

NOTICE TO APPLICANT: The Client Protection Fund makes gifts to clients who lose money or property due to a licensed legal professional's dishonest conduct or failure to account for money or property. The Fund cannot make gifts for legal malpractice, negligence, or fee disputes. Applicants **must** be the client in the transaction of the loss.

Please print or type

ABOUT YOU (Clients **ONLY**)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

SPOUSE'S LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ E-MAIL ADDRESS _____@_____

I AM REPRESENTED BY A LICENSED LEGAL PROFESSIONAL ON THIS APPLICATION: YES NO

MEMBER'S NAME: _____ WSBA # _____

I WISH TO RECEIVE INFORMATION BY E-MAIL MAIL

(Note: If you are represented by counsel in this application, all communications will be through your attorney).

NOTE: EXCEPT FOR VERY LIMITED EXCEPTIONS, YOU MUST ALSO FILE A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL BEFORE YOU FILE AN APPLICATION TO THE FUND.

- I HAVE FILED A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL DATE GRIEVANCE FILED: _____
- A COPY OF THE GRIEVANCE IS ATTACHED
- I HAVE NOT FILED A GRIEVANCE WITH THE WSBA OFFICE OF DISCIPLINARY COUNSEL BECAUSE
- THE MEMBER IS DEAD OTHER REASON: _____

THERE IS A CIVIL OR CRIMINAL CASE BASED ON THE MEMBER'S ACTS.

THE CASE IS IN THE FOLLOWING COURT: _____, _____ COUNTY.

THE CASE NUMBER IS _____ THE STATUS OF THE CASE IS: _____

ABOUT THE MEMBER

LAST NAME _____ FIRST NAME _____ WSBA # _____

- LAWYER LPO LLLT

I LOST MONEY BECAUSE THE MEMBER:

- STOLE MY MONEY KEPT PROPERTY I GAVE HIM/HER REFUSED TO RETURN FEES AND PERFORMED NO WORK

THE MEMBER IS MY: FAMILY MEMBER, PLEASE SPECIFY: _____ OR

- DOMESTIC PARTNER LAW PARTNER OR ASSOCIATE BUSINESS PARTNER THE MEMBER REPRESENTED ME
- NONE OF THE ABOVE

THE CASE THE MEMBER REPRESENTED ME ON IS IN _____ COUNTY.

THE CAUSE NUMBER IS _____



