Need Help

REQUESTING MONEY BACK FROM THE WASHINGTON STATE BAR ASSOCIATION?

If you believe you have suffered a loss of money or property due to the dishonest acts of a licensed legal professional, you may be eligible to receive compensation from the Washington State Bar Association's Client Protection Fund.

Client Protection Fund

Eligibility

Application process

Investigation

CENTRAL WA LEGAL AID

CLIENT PROTECTION FUND

What is the Client Protection Fund?

The Client Protection Fund was established to foster public confidence in the administration of justice and the integrity of the legal profession by compensating for or mitigating economic losses suffered by any client. Such loss may arise from the dishonesty of a WSBA member, or from their failure to account for money or property entrusted to them—whether in the practice of law or while acting as a fiduciary in a matter related to such professional practice.

Who is eligible for this fund?

To receive a gift, the person seeking assistance must demonstrate that they lost money or property due to the dishonest acts of a licensed legal professional (LLP). One of the most difficult scenarios arises when a person pays fees to an LLP but does not receive services of value.

Generally, the Fund does not resolve fee disputes between an LLP and their client. However, if there is evidence that the LLP knew—or should have known—at the time they accepted the money that they would be unable to perform the work for which they were hired, such conduct is considered dishonest, and the Fund may review the claim. Similarly, if an LLP ceases representing a client or abandons a case without refunding money for work not performed, the Board may determine that they acted dishonestly.

The Fund also cannot resolve cases involving professional malpractice or negligence by an LLP, nor can it pay for indirect damages or additional losses.

Licensed Legal Professional (LLP) = Attorneys,
Limited Licensed Legal Technician (LLLT), and Limited Practice Officer (LPO).

HOW DO I APPLY FOR THE CLIENT PROTECTION FUND?

1

Confirm whether you meet the requirements to apply to the Client Protection Fund.

- To be eligible for a gift from the Fund, the loss must have been caused by the dishonest conduct of a lawyer, LLLT, or LPO, or by a failure to account for money or property entrusted to a lawyer, LLLT, or LPO as a result of, or in direct connection with, the practice of their profession. Furthermore, the loss must have arisen from an attorney-client relationship or a fiduciary relationship in a matter directly related to the practice of the profession of said lawyer, LLLT, or LPO.
- Any application must be submitted within three years of the date the applicant discovered the loss or reasonably should have discovered it; in no event may an application be submitted more than three years after the date the lawyer, LLLT, or LPO dies, is disbarred or has their license revoked, is disciplined for misappropriation of funds, or is criminally convicted for acts related to the applicant's loss.

2

For an application for a gift from the Fund to be considered, the claimant must also file a disciplinary complaint with the Office of Disciplinary Counsel, unless the lawyer, LLLT, or LPO has been permanently disbarred, has had their license revoked, or has died, or unless the Client Protection Board determines, at its discretion, that filing such a complaint is not required.

Complete the Grievance Against a Lawyer form and mail it to:
Office of Disciplinary Counsel Washington State Bar Association
1325 4th Avenue, Suite 600
Seattle, WA 98101-2539
O envie por correo electronico a intake@wsba.org

Licensed Legal Professional (LLP) = Attorneys, Limited Licensed Legal Technician (LLLT), and Limited Practice Officer (LPO).

HOW DO I APPLY FOR THE CLIENT PROTECTION FUND?

3

Complete the application for the Customer Protection Fund

Applications can be obtained by contacting the WSBA at cpfund@wsba.org or by calling 800-945-WSBA or 206-443-WSBA.

Applicants must submit proof of payment and establish the existence of a client-LLP relationship or a fiduciary relationship. Applicants may be required to demonstrate that they have taken reasonable steps to obtain reimbursement from other sources before their application is evaluated.

In your application, please include:

- a copy of the filed claim
- proof of the client-LLP relationship, such as a copy of the contract establishing that relationship
- a copy of the fee agreement (if applicable)
- copies of written receipts showing your name and the lawyer's name
- copies documenting attempts to recover the money from other sources, such as:
  - copies of claims made to the insurance company for reimbursement
  - copies of claims made to the bank for reimbursement
  - any other evidence you have demonstrating attempts to recover the money

Please email the completed application and supporting documents to cpfund@wsba.org.

IMPORTANT NOTICE

The Fund Board must adhere to the Fund's rules when reviewing applications and cannot consider any application until the claim or disciplinary proceeding against the member has been finally resolved. The Fund cannot make payments for negligence or professional malpractice, nor can it resolve fee disputes between members and their clients. In establishing the Fund, the Washington Supreme Court did not create or acknowledge any legal liability for the acts of individual members in the practice of their profession. All payments from the Fund are made at the sole discretion of the Fund's trustees.

In exchange for compensation from the Fund, the applicant must sign a subrogation agreement for the amount of the award. This means that when the Fund provides compensation to the applicant, the Fund has the right to attempt to recover the money from the LLP. Should the client subsequently be reimbursed by the LLP or an insurance company, the client must reimburse the Fund.

Licensed Legal Professional (LLP) = Attorneys, Limited Licensed Legal Technician (LLLT), and Limited Practice Officer (LPO).

GRIVANCE FORM

WASHINGTON STATE BAR ASSOCIATION
Office of Disciplinary Counsel

GRIEVANCE AGAINST A LAWYER

Mail to:
OFFICE OF DISCIPLINARY COUNSEL
WASHINGTON STATE BAR ASSOCIATION
1325 4th Avenue, Suite 600
Seattle, WA 98101-2539 or
intake@wsba.org

GENERAL INSTRUCTIONS

- Read our information sheet *Lawyer Discipline in Washington* before you complete this form.
- If you have a disability and need assistance with filing a grievance, contact the Office of General Counsel at accommodations@wsba.org or 206-443-9722. We will take reasonable steps to accommodate you.
- You can also file your grievance online https://www.wsba.org/for-the-public/concerns-about-a-lawyer.

INFORMATION ABOUT YOU INFORMACION DE USTED

Name PRIMER NOMBRE (*First*) SEGUNDO NOMBRE (*Middle*) APELLIDOS (*Last*)

Street Address or POB DOMICILIO

City CIUDAD State ESTADO Zip Code CODIGO POSTAL

Phone Number NUMERO DE TELEFONO Ext _____ Email Address CORREO ELECTRONICO

INFORMATION ABOUT THE LAWYER INFORMACION DE SU ABOGADO/A

(We cannot accept grievances against law firms or associations. You must specifically name the lawyer against whom you are filing your grievance. Please complete a separate grievance form for each lawyer and do not list multiple lawyers on a form).

Name PRIMER NOMBRE (*First*) SEGUNDO NOMBRE (*Middle*) APELLIDOS (*Last*)

License Number (*If known*) NUMERO DE LICENSIA

Street Address or POB DOMICILIO

City CIUDAD State ESTADO Zip Code CODIGO POSTAL

Phone Number NUMERO DE TELEFONO Email Address CORREO ELECTRONICO

INFORMATION ABOUT YOUR GRIEVANCE

DESCRIBA SU RELACIÓN CON EL ABOGADO QUE ES OBJETO DE SU QUEJA.

Describe **your** relationship to the lawyer who is the subject of your grievance:

- ☐ I am a client — SOY CLIENTE
- ☐ I am a former client — SOY CLIENTE PREVIO
- ☐ I am an opposing party — SOY PARTE CONTRARIA
- ☐ I am an opposing lawyer — SOY ABOGADO DE PARTE CONTRARIA
- ☐ Other: OTRO _____

If your grievance involves a court case:

Case name, file number, and court name *(for example, Smith v. Jones, Case No. 12-3-45678-9, King County Superior Court)*

CASO JUDICIAL, SI CORRESPONDE

Explain your grievance in **your own words**. Give all important dates, times, and places. Attach no more than 25 additional pages, including attachments. Attach **copies (not your originals)** of any relevant documents. Please do not bind or highlight your documents. We do not accept electronic audio or video recordings, or cassette tapes, discs or flash drives that contain such recordings, at this stage in the grievance process. You may submit a written transcription of an audio recording or still images from a video.

EXPLIQUE SU RECLAMACIÓN CON SUS PROPIAS PALABRAS. INDIQUE TODAS LAS FECHAS, HORAS Y LUGARES PERTINENTES. ADJUNTE UN MÁXIMO DE 25 PÁGINAS ADICIONALES, INCLUIDOS LOS ANEXOS. ADJUNTE COPIAS (NO LOS ORIGINALES) DE CUALQUIER DOCUMENTO RELEVANTE. POR FAVOR, NO ENCUADERNE LOS DOCUMENTOS NI UTILICE RESALTADORES EN ELLOS. EN ESTA ETAPA DEL PROCESO DE RECLAMACIÓN, NO ACEPTAMOS GRABACIONES DE AUDIO O VIDEO EN FORMATO ELECTRÓNICO, NI CASETES, DISCOS O MEMORIAS USB QUE CONTENGAN DICHAS GRABACIONES. PUEDE PRESENTAR UNA TRANSCRIPCIÓN ESCRITA DE UNA GRABACIÓN DE AUDIO O IMÁGENES FIJAS EXTRAÍDAS DE UN VIDEO.

AFFIRMATION

I affirm that the information I am providing is true and accurate to the best of my knowledge. I have read *Lawyer Discipline in Washington* and I understand that all information that I submit can be disclosed to the lawyer I am complaining about and others.

Signature: FIRMA _____ **Date:** FECHA _____

CLIENT PROTECTION FUND APPLICATION

WASHINGTON STATE BAR ASSOCIATION

Client Protection Fund Application
1325 - 4th Avenue | Suite 600 | Seattle, WA 98101-2539
P: (206) 727-8252 | Fax: (206) 727-8314 | Email: cpfund@wsba.org

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 APELLIDO _____ FIRST NAME PRIMER NOMBRE _____ MIDDLE INITIAL INICIAL DE SEGUNDO NOMBRE _____

SPOUSE'S LAST NAME APELLIDO DE SU CÓNYUGE _____ FIRST NAME PRIMER NOMBRE _____ MIDDLE INITIAL INICIAL DE SEGUNDO NOMBRE _____

ADDRESS DOMICILIO _____

CITY CIUDAD _____ STATE ESTADO _____ ZIP CODE CODIGO POSTAL _____

TELEPHONE NUMERO DE TELEFONO _____ E-MAIL ADDRESS CORREO ELECTRONICO _____@_____

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

MEMBER'S NAME: NOMBRE DE ABOGADO/A _____ WSBA # NUMERO DE LICENSIA _____

DESEO RECIBIR INFORMACIÓN POR: CORREO ELECTRONICO CORREO
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: _____

HE PRESENTADO UNA QUEJA ANTE LA OFICINA DEL ASESOR DISCIPLINARIO DE LA WSBA. FECHA DE PRESENTACIÓN DE LA QUEJA: SE ADJUNTA UNA COPIA DE LA QUEJA.
NO HE PRESENTADO UNA QUEJA ANTE LA OFICINA DEL ASESOR DISCIPLINARIO DE LA SBA PORQUE: EL MIEMBRO HA FALLECIDO: OTRO MOTIVO:

EXISTE UN CASO CIVIL O PENAL BASADO EN LAS ACCIONES DEL MIEMBRO. EL CASO SE TRAMITA EN EL SIGUIENTE TRIBUNAL: EL NÚMERO DE CASO ES: EL ESTADO DEL CASO ES:

THERE IS A ❒ CIVIL OR ❒ CRIMINAL CASE BASED ON THE MEMBER'S ACTS.
THE CASE IS IN THE FOLLOWING COURT: TRIBUNAL _____, CONDADO _____ COUNTY.
THE CASE NUMBER IS NUMERO DE CASO _____ THE STATUS OF THE CASE IS: ESTADO DEL CASO _____

ABOUT THE MEMBER

LAST NAME APELLIDO DE ABOGADO/A _____ FIRST NAME NOMBRE DE ABOGADO/A _____ WSBA # NUMERO DE LICENSIA _____
❒ LAWYER ❒LPO ❒ LLLT

I LOST MONEY BECAUSE THE MEMBER:
PERDÍ MI DINERO PORQUE EL MIEMBRO:
❒ STOLE MY MONEY ME ROBÓ EL DINERO ❒ KEPT PROPERTY I GAVE HIM/HER SE QUEDÓ CON BIENES QUE LE ENTREGUÉ ❒ REFUSED TO RETURN FEES AND PERFORMED NO WORK SE NEGÓ A DEVOLVER LOS HONORARIOS Y NO REALIZÓ NINGÚN TRABAJO.

EL MIEMBRO ES MI: (ESPECIFIQUE EL PARENTESCO) PAREJA DE HECHO

THE MEMBER IS MY: ❒ FAMILY MEMBER, PLEASE SPECIFY: _____ OR
❒ DOMESTIC PARTNER ❒ LAW PARTNER OR ASSOCIATE SOCIO LEGAL O ASOCIADO ❒ BUSINESS PARTNER SOCIO COMERCIAL ❒ THE MEMBER REPRESENTED ME EL MIEMBRO ME REPRESENTÓ
❒ NONE OF THE ABOVE NINGUNA DE LAS ANTERIORES

THE CASE THE MEMBER REPRESENTED ME ON IS IN _____ COUNTY. EL CASO EN EL QUE DICHO MIEMBRO ME REPRESENTÓ ES EN EL CONDADO DE
THE CAUSE NUMBER IS _____
EL NÚMERO DE CAUSA ES

PRUEBA DE LA CANTIDAD PERDIDA (LA CANTIDAD PERDIDA DEBE COINCIDIR CON LA QUE FIGURA EN LOS DOCUMENTOS ADJUNTOS)

PROOF OF AMOUNT LOST [The amount you lost must be the same as the amount shown in your attached documents]

CANTIDAD PERDIDA

AMOUNT LOST: $_____

FECHA EN QUE TUVO CONOCIMIENTO DE LA PÉRDIDA DE DINERO/BIENES

DATE YOU LEARNED MONEY/PROPERTY LOST _____

FECHA EN QUE TUVO CONOCIMIENTO DE LA PÉRDIDA DE DINERO/BIENES

DOCUMENTS REQUIRED: (check one or more and attach document)

CHEQUES COBRADOS O ESTADOS DE CUENTA BANCARIOS

❒ CANCELLED CHECKS OR BANK STATEMENTS

RECIBOS POR ESCRITO CON MI NOMBRE Y EL DEL ABOGADO

❒ WRITTEN RECEPTS WITH MY NAME AND THE LAWYER'S NAME

ACUERDO DE HONORARIOS

❒ FEE AGREEMENT

NO FIRMÉ UN ACUERDO DE HONORARIOS

□ I DID NOT SIGN A FEE AGREEMENT

OTROS DOCUMENTOS ADJUNTOS: POR FAVOR, ESPECIFIQUE CUÁLES SON

❒ OTHER ATTACHMENTS: Please identify your attachments_____

NOTA: AUNQUE YA HAYA ENTREGADO COPIAS DE SUS DOCUMENTOS A LA OFICINA DEL ASESOR JURÍDICO DISCIPLINARIO, DEBE ADJUNTAR COPIAS A ESTA SOLICITUD.

NOTE: EVEN IF YOU HAVE ALREADY GIVEN COPIES OF YOUR DOCUMENTS TO THE OFFICE OF DISCIPLINARY COUNSEL, YOU MUST STILL ATTACH COPIES TO THIS APPLICATION.

The Fund Rules limit "dishonest conduct" or "dishonesty" to theft or embezzlement of money, or the wrongful taking of money, property or other thing of value. **PLEASE EXPLAIN THE MEMBER'S DISHONEST ACT THAT CAUSED YOU TO LOSE MONEY.**

LAS NORMAS DEL FONDO LIMITAN LA DEFINICIÓN DE "CONDUCTA DESHONESTA" O ACTUAR "DE MANERA DESHONESTA" AL ROBO O LA MALVERSACIÓN DE DINERO, O A LA APROPIACIÓN INDEBIDA DE DINERO, BIENES U OTROS OBJETOS DE VALOR. POR FAVOR, EXPLIQUE EL ACTO DESHONESTO DEL MIEMBRO QUE LE OCASIONÓ UNA PÉRDIDA DE DINERO.

_____

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OTRAS FUENTES DE RECUPERACIÓN

OTHER SOURCES OF RECOVERY

EL FONDO DE PROTECCIÓN AL CLIENTE ES UN "FONDO DE ÚLTIMO RECURSO". PRIMERO DEBE INTENTAR RECUPERAR SU DINERO A TRAVÉS DE OTRAS FUENTES.

The Client Protection Fund is a "fund of last resort." You must try to recover your money from other sources first.

HE SOLICITADO FONDOS RELACIONADOS CON ESTA MISMA RECLAMACIÓN A LAS SIGUIENTES ENTIDADES:

I HAVE APPLIED FOR MONEY ON THIS SAME CLAIM FROM THESE PLACES:

COMPAÑÍA DE SEGUROS — SÍ (SE ADJUNTAN COPIAS DE MI RECLAMACIÓN Y DE LA DECISIÓN DE LA COMPAÑÍA DE SEGUROS) — NO

❒ Insurance ❒ YES; COPIES OF MY CLAIM AND MY INSURANCE COMPANY'S DECISION ARE ATTACHED ❒ NO

❒ Bank ❒ YES; COPIES OF MY CLAIM AND THE BANK'S DECISION ARE ATTACHED ❒ NO

BANCO — SÍ (SE ADJUNTAN COPIAS DE MI RECLAMACIÓN Y DE LA DECISIÓN DEL BANCO) — NO

❒ Other: _____

OTRO:

I RECEIVED REIMBURSEMENT FROM ANOTHER SOURCE: ❒ YES ❒ NO

RECIBÍ UN REEMBOLSO DE OTRA FUENTE: SÍ NO

Amount Paid	By Whom	Date
$_____	_____	_____
CANTIDAD PAGADA	POR QUIEN	FECHA

HE SOLICITADO EL FONDO DE SEGURIDAD DEL CLIENTE EN OTRO ESTADO — SÍ (ADJUNTE SU SOLICITUD) — NO

I have applied to the Clients' Security Fund in another state: ❒ YES (Please attach your application.) ❒ NO.

I intend to apply to the Clients' Security Fund in another state: ❒ YES ❒ NO

TENGO LA INTENCIÓN DE SOLICITAR EL FONDO DE SEGURIDAD DEL CLIENTE EN OTRO ESTADO SÍ NO.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I am the client in the legal transaction of the loss. I understand that if the Client Protection Fund awards me a gift, I will be obligated to repay the Fund if I later recover this loss from the member or any other source.

DECLARO BAJO PENA DE PERJURIO, SEGÚN LAS LEYES DEL ESTADO DE WASHINGTON, QUE LO ANTERIOR ES VERDADERO Y CORRECTO. SOY EL CLIENTE EN LA TRANSACCIÓN LEGAL DE LA PÉRDIDA. ENTIENDO QUE SI EL FONDO DE PROTECCIÓN AL CLIENTE ME OTORGA NA COMPENSACIÓN, ESTARÉ OBLIGADO A REEMBOLSAR AL FONDO SI MÁS TARDE RECUPERO ESTA PÉRDIDA DEL MIEMBRO O DE CUALQUIER OTRA FUENTE.

_____ _____

Date and Place Signed — Signature of Applicant

The Fund Board must follow the Fund Rules in considering applications and cannot consider any application until the grievance/discipline against the member is final. **The Fund cannot make gifts for legal malpractice or negligence or resolve fee disputes between members' and clients.** In establishing the Fund, the Washington Supreme Court did not create or acknowledge any legal responsibility for the acts of individual members in his or her practice of law. All payments from the Fund are given at the sole discretion of the Fund Trustees.

Application form approved by Fund Board 11/06/17