

**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 617-728-8758 or send us an e-mail: [info@masscsb.org](mailto: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.
- WE ONLY REIMBURSE THE AMOUNT YOUR LAWYER ACTUALLY STOLE FROM YOU.
- WE ONLY ACCEPT CLAIMS IF YOUR LAWYER IS SUSPENDED OR DISBARRED OR HAS RESIGNED OR DIED.
- 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's Name: \_\_\_\_\_

Claimant's Preferred Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Preferred Pronoun: He \_\_\_ She \_\_\_ They \_\_\_ Other \_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. Information about the person helping you with this claim form (if any):**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Summary of the lawyer's actions:

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 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.

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5. Financial Statement:

- How much did your lawyer dishonestly take from you in money or property? \$ \_\_\_\_\_
- Please describe how you calculated the total amount of your loss. \_\_\_\_\_  
\_\_\_\_\_
- Does anyone else have an interest in or claim to the money or other property taken by the lawyer? If so, please provide the name of that person and describe that person's interest in your claim. \_\_\_\_\_  
\_\_\_\_\_
- Did you have a written fee agreement with your lawyer? YES  NO . If YES, please attach a copy of the agreement. If NO, please describe your fee arrangement with your lawyer (hourly fee, flat fee, etc.). \_\_\_\_\_
- 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 used to pay your lawyer. If you paid cash and have no receipts, please explain. \_\_\_\_\_  
\_\_\_\_\_

6. Discovery of Loss:

- Explain how and when you first learned about the loss. Please attach copies of any documents related to your answer. \_\_\_\_\_  
\_\_\_\_\_

7. Efforts you have made to obtain reimbursement for your loss:

- 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. \_\_\_\_\_  
\_\_\_\_\_
- 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, and attach any documentation. \_\_\_\_\_  
\_\_\_\_\_
- 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. \_\_\_\_\_  
\_\_\_\_\_

8. General information:

- Have you filed for bankruptcy protection? YES  NO .
- Has your lawyer filed for bankruptcy protection? YES  NO  DON'T KNOW
- How and when did you learn about the Clients' Security Board? \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

RELEASE AND WAIVER OF CONFIDENTIALITY

I authorize Richard Abati, Acting Bar Counsel, and his agents, employees and successors, to release to the Clients' Security Board (CSB) and to employees and agents of the CSB, including Linda G. Bauer, CSB General Counsel and Executive Director, copies of any complaints I made to Bar Counsel concerning my former attorney, \_\_\_\_\_ (Respondent), and all correspondence between me and the Office of the Bar Counsel, including but not limited to any responses to my complaints received from Respondent that were previously sent to me by Bar Counsel, for confidential use by the CSB to investigate my claim application concerning Respondent. A copy of this release shall have the same force and effect as the original release signed by me.

This authorization may be revoked by me at any time upon delivery of a written revocation signed by me to Linda G. Bauer, CSB General Counsel and Executive Director, 99 High Street, Boston, MA 02110.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

Please mail or hand-deliver this completed claim form and copies of all supporting documents to:

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

Or send the claim form and all supporting documents by e-mail to [info@masscsb.org](mailto:info@masscsb.org).

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

Form revised 08/28/2023.