

State Bar of Montana
Lawyers' Fund for Client Protection
P.O. Box 577, Helena, Mt 59624
(406)442-7660

APPLICATION FOR RELIEF

NOTICE TO APPLICANT: In establishing the Lawyers' Fund for Client Protection, (hereafter the "Fund"), the State Bar of Montana did not create, nor acknowledge any legal responsibility for the acts of individual lawyers in the practice of law. All reimbursements of losses to individuals from the Fund shall be a matter of grace and in the sole discretion of the State Bar of Montana, and not as a matter of right. No client or member of the public shall have any right in or to the Fund as a third party beneficiary or otherwise. This disclaimer shall apply both as to the legitimacy of the loss as well as the loss itself.

1. Full name of applicant: _____

2. Address and phone number of applicant: _____

3. Name of spouse, if joint claim: _____

4. Name and address of lawyer whose conduct is alleged to have caused applicant's loss:

5. Applicant has suffered a loss of money paid to the attorney in the form of a retainer or legal fees in the amount of \$_____ by reason of fraudulent or dishonest acts on the part of this attorney, a member of the State Bar of Montana acting as the attorney of applicant, which occurred in the context of the attorney-client relationship.

6. At the time the loss occurred or was discovered, were you the spouse, lineal descendant, or a partner, associate or lawyer-employer or lawyer-employee of this attorney? Yes _____ No _____

7. The retainer or fees were paid to this attorney on or about what date? _____
(Date)

(Note: Please provide evidence of payment in the form of a receipt, cancelled check, credit card statement or other proof of payment.)

Date you discovered the loss or theft of funds: _____
(Date)

8. Has demand been made on this lawyer? Yes _____ No _____. If so:

(a) Date of Demand: _____

(b) Have you been reimbursed for any part of your claim? Yes _____ No _____.

