

LF use only:

Date Rcvd:

Claim No:

Recvd By:

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 ("RSCH") 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. Submit your claim to the Lawyers' Fund for Client Protection, 201 Merchant Street, Suite 1600, 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 Rule 10.8(a).

1. Name and address of person(s) making this Claim ("Claimant(s)"): _____

Home Telephone: _____

Business or Cell Telephone: _____

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

3. If services were to be performed, what was done by the Respondent 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 Respondent 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

Court

Hawaii State Bar Association

Disciplinary Counsel (ODC)

Other agency:

On a separate sheet, provide the names and addresses of the parties, departments, agencies, or organizations 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

13. Have you filed a lawsuit or any other claim against the Respondent Attorney? Yes, No.

If Yes, identify the court:

And give the case number:

If you have a new attorney representing you, provide name, address, and telephone number:

14. Describe what steps you have taken to recover the loss from the Respondent Attorney or from any 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 an 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 Respondent Attorney?
Yes, No. If Yes, state your 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)

INSTRUCTIONS: fill out the form to the best of your ability, sign the form, and mail the originally signed document, with any relevant documents to: Lawyers' Fund for Client Protection, 201 Merchant St., Ste. 1600, Honolulu HI 96813.

03/2019

Claimant(s)

, Respondent Attorney

CLAIM CERTIFICATION

The following information is provided in support of my Claim before the Lawyers' Fund for Client Protection of the Hawai'i Supreme Court. If you need more space to answer any question, attach extra sheets, and label each with the relevant question number (i.e., "Supplement to Question 2").

1. Amount paid to the Respondent Attorney: \$ _____, How paid? Cash, Check.
Was this to be the entire fee ("flat fee")? Yes, No.

If No, what amount did the Respondent Attorney quote you: \$ _____

**Attach copies of any written agreements regarding fee arrangements and proof of payment to the Respondent 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 the Respondent 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 Respondent Attorney.

5. Did the Respondent 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 Respondent 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)

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