



New Jersey Lawyers' Fund for Client Protection Statement of Claim

All questions **MUST** be answered. Incomplete forms will be returned.

For Official Use Only

Date: _____

CPF: _____

Answer all questions below. You must provide copies of all evidence that proves your loss such as cancelled checks, receipts, letters, closing statements, or any other document you believe will support your claim. (Do not attach original documents.)

Important: Court Rules do not permit attorneys who assist a claimant to charge legal fees for that service. See Court *Rule* 1:28:3(f).

1. Person(s) Making Inquiry (please enter the information of the person(s) making the inquiry)

Name _____ Age _____ Gender _____

Email _____

Name _____ Age _____ Gender _____

Email _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext. _____

2. Occupation _____ Driver's License _____ State _____ Tax ID# _____

3. Attorney Information (please enter the information for the Attorney you are filing a claim against)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

4. How long have you known this attorney? _____

5. How long did this attorney represent you? _____

6. How much loss are you claiming? \$ _____

7. What is your claim based on? (Select one)

Attorney-client relationship Fiduciary relationship (Guardian, Executor, Trustee)

8. a.) State how you met and when you hired the attorney, b.) State the amount(s) paid and date(s) of payment (Attach proof of payment), and c.) Describe the dishonest conduct that caused your loss.

9. If claim is based on investment, list all monies that you invested and the amounts paid back to you (including interest) by your attorney.

Statement of Claim

10. When and how did you discover the alleged loss?	
11. Can your loss be reimbursed from any other source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you know any assets that the attorney might own from which recovery can be made? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you made or are you making any effort to recover the loss from the attorney directly? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you experienced financial hardship? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Please provide the following information for anyone (attorney or non-attorney) who assisted you in the preparation and presentation of this statement of claim. Name _____ Phone _____ Ext. _____ Street Address _____ City _____ State _____ Zip Code _____	
16. How did you learn about the Fund?	
17. State any other facts that you believe are important to the Fund's consideration of your claim.	
18. If your claim involves an unearned fee, complete the <i>Unearned Retainer Form</i> as well.	
Certification In Lieu Of Oath	
I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment. I/We further certify that I/we have informed, in writing, the basis of this claim to the appropriate county prosecutor's office and office of attorney ethics.	
Signature of claimant _____	Date _____
Signature of co-claimant _____	Date _____
Mail completed forms and supporting documents to: New Jersey Lawyers' Fund for Client Protection P.O. Box 961 Trenton, NJ 08625-0961 For more information visit njcourts.gov/attorney/cpf.html or call 855-533-FUND (3863)	