

LAWYERS' FUND FOR CLIENT PROTECTION OF THE HAWAI'I SUPREME COURT

STATEMENT OF CLAIM

Rule 10 of the Rules of the Supreme Court of the State of Hawai'i authorizes the Trustees of the Lawyers' Fund for Client Protection to reimburse losses caused by the dishonest conduct of attorneys admitted to practice in Hawai'i. Dishonest conduct means the wrongful taking or conversion of a client's money, property, or other items of value, refusal to refund unearned fees received in advance, or borrowing money from a client without intention or reasonable ability to repay it.

Complete each question in this Claim. If space is inadequate, attach additional pages. Also, submit a copy of any documents establishing your loss, such as cancelled checks, receipts, and agreements. Please submit your claim to the Lawyers' Fund for Client Protection, 1132 Bishop Street, Suite 300, Honolulu, Hawai'i 96813.

Please be advised that this claim, the Trustees' final determination awarding or disallowing reimbursement of this claim, and the amount of any award are public records, pursuant to RSCH 10.8(a).

1. Name and address of Claimant(s).

Home Telephone: _____ Business Telephone: _____

2. Name, last-known address, and last-known telephone number of the attorney who you feel has wrongfully taken your funds or property.

3. If services were to be performed, what was done by the attorney and what was not done?

4. Amount of your loss: \$ _____

5. Date your loss occurred: _____

6. Was your agreement with the respondent attorney in writing? Yes___ No___

If Yes, attach a copy of the agreement.

7. Did your loss involve: Money___ Property___ Other Items of Value___

If Property or Other Items of Value are involved, please specify and describe below.

8. Your claim is based on: ___ Attorney-Client Relationship
 ___ Fiduciary Relationship (Guardian, Executor, Trustee)
9. Please give a detailed narrative statement describing, in chronological order, the events which you feel show dishonest conduct on the part of the attorney. ATTACH A COPY OF ANY DOCUMENTS YOU HAVE WHICH HELP TO ESTABLISH YOUR LOSS (use a separate sheet if more space is needed).

10. Describe when and how you first discovered the loss.

11. This loss has been reported to:

___ Prosecuting Attorney
___ Police
___ The Court

___ Hawaii State Bar Association
___ Disciplinary Counsel
___ Other: _____

Provide the names and addresses of the parties to whom the loss has been reported. By filing this Claim, you authorize the Trustees of the Lawyers' Fund for Client Protection to obtain information relative to your loss from the above-designated parties.

12. Can your loss be reimbursed from any other source, such as insurance, fidelity bonds, or agreements?
Yes___ No___ Don't Know___

If Yes, describe the source.

13. Have you filed a lawsuit or any other claim against the respondent attorney? Yes___ No___

If Yes, list the court and case number.

Your attorney's name, address, and telephone number is:

14. Describe what steps you have taken to recover the loss from the respondent attorney or from any other source. (If you have obtained a judgment against the respondent attorney, please attach a copy of the judgment or order and specify whether you have collected all or part of the judgment).

15. If any recoveries have been made regarding the loss herein described, the details (dates, amounts, sources, etc.) are as follows:

16. If known, list the assets of the respondent attorney (real property, bank accounts, etc.) from which reimbursement can be made.

17. The name, address, and telephone number of any attorney or other person who assisted you in the preparation and presentation of this Claim:

18. At the time of the commission of the dishonest conduct or the discovery of the loss, were you the spouse, child, parent, grandparent, sibling, roommate, partner, associate, or employee of the respondent attorney?

Yes___ No___

If Yes, state the relationship:

I VERIFY AND AFFIRM, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS STATEMENT OF CLAIM FOR REIMBURSEMENT IS TRUE. BY FILING THIS CLAIM, I UNDERSTAND THAT THE MAKING OF ANY PAYMENT FROM THE LAWYERS' FUND FOR CLIENT PROTECTION BE A MATTER OF DISCRETION IN THE SOLE JUDGEMENT OF THE TRUSTEES OF THE LAWYERS' FUND FOR CLIENT PROTECTION AND NOT A MATTER OF RIGHT.

(Date)

(Signature of Claimant)

(Date)

(Signature of Claimant)

Claimant _____ Respondent Attorney _____

CERTIFICATION

The following information is provided in support of my Claim before the Lawyers' Fund for Client Protection of the Hawai'i Supreme Court:

1. Amount paid to the attorney: \$ _____ How paid? Cash ___ Check ___

Was this to be the entire fee? Yes ___ No ___

If No, state the entire fee quote by the attorney: \$ _____

Attach copies of any written agreements regarding fee arrangements and proof of payment to the attorney. If you are unable to provide proof of payment, please explain why.

2. Briefly describe the current status of your legal matter.

3. How many times did you meet with the attorney?

Briefly describe each meeting (when it took place, how long it lasted, what was discussed, etc.).

4. Briefly describe the date and substance of any telephone calls between you and the attorney.

5. Did the attorney ever prepare any legal papers for you? Yes___ No___

If Yes, list those papers and state whether, to your knowledge, they have been filed or used.

6. Did the attorney make any court appearances on your behalf? Yes___ No___

If Yes, briefly describe the dates and purposes for those appearances.

7. Have you hired another lawyer to complete your legal matter? Yes___ No___

If Yes, give the name, address, and telephone number of the new lawyer:

8. What, if any, fee arrangement have you made with the new lawyer?

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLINGLY FALSE, I AM SUBJECT TO PUNISHMENT.

(Date)

(Signature of Claimant)

(Date)

(Signature of Claimant)