

**MINNESOTA CLIENT SECURITY BOARD
CLAIM FORM**

Minnesota Judicial Center, Suite 105
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155
(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 csbgeneral@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.

Please answer all questions as completely as you can and provide copies of any documents that you believe support your claim. If you have questions as you complete this form, please refer to the FAQs on the website or contact our Office at 651-296-3952. "You" refers to the Client of the Lawyer. Others may submit a claim if they paid for the Lawyer on someone's behalf.

1.a. About you – Client of the Lawyer

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

I can be contacted by: Email Mail Phone

Do you need an interpreter? If yes, what language?

* Note: If you are represented by an attorney for this claim, all communications will be through your attorney. Please provide your attorney's name, address, phone number and email address here:

1.b. About you – Claimant Who Is Not Client

First Name: _____ Last Name: _____

Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

I can be contacted by: Email Mail Phone

Do you need an interpreter? If yes, what language?

* Note: If you are represented by an attorney for this claim, all communications will be through your attorney. Please provide your attorney’s name, address, phone number and email address here:

2. About the attorney who has dishonestly taken your money or property.

First Name: _____ Last Name: _____

Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

3. I lost money or property because the attorney kept:

Attorney’s fees paid without doing any work on my manner

Costs paid to the attorney (not used)

Settlement funds

Investment funds

Money held in escrow

Loan funds

Other:

**4. How much money/property did the attorney's dishonest conduct cause you to lose?
How did you calculate this total?**

5. When did you discover the attorney's dishonest conduct? (When did your loss occur?)

6. Describe the attorney's dishonest conduct.

6.a. If you hired the attorney to provide legal services:

Did it involve a court case? Add a court file number: _____

When and what did you hire the attorney to do?

Describe what the attorney did/did not do for you.

Did you sign a written agreement with the attorney? (If yes, please attach a copy.)

6.b. If you did not hire the attorney to provide legal services, describe how the attorney obtained the money/property belonging to you.

7. Proof of Loss

You must provide proof that the money or property you are seeking to have reimbursed came into the hands of the attorney. Examples of proof of loss include (but are not limited to) cancelled checks, bank statements, receipts, electronic transfer information, deposit slips, credit card statements, loan documents, trust documents, escrow documents, court documents, etc.

Do not provide originals if you are mailing documents to the Office.

Please describe the proof you are including.

8. Actions you have taken to recover your loss before filing this claim

Have you sued the attorney? If yes, provide the case number:

Have you made any other claim against the attorney to his/her assets such as insurance claims, fee dispute claims, estate claims, arbitration claims?

Have you contacted any criminal authority about possible prosecution?

Did you receive a refund or reimbursement of any portion of your loss from anyone (including the attorney)?

Please provide copies of any document relating to other efforts you have taken to recover your loss

9. Special Hardship

If you believe your loss caused you a special hardship, please explain:

10. Supporting Documents

Please submit any documents to support your claim. Make sure to include a copy of the representation agreement if you have one, as well as documents to support proof of loss, such as copies of checks paid to the lawyer, cash receipts, bank statements or other documents that show the money paid to the lawyer that was dishonestly taken. If you have additional documents that you believe will help the Board understand your claim, such as letters, emails or texts between you and the lawyer regarding your loss, you may submit those documents as well.

Please mail the complaint form and supporting documents to:

Client Security Board
Minnesota Judicial Center, Suite 105
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Or email to:

csbgeneral@courts.state.mn.us

By signing this form, I am applying to the Minnesota Client Security Board for payment of a loss, which I suffered because of my lawyer's dishonesty in Minnesota or that I suffered because I paid money so someone else could hire the Lawyer. I understand payment by the Board is discretionary and not a matter of right. If an award is made, I understand and agree to cooperate in completing any additional documents that might be necessary and acknowledge that no award will be made without required documents.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Signature

Date

County

State