

**MINNESOTA CLIENT SECURITY BOARD
CLAIM FORM**

Staff Office
1500 Landmark Towers
345 St. Peter Street
St. Paul, MN 55102-1218
(651) 296-3952
Toll-free 1-800-657-3601
Fax (651) 297-5801
TTY Toll-free 1-800-627-3529

If you have a disability and anticipate needing an accommodation, please contact Susan Humiston at lhprada@courts.state.mn.us or at 651-296-3952. All requests for accommodation will be given due consideration and may require an interactive process between the requestor and the Minnesota Client Security Board to determine the best course of action. If you believe you have been excluded from participating in, or denied benefits of, any Client Security Board services because of a disability, please visit www.mncourts.gov/ADAaccommodation.aspx for information on how to submit an ADA Grievance form.

I hereby apply to the Minnesota Client Security Board for payment of a loss I claim I suffered because of my lawyer's dishonesty. I understand that payment by the Board is discretionary and not a matter of right.

1. My name, address and telephone number are as follows:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

2. The name, address and telephone number of the lawyer whose dishonest act caused me the loss are:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

3. When the loss occurred:
 - a. When did you hire the lawyer to represent you?

 - b. When did the loss occur?

 - c. When did your attorney-client relationship with the lawyer end?

4. How the loss occurred:
 - a. Describe in detail what the lawyer did that was dishonest and how this caused your loss (if space is insufficient, you may attach more papers):

8. Has your loss caused you any special hardship? If so, please describe.

9. I swear that the above information is accurate and complete.

Claimant's Signature

SUBROGATION AGREEMENT

If the Client Security Board pays me any amount for my loss, I agree that the Board shall be subrogated, in the amount of the payment to me, to all my rights against the lawyer named in this claim, the lawyer's assets, the lawyer's estate, the lawyer's law firm or partner(s) or any other person(s) or entity(ies) against which subrogation rights may be enforced. I authorize the Board to take any action on the subrogated claim. I understand that I shall be notified if the Board takes action. I agree to cooperate with reasonable requests from the Board for assistance in pursuing any action on the subrogated claim including requests for information and/or documents and/or to testify. I also recognize that I may join in the action to press a claim for my loss in excess of the amount paid to me by the fund, but the fund shall have first priority to any recovery in the suit. Finally, I hereby assign to the Client Security Board any judgment I have a right to obtain or actually obtain in this matter to the extent of any payment made by the Client Security Board.

Claimant's Signature

SIGNED AND SWORN to before
me on _____, _____.

by _____.

Notary Public