

STATEMENT OF CLAIM

LAWYERS FUND FOR CLIENT REIMBURSEMENT COMMITTEE
OF THE
RHODE ISLAND BAR ASSOCIATION

File No. _____
Date Filed _____
Date Concluded _____
Amount Sought _____
Amount Approved by Committee _____

1. Full name of claimant: _____
2. Address of claimant: _____
3. Name and address of attorney whose conduct is alleged to have caused claimant's loss: _____

Note: Unless the attorney whose conduct has caused complainant's loss has been publicly disciplined by the Rhode Island Supreme Court, has died or has been adjudged mentally incompetent, the Committee has NO AUTHORITY to consider the claim.

4. This claim is based on the fact that (check whichever is applicable):
 - (a) The defaulting attorney has been publicly disciplined. _____
 - (b) The defaulting attorney has died. _____
 - (c) The defaulting attorney has been adjudged to be mentally incompetent. _____
5. Claimant has suffered loss in the amount of \$ _____ by reason of dishonest conduct on the part of the above-named attorney while acting as an attorney for or as a fiduciary in a matter involving the rights of claimant.

NOTE: "Dishonest conduct" shall mean defalcation or embezzlement of money or the wrongful taking or conversion of money, property or other things of value by a lawyer. The fund CANNOT honor any claim which does not meet this definition.

6. Said dishonest conduct occurred on or about _____ 2002.
The loss occurred on or about _____ 2002. The loss was
discovered by claimant on or about _____ 2002.

7. Describe the dishonest acts complained of: _____

(attach other pages if necessary)

8. Additional information concerning the dishonest acts may be obtained
from the following:

Name: _____ Address: _____

Name: _____ Address: _____

9. A. Have you been reimbursed for any part of your claim? If so, state
the amount received by you, the person or persons that made the
payment and the date of such payment. Yes _____ No _____

\$ _____	_____	_____
Amount	By Whom Paid	Date

B. Describe in detail all prior efforts made to collect the claim. _____

10. A. Was the fraudulent or dishonest act covered by any Insurance,
indemnity bond or any other source? Yes _____ No _____

B. If so covered, the name and address of the insurance company, if
known, and the extent of such coverage and the amount of
payment, if any, made to date.

Name/address of Insurance Company _____

Extent of coverage _____ Amount of payment _____

11. A. Do you have a lawyer presently representing you or assisting you with this application? If so, identify: _____

- B. If any attorney's fee has been or is to be paid in connection with this claim, the amount and terms thereof must be disclosed and approved by the Lawyers' Fund for Client Reimbursement Committee. Please furnish detailed information here: _____

12. Upon payment by the Lawyers' Fund for Client Reimbursement to the claimant of all or any portion of this claim, the undersigned does hereby transfer, assign and set Rhode Island Bar Association all of the undersigned's claims, demands, causes of action, actions, and suits against said attorney arising out of the above-described dishonest conduct for which this claim is made, to the extent of the payment.

The undersigned agrees that (s)he will cooperate with the Lawyers' Fund for Client Reimbursement Committee in any efforts by said Committee in enforcing any claim demand, cause of action, actions or suit against an attorney, and agrees that all civil actions to be taken against said attorney hereunder shall be under the full control of the Lawyers' Fund for Client Reimbursement Committee, and that the Lawyers' Fund for Client Reimbursement Committee may as it in its sole judgment deems advisable, prosecute or fail to prosecute, or abandon any such claim, demand, cause of action, action or suit, without the necessity of any consent or approval of the undersigned.

13. This claim is executed and filed with the Lawyers' Fund for Client Reimbursement Committee of the Rhode Island Bar Association in order to induce the Committee to process and investigate said claim and to consider, in its sole discretion, whether a payment shall be made to the claimant from the Fund.
14. Claimant hereby certifies that (s)he is not, and was not, at the time of commission of the dishonest act or the occurrence, accrual or discovery of the loss, either the spouse, child, parent, grandparent, sibling, partner, associate, or employee of any attorney against whom complaint is made herein.

AFFIDAVIDT

STATE OF)
) **Sc.**
COUNTY OF)

The undersigned, being first duly sworn, deposes and says that (s)he is the above-named claimant, that (s)he has read the foregoing Statement of Claim, that (s)he knows the contents thereof, that the same is true of (her)his own knowledge, that (s)he warrants the truthfulness of said statements contained herein, that claimant agrees to cooperate in the investigation of this claim and, as a condition precedent to any payment from the Lawyers' Fund for Client Reimbursement claimant agrees to execute and deliver to the Lawyers' Fund for Client Reimbursement Committee of the Rhode Island Bar Association such instrument or instruments as may be required by said Committee.

BY THE EXECUTION HEREOF, CLAIMANT ACKNOWLEDGES THAT IN ESTABLISHING THE LAWYERS' FUND FOR CLIENT REIMBURSEMENT COMMITTEE, THE RHODE ISLAND BAR ASSOCIATION DID NOT CREATE, NOR ACKNOWLEDGE ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW; THAT ALL REIMBURSEMENTS OF LOSSES BY SAID LAWYERS' FUND FOR CLIENT REIMBURSEMENT SHALL BE MATTER OF GRACE IN THE SOLE DISCRETION OF THE COMMITTEE ADIMINISTERING THE FUND AND NOT A MATTER OF RIGHT; AND THAT NO CLAIMANT NOR ANY OTHER PERSON SHALL HAVE ANY RIGHT IN THE LAWYERS' FUND FOR CLIENT REIMBURSEMENT OR AGAINST THE RHODE ISLAND BAR ASSOCIAION OR ANY COMMITTEE THEREOF, AS A THIRD PARTY BENEFICIALLY OR OTHERWISE.

(Signature of Claimant)

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

Notary Public
(Seal)

