAYMENT FROM THE FUND FOR ALL OR ANY PORTION OF MY CLAIM AND TRANSFER, ASSIGN AND SET OVER TO THE FUND ALL MY CLAIMS, DEMANDS, CAUSES OF ACTION, ACTIONS AND SUITS ARISING OUT OF THE ACTS FOR WHICH THIS CLAIM IS MADE.

I AUTHORIZE THE FUND TO PROSECUTE ALL CLAIMS, DEMANDS, CAUSES OF ACTION, ACTIONS AND SUITS, EITHER IN MY NAME OR IN THE NAME OF THE FUND, OR BOTH.

I AGREE TO COOPERATE WITH THE FLORIDA BAR IN ANY EFFORTS TO ENFORCE ANY CLAIM, DEMAND, CAUSE OF ACTION, ACTIONS OR SUITS AND AGREE THAT ALL CIVIL ACTIONS WILL BE UNDER THE FULL CONTROL OF THE FLORIDA BAR.

I AGREE THE FLORIDA BAR MAY PROSECUTE OR FAIL TO PROSECUTE OR ABANDON ANY SUCH CLAIM, DEMANDS, CAUSE OF ACTION, ACTIONS OR SUIT WITHOUT MY CONSENT OR APPROVAL.

I AGREE TO NOTIFY THE FLORIDA BAR IN THE EVENT ANY PAYMENT FROM ANY OTHER SOURCE IS RECEIVED.

I AGREE 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 they will not accept a fee for services in connection with this claim. (R. Reg. Fla. Bar 7-2.2(e))