

**APPLICATION FOR REIMBURSEMENT
CLIENT SECURITY FUND**

INSTRUCTIONS

JD-GC-15 New. 2-99
P.B. §§ 2-68, 2-75

1. Use this form to request reimbursement for losses claimed to have resulted from the dishonest conduct of an attorney.
2. Provide the information requested as completely as possible.
3. Attach photocopies of any documentation which you believe supports your claim.
4. Send the original form and photocopies of supporting documentation to the address shown below.
5. The form must be signed by you under oath. If more than one person is filing this claim, each should sign under oath.

NOTICE TO CLAIMANT: All reimbursements of losses by the Client Security Fund shall be a matter of grace in the sole discretion of the committee administering the fund, and not a matter of right. No client or member of the public shall have any right in the Client Security Fund as a third-party beneficiary or otherwise. Claimant represents that no fee has been or will be paid to any attorney for services rendered in the preparation of filing of this application for reimbursement, or for or on account of the payment of any sums as a result of this application, except as otherwise approved by the committee.

TO: CLIENT SECURITY FUND COMMITTEE, SECOND FLOOR, SUITE ONE, 287 MAIN ST., EAST HARTFORD, CT 06118-1885

YOUR NAME (Last, First, Middle Initial)	HOME TELEPHONE (Include area code)	WORK TELEPHONE (Include area code)
YOUR ADDRESS (No., street, town and zip code)		

NAME AND LAST KNOWN ADDRESS OF ATTORNEY CLAIMED TO HAVE CAUSED YOUR LOSS

AMOUNT OF LOSS	DESCRIBE NATURE OF LOSS (Cash, property, etc.)	DATE LOSS OCCURRED	DATE LOSS DISCOVERED
HAVE YOU PAID THE ATTORNEY A FEE? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SPECIFY HOW MUCH YOU PAID AND THE DATE(S) ON WHICH PAYMENT WAS MADE	

I have suffered a loss in the amount and nature shown above by reason of fraudulent or dishonest acts on the part of the above-named attorney, a member of the Connecticut Bar who was acting as my attorney, and which acts occurred during an attorney-client relationship. The loss occurred on the date specified above and was discovered on the date shown above. The circumstances surrounding the loss are as follows:

DESCRIBE THE FRAUDULENT OR DISHONEST ACTS THAT CAUSED YOUR LOSS. INCLUDE DATE(S) OF THE CONDUCT, DATE(S) OF THE LOSS AND DATE(S) OF THE DISCOVERY OF THE LOSS. BE AS DETAILED AS POSSIBLE, ATTACH ADDITIONAL SHEETS IF NECESSARY "X" if additional page(s) attached

AT THE TIME THE LOSS OCCURRED OR WAS DISCOVERED, WERE YOU THE SPOUSE, CHILD, PARENT, GRANDPARENT, BROTHER, SISTER, PARTNER, ASSOCIATE, OR EMPLOYEE OF THE ATTORNEY CAUSING YOUR LOSS? ("X" proper box) NO YES

If yes, state your relationship with the attorney: _____

HAS A DEMAND BEEN MADE ON THE ATTORNEY TO REIMBURSE YOUR LOSS? ("X" proper box) NO YES

If yes, specify the date you made demand on the attorney: _____

HAVE YOU BEEN REIMBURSED FOR ANY PART OF YOUR CLAIM OR HAVE YOU RECEIVED ANY MONEY FROM ANY SOURCE IN CONNECTION WITH THE FACTS SET OUT IN THIS CLAIM? ("X" proper box) NO YES

If yes, state the amount received by you, the name and address of the person, or persons, or company that made the payment and the date of such payment: _____

IS YOUR LOSS COVERED BY ANY INSURANCE POLICY, BOND OR OTHER INDEMNITY ARRANGEMENT? ("X" proper box) NO YES
If yes, give the name and address of the insurance company, bond surety, or indemnitor, and the extent of such coverage and amount of payment made to you to date:

TO YOUR KNOWLEDGE, ARE THERE ANY CIVIL, CRIMINAL OR DISCIPLINARY PROCEEDINGS THAT ARE CURRENTLY PENDING IN CONNECTION WITH THE FACTS SET OUT IN THIS CLAIM? ("X" proper box) NO YES
If yes, state the type of proceeding, and the present status of such proceedings. Include docket numbers of any related civil actions, criminal proceedings, or disciplinary proceedings, and the location where the proceedings are pending:

HAVE YOU FILED A COMPLAINT WITH THE POLICE, THE STATE'S ATTORNEY OR WITH THE STATEWIDE GRIEVANCE COMMITTEE ON ACCOUNT OF YOUR LAWYER'S CONDUCT? ("X" proper box) NO YES
If yes, state the name of the agency with whom a complaint was filed and the date on which it was filed: (Attach a copy of your compl

ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE ("X" proper box)

1. Has the attorney died?..... NO YES, GIVE DATE: _____ UNKNOWN
2. Has the attorney been adjudged incapable?..... NO YES, GIVE DATE: _____ UNKNOWN
3. Has the attorney been disbarred or suspended from the practice of law?..... NO YES, GIVE DATE: _____ UNKNOWN
4. Has the attorney resigned from the practice of law?..... NO YES, GIVE DATE: _____ UNKNOWN
5. Has the attorney been placed on probation or inactive status by a Connecticut court?..... NO YES, GIVE DATE: _____ UNKNOWN
6. Have you been awarded a judgment against the attorney? NO YES, GIVE DATE: _____ UNKNOWN

LIST THE NAME(S) AND ADDRESS(ES) OF ANY WITNESSES OR PERSONS HAVING KNOWLEDGE OF THE FACTS CONCERNING THIS CLAIM

PROVIDE THE NAME AND ADDRESS OF THE ATTORNEY NOW REPRESENTING YOU OR ASSISTING YOU WITH THIS APPLICATION, IF ANY

This application is executed and filed in order to induce the Client Security Fund Committee of the Judicial Branch of the State of Connecticut to process and investigate the claim and to consider in its sole discretion the making of payment from the Client Security Fund toward indemnification of any loss shown to have been incurred by me.

Upon payment to me by the Client Security Fund Committee of the Judicial Branch of the State of Connecticut (hereinafter, "Committee") of all or any portion of this claim, I hereby transfer, assign and set over to the Committee all of my claims, demands, causes of action, actions and suits against said attorney arising out of the above-described dishonest acts for which this claim is made to the extent that payment has been made to me by the Committee. I authorize the Committee 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 Committee or in both, as said Committee in its sole judgment shall deem advisable. I agree that as a condition of receiving reimbursement from the fund, I will execute such documents as the Committee may require in order to effectuate the transfer and assignment of the claim, demand, cause of action, action and/or suit.

I agree that I will cooperate with the Committee in any efforts by the Committee to obtain reimbursement from the responsible attorney for payments made to the claimant and/or in enforcing any claim, demand, cause of action, or suit against said attorney, including appearing as a witness in any proceedings, and I agree that all such civil actions to be taken against said attorney hereunder shall be under the full control of the Committee, and that the Committee may, as in its sole judgment deems advisable, prosecute, or fail to prosecute, or abandon any such claim, demand, cause of action, action or suit, without the necessity of my consent or approval.

IN CONSIDERATION OF THE FOREGOING, I agree to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the attorney in question, and, as a condition precedent to any payment from said Fund, I agree to execute and deliver to the Committee such instrument or instruments as may be required.

I, the undersigned, under oath say: I am the claimant in the above matter; I have read the foregoing Claim for Reimbursement, and know the contents thereof; and I certify that the same is true of my own knowledge, except as to the matters and things which are therein stated upon my information and belief, and that as to those matters and things, I believe them to be true.

SIGNED (Claimant) X		DATE SIGNED	
Subscribed and sworn to before me on:	DATE	AT (Town)	SIGNED (Commissioner of Superior Court, Notary Public)