

**SWORN APPLICATION TO THE  
CLIENTS' FINANCIAL ASSISTANCE FUND  
OF THE INDIANA STATE BAR ASSOCIATION**

*The Clients' Financial Assistance Fund of the Indiana State Bar Association provides compensation, as a matter of grace, and not as a right, to qualified applicants who have suffered a monetary loss as a result of dishonest acts of an Indiana lawyer, acting either as a lawyer or as a fiduciary. No client or member of the public shall have any right in the Fund as a third-party beneficiary or otherwise; instead any award from the Fund depends upon the sole discretion of the ISBA, according to its rules and regulations. This Fund, which exists because of the voluntary contributions of the members of ISBA, recognizes that the lawyers of Indiana as a whole desire to help those who fall victim to the few lawyers who are dishonest.*

*If you find that this form does not provide enough space for you to answer the questions, you can provide the additional information on separate sheets that you should attach to this application.*

Name, address, and phone number of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name, business address, and phone number of the attorney(s), subject to this application:

\_\_\_\_\_  
\_\_\_\_\_

I am making a claim for \$ \_\_\_\_\_ because of the dishonest acts of the above-named attorney, as more fully set forth in this application.

Please provide copies of the following records, if they exist. Do not provide originals, and do not provide your only copies. You will not be getting these papers back:

- a. any attorney-client contract
- b. any letter outlining the fee arrangement
- c. any itemized bills from the attorney, if they are relevant to your application
- d. any checks or receipts for fees paid to the attorney
- e. the grievance you filed with the Indiana Supreme Court Disciplinary Commission
- f. any police report making allegations against the attorney
- g. any other documents relevant to your application

1. On what date did you hire the attorney for the matter related to your application? \_\_\_\_\_

2. On what date did the attorney-client relationship end? \_\_\_\_\_

3. On what date was your last contact with the attorney, and what was the form of that contact (e.g. letter, email, telephone, text, etc)? \_\_\_\_\_

\_\_\_\_\_

4. Had the attorney been your attorney in prior matters? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What legal services did you ask this attorney to perform for you?

\_\_\_\_\_

\_\_\_\_\_

6. How much money did you pay the attorney? \_\_\_\_\_

7. If someone other than yourself paid the attorney on your behalf, identify that person and your relationship to them. \_\_\_\_\_

8. Is that person aware you are filing this application? If not, why not?

\_\_\_\_\_

\_\_\_\_\_

9. How was the attorney paid? (check appropriate line)

Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Settlement Proceeds: \_\_\_\_\_

Check: \_\_\_\_\_ Debit Card: \_\_\_\_\_ Other: \_\_\_\_\_

10. Was your agreement with the attorney in writing? Yes \_\_\_\_\_

No \_\_\_\_\_

11. Describe how and when your money or property came into the attorney's possession:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What did the attorney do, or fail to do on your behalf?? Be sure to include a description of the extent of the work that the attorney did, and specifically identify the **dishonest act** that you believe qualifies you for assistance from this Fund:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. State the date on which you discovered the dishonest act and how you discovered the dishonest act:

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14. Provide the name, address, phone number and email (if any) of any other persons who have knowledge of the dishonest act. It is not necessary that you supply all of this contact information, but a least enough so that we can contact these persons if we desire to contact them to learn more about your application:

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15. Describe what steps you have taken to recover the loss directly from the attorney or from any other source. If you or someone on your behalf has sued or otherwise made a claim against the attorney, please tell us (1) the name of the case, the name of the court, and the cause number of each suit and (2) whether there has been a settlement agreement, verdict, or judgment:

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16. State whether you or your spouse has had a family or business relationship with the attorney and identify the relationship (e.g. spouse, child, parent, grandparent, sibling, partner, associate or employee):

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17. State other facts that you believe are important to our consideration of your application:

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18. Name, business address, and phone number of your present attorney, if any:

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19. The date on which you or someone on your behalf notified the Disciplinary Commission of the Indiana Supreme Court of the misconduct of the attorney: \_\_\_\_\_

20. Provide a copy of the request for investigation ("grievance") filed with the Disciplinary Commission (a Disciplinary Commission grievance must be filed unless the attorney is deceased or disbarred or has resigned from the Bar). If a copy of the grievance is not provided, please explain why: \_\_\_\_\_

21. Has the Disciplinary Commission taken any action as a result of your grievance? If so, please describe. If not, what is the status of the Disciplinary Commission's review of your grievance?

\_\_\_\_\_

\_\_\_\_\_

22. Is all or any part of the loss covered by insurance or bond? Yes \_\_\_\_ No \_\_\_\_ I don't know \_\_\_\_  
If yes, described the source: \_\_\_\_\_

23. Is the attorney deceased? Yes \_\_\_\_ No \_\_\_\_ I don't know \_\_\_\_

24. Describe the degree of hardship incurred by you and your family as a result of this dishonest act. As appropriate, provide pertinent information concerning family income, expense, debts and obligations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the Indiana State Bar Association has no duty to pay the loss described herein, and that it may be paid in whole or in part as the Clients' Financial Assistance Fund Committee may determine with the approval of the Board of Governors of the Association.

WAIVER: I waive all attorney-client privileges and confidences to the extent necessary for the Clients' Financial Assistance Fund (the "Fund") of the Indiana State Bar Association to investigate my application for financial assistance from the Fund. I also waive all attorney-client and other privileges and confidences to the extent necessary for the Disciplinary Commission of the Indiana Supreme Court to investigate any request for investigation ("grievance") I have filed concerning the attorney who is the subject of my application to the Fund and to coordinate its investigation with Fund's investigation.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

An attorney may not charge or collect an attorney fee for representing an applicant to the Clients' Financial Assistance Fund. If the applicant is represented by an attorney in filing this application, the attorney must acknowledge that no fee will be accepted from applicant for services rendered in connection with any payment by the Fund. By this signature, I acknowledge that I cannot collect an attorney fee for representing this applicant in connection with this application.

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(Printed Name of Attorney)

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(Signature of Attorney)

Please send your completed application to:  
The Clients' Financial Assistance Fund  
The Indiana State Bar Association  
One Indiana Square, 5<sup>th</sup> Floor  
Indianapolis, IN 46204-2075

*This form was adopted on September 14, 2010 and revised on June 14, 2016.*