LAWYERS’ FUND FOR CLIENT PROTECTION

The Lawyers’ Fund for Client Protection (the Fund) was created by the Kansas Supreme Court to promote public confidence in courts and the legal profession by reimbursing losses to clients caused by the dishonest conduct of lawyers licensed to practice law in Kansas.

Reimbursement is limited to losses occurring in the course of a lawyer-client relationship between the lawyer and the claimant. Rule 227 of the Rules of the Supreme Court of the State of Kansas governs eligibility and the amount of reimbursement available.

All reimbursements of losses through the Fund are a matter of grace in the sole discretion of the Commission administering the Fund and are not made as a matter of right. The Fund is financed solely by Kansas lawyers. No public funds are involved.

In order to be eligible for consideration for reimbursement:

• The loss must be caused by the dishonest conduct of an active member of the Bar of Kansas and have arisen out of the course of the lawyer-client relationship between the lawyer and the claimant and by reason of that relationship. Acts of legal malpractice, negligence, or fee disputes are not covered by the Fund.

• The claim must be filed no later than one year after the claimant knew or should have known of the dishonest conduct of the lawyer.

• Prior to, or at the same time the claim is filed, the claimant must report the lawyer’s dishonest conduct to:

  Office of the Disciplinary Administrator
  701 Southwest Jackson Street, First Floor
  Topeka, KS 66603
  785-435-8200
  785-783-8385 (fax)
  attydisc@kscourts.org
Types of Losses Qualified for Reimbursement. Only money actually paid to the lawyer, or received by the lawyer for the claimant, which was lost due to the dishonest conduct of the lawyer is qualified for possible reimbursement. The Fund does not cover claims based upon fee disputes, malpractice, or negligence, nor does it consider claims for additional amounts such as damages, interest, court costs, and/or fees paid to other lawyers.

Form Must be Complete. Clearly print or type answers to all questions. You may attach additional pages if necessary. Submit copies of any evidence that establishes your loss. Review of your claim may be significantly delayed if you do not answer all questions on the form.

Proof of Payment is Required. You must provide proof of payment, such as canceled checks (front and back), receipts, billing statements, fee agreements, or settlement information. Review of your claim may be significantly delayed if you do not provide proof of payment at the time you submit your claim.

Must be Signed before a Notary Public. Please read the entire form, complete each section, sign in front of a notary public, and return the form and documentation to the address on the first page.

1. Was the lawyer hired to represent you?

Yes _____ No _____ If “yes,” you are the client. If “no,” someone else is the client. Provide the client’s contact information:

Name: _____________________________________________________________________

Address: _____________________________________________________________________

City/State/ZIP: _____________________________________________________________________

Phone: __________ Email: _______________
2. Did you pay for the legal services?

Yes _____ No _____

If “yes,” you are the claimant.

If “no,” the person who paid for the legal services is the claimant. The claimant must join you in filing this claim. The claimant, the person who paid for the legal services, must sign this form. Provide the contact information for the claimant if it is someone other than the client.

Name: ____________________________________________________________

Address: ____________________________________________________________________

City/State/ZIP: _______________________________________________________________

Phone:______________________ Email:__________________________________________

3. Lawyer against whom claim is made:

Name: ____________________________________________________________

Address: ____________________________________________________________________

City/State/ZIP: _______________________________________________________________

Phone:______________________ Email:__________________________________________

4. Do you (did you) have a family relationship with this lawyer?

Yes _____ No _____ If “yes,” what is (was) the relationship?

___________________________________________________________________________

___________________________________________________________________________
5. Do you (did you) have a business relationship with this lawyer other than the lawyer-client relationship?

Yes _____ No _____ If “yes,” what is (was) the relationship?

___________________________________________________________________________
___________________________________________________________________________

6. Was any other lawyer also representing you at the time of the incident regarding the matter in question?

Yes _____ No _____ If the answer is “yes,” please provide the following regarding the other lawyer:

Name: ________________________________________________________________
Address: ______________________________________________________________
City/State/ZIP: __________________________________________________________
Phone: ____________________ Email: ______________________________________

7. Do you have a current lawyer other than the lawyer against whom this claim is made as listed in question 3?

Yes _____ No _____ If the answer is “yes”, please provide the following regarding your current lawyer:

Name: ________________________________________________________________
Address: ______________________________________________________________
City/State/ZIP: __________________________________________________________
Phone: ____________________ Email: ______________________________________
8. What was the lawyer against whom you are making this claim hired to do? Explain below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

9. How much was the lawyer paid for legal services OR how much money did the lawyer receive on the claimant’s behalf? *(Attach proof of payment in the form of a cancelled check or receipt. Copies are acceptable, but please copy both sides of the check. If you do not have proof of payment, attach a sheet explaining why not.)*

$______________________________

10. Do you have a written agreement with the lawyer or others regarding the work that was to be done? *(A written agreement, for example, could be a fee agreement, an engagement letter, or a settlement agreement.)*

Yes _____ No _____ *(Attach a copy of any written agreement to this claim.)*

11. Did the lawyer do any part of what you hired him or her to do?

Yes _____ No _____ Explain below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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12. What happened? What did the lawyer do that was dishonest? Please provide a full description of the lawyer’s dishonest conduct relating to this claim, with the earliest event first. Attach a separate sheet, if necessary.
13. Explain the form of your loss (money, securities, or other property, etc.).

___________________________________________________________________________
___________________________________________________________________________

14. State the total amount or value of the loss.

$__________________________________________

15. What is the date the loss occurred?

___________________________________________________________________________

16. What is the date you discovered the loss?

___________________________________________________________________________

17. Explain how you discovered the loss.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

18. If this claim is being filed more than one year after you discovered the dishonest conduct of your lawyer, please explain why the claim was not filed within the one year limitation which generally applies.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
19. Has the lawyer told you that the lawyer owes you money because of the facts explained above? Yes _____ No _____

If “yes,” give details as to the date, type of acknowledgment (for example, phone call or letter), and how much money the lawyer admitted owing. *(Attach a copy of any written acknowledgments.)*

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

20. Provide the name, address and phone number of anyone who has knowledge of your loss.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

21. What did this person see or hear?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

22. *List any additional witnesses and the information each witness knows on a separate sheet.*

23. Have you reported the dishonest conduct to the Office of the Disciplinary Administrator?

   Yes _____ No _____
24. Have you reported the dishonest conduct to a law enforcement agency, a County Attorney or a District Attorney? Yes _____ No _____ If the answer is “yes”, please provide the following information about to whom you reported the dishonest conduct.

Name: _____________________________________________________________________

Agency: ___________________________________________________________________

City/State: ____________________________________________________________________________

25. Are there any sources from which this loss, or any part of it, can be reimbursed, such as insurance, fidelity, or surety agreement?

Yes _____ No _____ Don’t Know _____

If “yes,” describe the source.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

26. Have you asked the lawyer for a refund of your money? Yes _____ No ______

If “yes,” please provide the date of your request and the response of the lawyer. (*Attach copies of any correspondence.*)

___________________________________________________________________________

___________________________________________________________________________

27. Describe any other steps you have taken to recover this loss from the lawyer or any other source.

___________________________________________________________________________

___________________________________________________________________________

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28. Have you filed a civil or criminal action against the lawyer, arising out of the facts set out in this claim form?

Yes _____ No _____ If “yes,” please explain.

___________________________________________________________________________

___________________________________________________________________________

29. Have you applied or do you intend to apply to a Client Protection Fund from another state or any other state agency for reimbursement of this loss?

Yes _____ No _____

If “yes,” provide the name and address of the fund and a copy of your application.

Name of Fund: ______________________________________________________________

Address:____________________________________________________________________

City/State/ZIP: _______________________________________________________________
IMPORTANT NOTICE TO CLAIMANT

The Lawyers’ Fund for Client Protection has no legal responsibility for the acts of individual lawyers. The Fund is a lawyer-financed public service, and the payment of reimbursement is a matter of grace and discretion by the Commission. The maximum limit per claim is $125,000, with an aggregate limit of $350,000 for claims against one lawyer. The claim shall be filed no later than one year after the claimant knew or should have known of the dishonest conduct of the lawyer.

As used in Rule 227 of the Rules Relating to the Lawyers’ Fund for Client Protection “dishonest conduct” means any of the following:

• Acts committed by a lawyer in the wrongful taking or conversion of money, property, or other things of value;

• Refusal to refund unearned fees received in advance where the lawyer performed no services or such an insignificant portion of the services that the refusal to refund the unearned fees constitutes a wrongful taking or conversion of money;

• The borrowing of money from a client without an intention to repay it or with disregard of the lawyer’s inability or reasonably anticipated inability to repay it; or

• A lawyer’s act of intentional dishonesty which proximately leads to the loss of money or property.
AGREEMENT

By signing and submitting this Statement of Claim form, I agree to cooperate with the Client Protection Fund Commission in reference to this claim.

I further agree that if the Lawyers’ Fund for Client Protection (hereinafter “the Fund”) pays me for all or any portion of my loss, then the Fund shall have the first right of recovery of any funds collected from the lawyer who caused me loss, or from any other party, to the extent of the Fund’s payment to me plus any expenses of recovery.

I further agree that a lien shall exist in favor of the Fund for any amounts paid to me and shall attach to any money or other property payable to me from or on behalf of the lawyer who caused my loss.

Further, if the Fund pays any portion of my loss, I assign to the Fund all my rights and remedies against the lawyer who caused my loss, the lawyer’s legal representative or assign, or any other person or entity which might be liable for my loss. I promise to cooperate with the Fund in any efforts undertaken to achieve reimbursement of any amounts paid to me. I agree to report to the Fund any voluntary payment for my loss by the lawyer or any other person. I also agree to notify the Fund and send a copy of the petition or complaint if any suit is filed to recover my loss.

I further agree to the publication of appropriate information about the nature of the claim and the amount of reimbursement, if reimbursement is made. I understand that my name will not be used unless I give specific written permission.

By signing, I agree to comply with the Rules of the Kansas Supreme Court relating to the Lawyers’ Fund for Client Protection.

Dated this __________ day of ____________________, 202_____.

__________________________________________
Signature of Claimant

__________________________________________
Signature of Client, if different than Claimant
CLAIMANT’S VERIFICATION

True and Complete Information. To the best of my knowledge, information and belief, the information contained in this Statement of Claim form and any attached documents is true, and I have not knowingly left out any information which might cause the Fund to deny my claim. I understand that intentionally including false information in this Statement of Claim form or intentionally failing to include information which might cause the Fund to deny my claim could cause me to be criminally prosecuted for lying under oath.

Dated this __________ day of ____________________, 202_____.

________________________________________
Signature of Claimant

State of )
     ) ss
County of )

Sworn to and subscribed before me this ____________ day of ____________________,
202_____.

My appointment expires: __________________________________________
____________________ Notary Public
CLIENT’S VERIFICATION (IF DIFFERENT THAN CLAIMANT)

True and Complete Information. To the best of my knowledge, information and belief, the information contained in this Statement of Claim form and any attached documents is true, and I have not knowingly left out any information which might cause the Fund to deny my claim. I understand that intentionally including false information in this Statement of Claim form or intentionally failing to include information which might cause the Fund to deny my claim could cause me to be criminally prosecuted for lying under oath.

Dated this __________ day of ____________________, 202_____.

________________________________________
Signature of Client, if different than Claimant

State of )
         ) ss
County of )

Sworn to and subscribed before me this __________ day of ____________________,
202_____.

My appointment expires: _______________________________
________________________
Notary Public
CONFIDENTIAL INFORMATION OF CLAIMANT AND CLIENT (IF DIFFERENT THAN CLAIMANT)

The requirement that social security numbers be included on the Client Protection Claim form is mandatory. The Commission is unable to authorize payment of a claim without a social security number. The number is used only for purposes of identification and payment. It is not a public record.

Claimant: ____________________________________________________________

Social Security No.: __________________________________________________

Date of Birth: ________________________________________________________

Occupation: __________________________________________________________

Employer: ___________________________________________________________

Client: ______________________________________________________________

Social Security No.: __________________________________________________

Date of Birth: ________________________________________________________

Occupation: __________________________________________________________

Employer: ___________________________________________________________

How did you learn about the Client Protection Fund?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
NOTE: You do not need a lawyer’s assistance to file this claim. If a lawyer does assist you in filing this claim, please note that Rule 19 of the rules relating to this Commission states that it is intended lawyers will “provide assistance as a public service.”

If a lawyer is assisting you with this application, provide the lawyer’s contact information below:

Name: ________________________________________________________________
Address: ______________________________________________________________
City/State/ZIP: _________________________________________________________
Phone:______________________ Email:_____________________________________

RETURN COMPLETED FORM AND DOCUMENTATION TO:

Office of the Disciplinary Administrator
Attention: Client Protection Fund Commission
701 Southwest Jackson Street
First Floor
Topeka, Kansas 66603