



STATE BAR OF NEVADA

CLIENTS' SECURITY FUND APPLICATION FOR REIMBURSEMENT

Answer every question in this application. If space is inadequate, attach additional pages.

1. Mr. Mrs. Ms.

Name:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Email (optional):

2. Name and current or last known address of attorney involved:

Name:

Address:

City:

State:

Zip:

3. Statement of facts relating to your complaint about the attorney's conduct or dishonest act:

4. Amount of claim:

5. Statement of your financial loss (you must provide a copy of all receipts, canceled checks and/or bank statements that provide evidence of monies you paid to the attorney):

6. When did the loss occur?



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7. What efforts, if any, have you made to recover the loss?

- Creditor's claim in estate. Case Number:
- Fee Dispute. Case Number:
- Small Claims Court action. Case Number:
- Malpractice action. Case Number:
- Police Report. Case Number:
- Fraud claim with bank for forged endorsement. Explanation:
- Other. Explanation:

8. Please give a reason for why you believe an attorney-client relationship exists between you and the attorney. (Provide a copy of the retainer agreement that describes the work the attorney agreed to do for you.)

9. Did the attorney that you are filing a complaint against do any work for you? Yes No

If yes, please state what work was done and attach copies of ALL documents.

10. Have you filed bankruptcy in the past 10 years? No Yes

If yes, please mark the corresponding bankruptcy filed.

- Chapter 7
- Chapter 11
- Chapter 13
- Other

Provide the date the bankruptcy was filed, the case number and the current status of the bankruptcy.



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11. If another attorney has been retained, please provide the following information: N/A

Attorney Name:

Amount paid to your new attorney:

Please explain what work has been done by the new attorney and provide copies (if any).

12. To the best of your knowledge, has the attorney involved: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Died | <input type="checkbox"/> Had a guardian appointed (either personal or estate) |
| <input type="checkbox"/> Been disbarred or suspended from practice | <input type="checkbox"/> Been found mentally incompetent |
| <input type="checkbox"/> Had disciplinary proceedings started in the State of Nevada | <input type="checkbox"/> Disappeared |
| <input type="checkbox"/> Voluntarily given up his or her right to practice law in the State of Nevada | |

13. Please provide additional information on any answer checked on question #12.

14. Please provide names and contact information for other persons who can provide additional information concerning this claim:

Name:

Address:

City: State: Zip:

Phone:

Email (optional):

Name:

Address:

City: State: Zip:

Phone:

Email (optional):



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- 15. Applicant represents that the act(s) listed above occurred while the above-named attorney was licensed to practice law in the State of Nevada and while a lawyer-client relationship existed between attorney and applicant.
- 16. Applicant represents that Applicant has at no time been a partner or associate or spouse or other immediate family member of the above-named attorney.
- 17. Applicant agrees to cooperate in the investigation of this claim and in any related disciplinary proceedings against the above-named attorney. Before any payment can be received from the Clients' Security Fund, Applicant must sign and deliver to the State Bar an agreement whereby the State Bar of Nevada is subrogated to the rights against the above-named attorney in an amount equal to the amount paid to the applicant plus any costs incurred by the State Bar of Nevada in recovering that amount from the attorney of his or her estate, personal representatives, assigns or successors in interest.

18. Applicant understands and agrees that:

- (a) Any reimbursement of loss from the Clients' Security Fund is at the sole discretion of the Clients' Security Fund Committee and not a matter of right. No person has any right to a reimbursement from the Fund as a third-party beneficiary or otherwise, either before or after allowance of the claim.
- (b) If an attorney is retained to assist in the preparation of this claim, it is the policy of the Clients' Security Fund Committee that no fee or other compensation be paid to the attorney.
- (c) The Clients' Security Fund Committee may award a portion of the reimbursement directly to third parties affected by the loss.

APPLICATION MUST BE VERIFIED

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL RELEVANT DOCUMENTS, ETC ARE ATTACHED

State of Nevada }
 }
 County of _____ }

_____, being first duly sworn, deposes and says: That (he/she) is the applicant in the above application; that (he/she) has read the application and knows the contents thereof, and the same is true of (his/her) own knowledge.

 Signature of Applicant

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

 Notary Public in and for said County and State

STATE BAR OF NEVADA
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 (800) 254-2797