

THE CLIENTS' SECURITY BOARD
OF THE SUPREME JUDICIAL COURT OF MASSACHUSETTS
PRESERVING TRUST SINCE 1974

CONFIDENTIAL CLAIM FOR REIMBURSEMENT

INSTRUCTIONS:

- You must answer every question in this claim form. If you need more room, please add extra pages.
- If you have any questions about the claim form, please call us at 617-728-8700 or send us an e-mail: info@masscsb.org
- You must send us copies of all the documents you have related to your claim.

IMPORTANT FACTS TO UNDERSTAND AND TO REMEMBER

NO ONE HAS A RIGHT TO REIMBURSEMENT FROM THE CLIENTS' SECURITY BOARD.
ALL REIMBURSEMENTS MADE BY THE BOARD ARE A MATTER OF GRACE, NOT RIGHT.
THE BOARD REIMBURSES ONLY THE AMOUNT YOUR LAWYER ACTUALLY STOLE FROM YOU.
THE BOARD DOES NOT CONSIDER OR RESOLVE FEE DISPUTES.
THE BOARD DOES NOT REIMBURSE FOR LAWYER NEGLIGENCE OR MALPRACTICE.
ALL DECISIONS OF THE BOARD ABOUT CLAIMS ARE FINAL. THERE IS NO APPEAL.
NO LAWYER MAY CHARGE A FEE FOR HELPING YOU COMPLETE THIS CLAIM FORM.

1: Information about you:

Claimant: Name: (Mr/Mrs/Ms) _____

Address: _____ City _____ State _____ ZIP _____

Telephone: _____ E-mail: _____

2: Information about the lawyer who dishonestly took your money or property:

Name: _____

Address: _____ City _____ State _____ ZIP _____

Telephone: _____ E-mail: _____

3: Did you report this loss to the Board of Bar Overseers? Yes No District Attorney? Yes No
Police? Yes No Any other agency? Yes No If you have reported, please attach copies of all documents
and tell us what happened. If you have not reported, please explain why.

4: Explain everything you did to recover your loss directly from the lawyer or from any other source.
(Please attach copies of all documents.):

Have you received any repayment of your loss from the lawyer or from any other source?

YES NO IF YES, please tell us when, how much, and from whom.

5: Does anyone else have an interest in or claim to the money or other property taken by the lawyer?
Please describe that interest.

6: Is there any other source from which you can be reimbursed, such as malpractice insurance,
fiduciary bonds, or surety agreements? Yes No Don't Know . If YES, please describe the source.

7: How much did your lawyer dishonestly take from you in money or property? \$_____

Explain EVERYTHING about your loss. WHO? WHAT? WHEN? WHERE? Be very specific about names, dates, times, places, amounts, and what was said. What did you ask your lawyer to do for you? What, if anything, did your lawyer actually do for you? Please give all the names, dates, places, amounts, etc. Explain how and when you learned about the loss. Explain the amount the lawyer took from you. If your claim involves a court case, please give the name of the court and the docket number of the case. PLEASE ATTACH COPIES OF ALL DOCUMENTS RELATED TO YOUR ANSWER. If more space is needed for your answers, please attach additional sheets.

8: How much did you pay your lawyer in legal fees and on what dates? Please attach copies of checks, receipts, and bank or credit card statements. If you paid cash and have no receipt, please explain.

9: Did you have a written fee agreement with your lawyer? YES NO . If YES, please attach a copy of the agreement.

10: How did you learn about the Clients' Security Board?

11: Have you filed for bankruptcy protection? YES NO . Has your lawyer filed for bankruptcy protection? YES NO DON'T KNOW

13: Please tell us about the lawyer or other person now representing you or helping with this claim form:

Name: _____

Address: _____ City _____ State _____ ZIP _____

Telephone: _____ E-mail: _____

LIMITATIONS AND AGREEMENTS

A: This claim is made to persuade the Clients' Security Board (Board) to process, investigate, and consider reimbursement from its Clients' Security Fund (Fund) of all or part of the loss suffered by the claimant because of the dishonest conduct of the lawyer named in this claim form.

B: If the Board decides to reimburse the claimant, the claimant agrees to:

1. Transfer and assign to the Board all the claims, demands, causes of action, and suits against the lawyer arising out of the dishonest conduct upon which this claim for relief is based.
2. Authorize the Board to prosecute all such claims, demands, causes of action, and suits against the lawyer, either in the name of the claimant or in the name of the Board, or both, as the Board, in its sole discretion, may deem appropriate.
3. Cooperate with the Board in all efforts by the Board to enforce any claim, demand, cause of action, or suit against the lawyer.

C: The claimant understands that:

1. The Board alone shall control all civil actions taken against the lawyer and the Board may prosecute, fail to prosecute, or abandon any such claim, demand, cause of action, or suit against the lawyer as the Board alone may deem appropriate without the claimant's consent or approval.
2. Before the claimant receives any payment from the Board and its Fund, the claimant shall sign and deliver to the Board a written agreement provided by the Board stating that if the claimant (or the claimant's estate) should ever receive any restitution from the lawyer or the lawyer's estate the claimant shall (a) promptly notify the Board of such restitution, and (b) promptly repay to the Fund all such restitution not to exceed the amount of the original reimbursement from the Fund.

D: In establishing the Fund, the Supreme Judicial Court of Massachusetts did not create or acknowledge any legal responsibility for the acts of individual lawyers in the practice of law. All reimbursements of losses by the Board from the Fund shall be a matter of grace in the sole discretion of the Board and not a matter of right. The claimant represents that no fee has been or will be paid to any lawyer for services rendered in the preparation or filing of this claim, or for the payment of any sums by the Board because of this claim. No client or member of the public has any right in the Fund as a third- party beneficiary or otherwise. *There is no appeal from the Board's decision.*

I verify and affirm, under the penalty of perjury, that all the information provided in this claim form is true and that I understand the LIMITATIONS AND AGREEMENTS (A, B, C, and D, above) and will fully abide by them.

Date: _____ Signature of Claimant: _____

Send this completed claim form, copies of all supporting documents, and the Financial Statement to:

THE CLIENTS' SECURITY BOARD
99 HIGH STREET – 2ND FLOOR
BOSTON, MA 02110-2320

Please keep a copy of the completed claim form and all supporting documents.

CONFIDENTIAL FINANCIAL STATEMENT

Each claimant must complete a separate Financial Statement.

Please answer all questions.

If more space is needed for your answers, please attach an additional sheet.

Claimant Name:	Age:
Address:	# of Dependents in household
Occupation: Employer: Employer's Address and Phone Number:	How much have you spent trying to recover the money dishonestly taken from you by your lawyer? \$ _____
Estimated Annual Household Earned Income: <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$300,000 <input type="checkbox"/> \$300,000 - \$900,000 <input type="checkbox"/> Over \$900,000	Estimated Current Monthly Household Expenses (excluding rent or mortgage payment): <input type="checkbox"/> Under \$1,500 <input type="checkbox"/> \$1,500 - \$3,500 <input type="checkbox"/> \$3,500 - \$6,000 <input type="checkbox"/> Over \$6,000
Estimated Annual Household Additional Income: (Sources: pension, alimony, Social Security, disability, dividends, interest, rents, trusts, annuities, etc.) <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> Over \$100,000 <input type="checkbox"/> N/A Please Specify Sources: _____ _____	Estimated Total Value of ALL Other Property Owned by Your Household: (cars, trucks, bank accounts, IRAs, 401(k)s, jewelry, stocks, bonds, fine art) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$150,000 <input type="checkbox"/> Over \$150,000,000 <input type="checkbox"/> N/A Please Specify: _____ _____
Assessed Value of Your Real Estate: \$ _____ Outstanding Mortgages on that R. E. \$ _____	Please provide any other information about your finances that you think the Board needs to know. If necessary, please use an additional page.

I verify and affirm, under the penalty of perjury, that all the information provided in this Financial Statement is true.

Date: _____ 20__ Signature of Claimant: _____