



FOR OFFICE USE ONLY:

CLAIM NUMBER _____

DATE RECEIVED _____

AMOUNT CLAIMED _____

Client Protection Fund Confidential Statement of Claim

GENERAL INFORMATION

Please answer EVERY question on this form. If you are unable to answer a question, please explain why. If you need assistance to fill out this form, please contact Shannon Hughes at (307) 432-2104.

This form must be signed in three different places. Please make sure that you have signed the form in all three places before mailing it back to us.

It is important that you submit all evidence that proves your loss. This may include copies of front and backs of cancelled checks, receipts, letters, bank statements, court documents and detailed medical bills. Without this proof, it is difficult to prove that you have suffered a loss. It is the responsibility of the claimant, not the Client Protection Fund, to obtain copies of these documents.

Please contact Shannon Hughes at (307) 432-2104, if you believe that this claim involves a forgery (you believe that someone else signed your name to the back of a check without your permission).

MAIL COMPLETED FORM TO:

Shannon Hughes
Client Protection Fund of the Wyoming State Bar
P.O. Box 109
Cheyenne, WY 82003

PLEASE PROVIDE INFORMATION IN EVERY FIELD

Name _____

Address _____

City/State/Zip _____

Home/Cell Phone _____

Occupation _____

Employer _____

Work Phone _____

E-mail Address _____

Revised 7/20

PLEASE ANSWER EVERY QUESTION

1. What is the name and address of the attorney whom you claim took your money or property?

2. What service was this attorney to provide for you? Please provide details. Add an additional page if necessary.

3. Have you tried contacting this attorney for reimbursement? If so, please explain those efforts.

4. How much did you pay this attorney? (Please provide a receipt, cancelled check or other proof of payment.)

5. Did you sign a written fee agreement? If so, please provide a copy. If not, please explain in detail what your verbal agreement was (i.e. flat fee, hourly rate, etc.).

6. What was the amount of your loss? \$ _____

Did this involve: Money _____ Securities _____ Property _____ ?

7. When did the loss occur?

11. Have you filed suit or otherwise made a claim against the attorney whom you claim stole your money? If so, did you obtain a judgment? If so, please give details and the case number.

12. Have you been able to retrieve any money from the attorney or from any other source, such as insurance or bonds? If you are claiming that the attorney forged your signature on a check, you must proceed against the bank that cashed the check. If you have been paid back any money from any source, you must report this to us.

13. If a company is filing this claim, how many employees does the company have? _____

14. Are there any other facts you believe may be important to determining your claim?

COURT RULES DO NOT PERMIT ATTORNEYS WHO HELP CLIENTS PROCESS CLAIMS WITH THE FUND, TO CHARGE LEGAL FEES FOR THAT SERVICE, EXCEPT WITH THE PERMISSION OF THE FUND’S BOARD OF TRUSTEES.

I solemnly affirm under penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Signature of Claimant

Date

COOPERATION AGREEMENT

If the Fund pays me all or any part of my claim, then I hereby transfer, assign and set over to the Client Protection Fund of the Wyoming State Bar (the “Fund”) all of my claims, demands, causes of action, actions and suits against the attorney whom claim is made against, arising out of the above described dishonest acts for which this claim is made, to the extent of payment by the Fund, and also authorize the Fund to prosecute all such claims, demands, causes of action, actions and suits against said attorney, either in my name or in the name of the Fund or in the names of both, as the Client Protection Fund Committee (“Committee”), in its sole judgment, decide is best; and in addition to the foregoing, I also agree to cooperate with the Committee in any efforts by the Committee in enforcing any claim, demand, cause of action, actions, or suits against said attorney, and agree that whatever action is taken against said attorney hereunder shall be under the full control of the Committee; and the Committee may, as it deems advisable, prosecute or fail to prosecute, or abandon any such claim, demand, cause of action, actions or suit, all without any consent or approval by me. Also, I agree to cooperate in the investigation of this claim and in any related disciplinary proceedings against the attorney in question. If I am subsequently reimbursed by another source, I agree to repay the Committee. I further agree to the publication of appropriate information about the nature of the claim and the amount of reimbursement if reimbursement is made.

Signature of Claimant

Date

RELEASE AND SUBROGATION AGREEMENT

In consideration of any payment to me from the Client Protection Fund of the Wyoming State Bar (“Fund”), I hereby forever release and discharge the Fund from any and all claims of every kind and nature, and especially for any loss or damages arising from the above claim; further, I hereby subrogate and assign to the Fund my right, title and interest (to the extent of any payment to me) in every action which I have or may have resulting from my claim to recover the above stated amount of loss or damage sustained by me arising from such claim; and I further authorize the Fund to sue in my name (but at the expense of the Fund) any person or other entity which is or may be liable to me in order that judgment may be recovered and collected by the Fund, pledging full cooperation in such action. I understand that this cooperation might include, but is not limited to, my appearance at depositions and in court, conferences with attorneys or others representing the Fund and all other reasonable requests for assistance in any such suit by the Fund. I understand that this agreement by me is material to the payment to me by the Fund, and I agree that a failure to cooperate by me will be a material breach of my agreement with the Fund and will give the Fund the right to recover from me the full amount that the Fund has paid to me until the Fund has been paid back for what it has paid to me.

Signature of Claimant

Date

I certify the following to be true:

I have reviewed the Rules and the foregoing Confidential Statement of Claim and submit this claim subject to the conditions stated therein. The matters stated therein are true, and that as to matters alleged on information and belief, I believe the same to be true.

Dated the _____ day of _____, 20_____.

Signature of Claimant

Subscribed, sworn and acknowledged to before me this _____ day of _____, 20_____.

Witness my hand and official seal

Notary Public