Filing A Claim with the

*Clients’ Security Fund*

Oklahoma Bar Association
1901 N. Lincoln Blvd.
PO Box 53036
Oklahoma City, OK 73105-3036
(405) 416-7007

1. Please read the enclosed brochure. The brochure explains the purposes and duties of the Clients’ Security Fund, the Clients’ Security Fund Committee and what types of losses may or may not be claimed.

2. Please fill out the enclosed form *completely*. All of the requested information is important in properly processing your claim. *Incomplete forms will be returned.*

3. Please remember to *sign and have your claim notarized*.

4. You will be notified in writing that your claim has been received and when necessary be contacted by an investigator.

5. Your claim must be *submitted by October 1st* of the current calendar year or it will be considered for the following year. The Clients’ Security Fund Committee presents its findings to the Board of Governors in November of each year and approved claims are paid in December.
THE CLIENTS’ SECURITY FUND
CONFIDENTIAL STATEMENT OF CLAIM

1. Claimant(s) Information, circle: Mr. Mrs. Ms.
   Name: _____________________________________________
   Address: ___________________________________________
   ___________________________________________________
   a. Home telephone: ________________________________
   b. Mobile: _______________________________________
   c. Business telephone: ______________________________
   d. Email: _________________________________________
   e. Occupation & Employer: ___________________________
   f. Name of Spouse, if any: ____________________________

2. Name, address and telephone number of the attorney whom you allege has dishonestly taken your money or property.

   __________________________________________________
   __________________________________________________
   __________________________________________________

3. Has the lawyer died: Yes ______ No ________
   Been adjudged mentally incompetent: Yes ______ No ________
   a. If deceased or incompetent, give name and address of Executor, Administrator or Guardian:
       __________________________________________________
       __________________________________________________

4. Did you hire this attorney? Yes ______ No ________
   a. If so, what date ________________________________
   b. What legal services did you ask the attorney to perform for you?
       __________________________________________________
       __________________________________________________
       __________________________________________________
   c. Was your agreement with the attorney in writing?
      Yes ______ No ________ If “Yes”, attach a copy of the agreement.
   d. What was the agreed legal fee to be? ________________________________

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e. How much of the legal fee did you pay out-of-pocket (not settlement)? *If settlement funds only, skip to #5.* $________________________

f. Please provide copies of receipts for legal fees paid, cancelled checks, etc. If NONE, please explain: _____________________________________________________________

______________________________________________________________


g. Did you pay court costs, filing fees or expenses in advance? Yes____ No____ If “Yes”, how much? ________________________________

h. Total out-of-pocket monies paid to attorney: $____________________

5. Did your loss involve: Money from personal injury, worker’s compensation or other settlement? Yes____ No______ If “Yes”, how much? $______________________________

Other _____? Specify: __________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

6. Date of loss you are claiming: _____________________________________________________________

7. Date loss was discovered? _________________________________________________________________

8. How was loss discovered and what occurred? _________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Total loss you are claiming (From part 4 and 5) $________________________

9. How many times did you actually meet with this attorney? ______ Briefly describe each meeting (i.e. approximate dates and what happened.)

__________________________________________________________________________________________

__________________________________________________________________________________________

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10. Briefly describe all telephone calls with this attorney concerning your case (i.e. approximate date and content of conversation).

11. Did this attorney prepare legal documents for you?
   Yes ______ No ______ Don't know ________ If “Yes”, attach copies.

12. Did the attorney send you any letters or bills?
   Yes ______ No ______ If “Yes”, attach copies.

13. Please provide the following information about your case or circle N/A if none.
   a. County: ______________________
   b. Case Number: __________________
   c. Date filed: __________________

14. Describe all court appearances this attorney made for you:

15. What is the status of your case at this time? Pending ________ Settled/Closed ______

16. If your case is still pending, have you hired a new attorney to complete your case?
   Yes _____ No _____ If “Yes”, give the name and address of your new attorney.
17. What legal fee is your new attorney charging you to complete your case?

$______________

18. Provide the name and address of all persons who have knowledge of the loss:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. Has this loss been reported to the District Attorney _________ Police _________
State Bar _________ Local Bar Grievance Committee _________
(Furnish a copy of your complaint, and describe what action was taken.)

a. Have you made a claim for this loss to any other agency or person?
   Yes ______ No ______ If “Yes”, provide a copy of your claim.

20. Describe what steps you have taken to recover the loss directly from the attorney, or
any other source: __________________________________________________________
________________________________________________________________________

21. Have you been reimbursed for any part of your claim? Yes ________ No ________

By: Insurance Company _________ District Attorney’s Office _________ Other _________
If so, state the following and provide any supporting documents:

a. By whom paid (agency): _________________________________________________

b. Name and Address: ___________________________________________________

c. Amount paid: $______________________________

d. Date paid: ________________________________

22. What, if any, family relationship existed between the claimant and the lawyer at the
time of the alleged loss or thereafter (if none, so state):

________________________________________________________________________
23. Was the loss suffered by a business entity? Yes _______ No _______
If “Yes”, please state the form of the business entity (corporation, partnership, or otherwise) and your relationship to such entity. ________________________________

24. Please give the name, address and telephone number of any lawyer presently representing you and/or assisting you with this application and complete page 8:

______________________________

25. Have you agreed to pay any portion of your recovery (if any) to any other attorney?
Yes _______ No _______ If “Yes”, please explain: ________________________________

______________________________

26. Please state in full detail the nature of your attorney/client relationship from the date of hire, including what you hired the attorney for and what they did or did not do. Please offer any additional facts concerning your loss that you believe are important:

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________
VERIFICATION

I hereby swear or affirm that I have read this Statement of Claim and that the answers and information stated herein are true and correct to my best information and belief.

I acknowledge that I have read and understand the Clients’ Security Fund Information Brochure that is attached to this form. I understand that the Oklahoma Bar Association (OBA) makes voluntary awards under its Rules to clients who have suffered losses of client funds caused by the wrongful acts of their attorneys. These awards are in the sole discretion and grace of the OBA and there is no right of any recovery from the OBA.

I further understand and agree that I waive any attorney/client privilege between me and the respondent attorney so that my claim can be investigated. I agree to cooperate in any investigation of this claim and understand that failure to cooperate can be a reason to deny the claim.

If the OBA decided to make an award for this claim, I understand that I will be required to assign the claim to the OBA to the extent of the amount of the award and that the OBA may collect reimbursement for itself from the attorney/attorney’s estate or any other proper or related source. I understand that I must fully cooperate with the OBA’s efforts to seek subrogation (reimbursement) for any award that I may receive from the OBA.

I understand and agree that the OBA may release information regarding this claim to investigate the claim, to pursue reimbursement from the attorney, or when publicly reporting its actions and activities to the OBA membership and general public.

If I am submitting this claim as a representative of the claimant I state that I am authorized to make this claim and bind the claimant to the terms and conditions herein.

________________________________________
CLAIMANT

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

My Commission Expires:

________________________________________
Commission Number:

________________________________________
NOTARY PUBLIC
ATTORNEY'S FEE IN CONNECTION
WITH THIS PETITION

The resolution establishing the Clients' Security Fund contains this language: “No attorney shall be compensated for presenting a petition except as authorized by the Clients' Security Fund Committee and the Board of Governors.”

It is expected that most attorneys will assist the Petitioner without charge, deeming his services to be pro bono publico. However, where an unusual amount of time and effort is expended by the preparing attorney, he may be awarded a modest fee out of the award.

If this petition was prepared by an attorney, or if the Petitioner was assisted by an attorney in preparing it, the attorney must sign the following statement:

I AM AWARE OF THE FOREGOING, AND HEREBY ACKNOWLEDGE THAT I SHALL BE ENTITLED ONLY TO SUCH FEE AS MAY BE ALLOWED BY THE CLIENTS' SECURITY FUND COMMITTEE AND BOARD OF GOVERNORS AND THAT SUCH FEE SHALL BE PAID OUT OF THE AWARD, IF GRANTED.

I FURTHER STATE THAT, UNLESS I ADVISE THE BOARD IN WRITING THAT MY SERVICES IN CONNECTION WITH THIS PETITION HAVE BEEN SUCH AS TO MERIT A FEE, I SHALL EXPECT NO SUCH FEE AND AM PLEASED TO PERFORM THESE SERVICES PRO BONO PUBLICO.

______________________________________________
SIGNATURE OF ATTORNEY

Name: ________________________________
Address: ________________________________
__________________________________________
__________________________________________
Phone: ________________________________

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