



**CLIENT SECURITY FUND  
STATE BAR OF TEXAS**

**CONFIDENTIAL APPLICATION FOR RELIEF**

Three ways to apply:

Online @ [csf.texasbar.com](http://csf.texasbar.com)

Fax to 512-427-4239

Mail to: Client Security Fund  
State Bar of Texas  
Office of the Chief Disciplinary Counsel  
P.O. Box 12487  
Austin, Texas 78711-2487

THE CLIENT SECURITY FUND WAS ESTABLISHED BY THE STATE BAR OF TEXAS TO RESTORE CLIENT CONFIDENCE WHEN AN ATTORNEY COMMITS PROFESSIONAL MISCONDUCT IN FINANCIAL DEALINGS WITH THE CLIENT. IT PROVIDES FINANCIAL RELIEF TO CLIENTS WHO HAVE LOST THEIR MONEY OR PROPERTY AS A RESULT OF AN ATTORNEY'S DISHONEST CONDUCT. DISHONEST CONDUCT IS DEFINED AS A WRONGFUL TAKING OF MONEY OR PROPERTY OR FAILURE TO REFUND AN UNEARNED FEE. THE FUND IS ADMINISTERED THROUGH THE OFFICE OF THE CHIEF DISCIPLINARY COUNSEL OF THE STATE BAR OF TEXAS.

AN APPLICATION FOR REIMBURSEMENT MUST BE FILED WITHIN 18 MONTHS AFTER THE GRIEVANCE IS FINAL OR WITHIN 18 MONTHS FOLLOWING THE ATTORNEY'S DISBARMENT, RESIGNATION, OR DEATH. IF NO GRIEVANCE WAS FILED, THE APPLICATION MUST BE FILED WITHIN FOUR YEARS OF THE TIME THE LOSS WAS DISCOVERED OR SHOULD HAVE BEEN DISCOVERED.

**THE STATE BAR OF TEXAS HAS NO LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL ATTORNEYS. NO ONE HAS A RIGHT TO A GRANT FROM THE CLIENT SECURITY FUND. AVAILABLE AMOUNTS ARE LIMITED, AND GRANTS ARE MADE ONLY IN THE SOLE AND FINAL DISCRETION OF THE STATE BAR OF TEXAS.**

**IMPORTANT INSTRUCTIONS**

Required Documentation to Include with your Application:

To process your application, the following documents are required:

- Copies of canceled checks (both sides) or receipts to prove the amount you paid to the attorney, or the amount stolen by the attorney, and
- a copy of the contract (if any) with the attorney.

*The required documentation must be received within 30 days of receipt of your application. Your application will not be processed without this information. You can Fax your documents to the CSF dedicated fax line 512-427-4239.*

I. INFORMATION ABOUT YOU – PLEASE KEEP CURRENT

TDCJ/SID #: \_\_\_\_\_ IMMIGRATION #: \_\_\_\_\_

MR. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Information: Residence: ( ) \_\_\_ - \_\_\_ Work: ( ) \_\_\_ - \_\_\_  
Cell: ( ) \_\_\_ - \_\_\_ Email: \_\_\_\_\_

II. INFORMATION ABOUT ATTORNEY

Attorney Name: \_\_\_\_\_ Bar Card #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Information: Work: ( ) \_\_\_ - \_\_\_ Cell: ( ) \_\_\_ - \_\_\_  
Other: ( ) \_\_\_ - \_\_\_ Email: \_\_\_\_\_

Has the attorney died? Yes: \_\_\_ No: \_\_\_

Are you related to the attorney? Yes: \_\_\_ No: \_\_\_ If yes, provide details: \_\_\_\_\_

Have you filed a grievance against the attorney? Yes: \_\_\_ No: \_\_\_

Date the attorney was hired or appointed: \_\_\_\_\_

What was the attorney hired or appointed to do? \_\_\_\_\_

\_\_\_\_\_

What was the fee arrangement with the attorney? \_\_\_\_\_

\_\_\_\_\_

How much did you pay the attorney? \$ \_\_\_\_\_

Did you pay court costs or filing fees in advance? Yes: \_\_\_ No: \_\_\_

If "yes," how much? \$ \_\_\_\_\_

Was your agreement with the attorney in writing? Yes: \_\_\_ No: \_\_\_

*If "yes," attach or submit via mail or Fax (512-427-4239) a copy of the agreement.*

How many times did you meet with the attorney? \_\_\_\_\_

Briefly describe each meeting and what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe all telephone calls you had with this attorney that involved a discussion of your case: \_\_\_\_\_

\_\_\_\_\_

What legal papers did this attorney prepare for you? \_\_\_\_\_

\_\_\_\_\_

If your attorney filed a lawsuit, answer the following if known:

Name of court: \_\_\_\_\_

Title of suit: \_\_\_\_\_

Case number: \_\_\_\_\_

Date suit was filed: \_\_\_\_\_

Describe all court appearances this attorney made for you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
What is the status of the case you hired the attorney to handle? \_\_\_\_\_  
\_\_\_\_\_

III. INFORMATION ABOUT CURRENT ATTORNEY (IF APPLICABLE)

*Note: Skip this section if a new attorney has not be retained or appointed.*

Do you have a new attorney to complete your case? Yes: \_\_\_ No: \_\_\_

If “yes,” complete the following:

Attorney Name: \_\_\_\_\_ Bar Card #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Information: Work: ( ) \_\_\_ - \_\_\_ Cell: ( ) \_\_\_ - \_\_\_  
Other: ( ) \_\_\_ - \_\_\_ Email: \_\_\_\_\_

Is this attorney submitting this application on your behalf? Yes: \_\_\_ No: \_\_\_

IV. INFORMATION ABOUT YOUR LOSS

Was the loss suffered by a business entity? Yes: \_\_\_ No: \_\_\_

If “yes,” please state the name and form of the business entity (corporation, partnership, or otherwise) and your relationship to such entity.

Company name: \_\_\_\_\_

Corporation: \_\_\_

Partnership: \_\_\_

Other: \_\_\_\_\_

Did your loss involve: Money: \_\_\_ Securities: \_\_\_ Other Property: \_\_\_

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the amount of your loss: \$ \_\_\_\_\_

State the date when the loss of your money or property occurred: \_\_\_\_\_

State the date when you discovered your loss and how you discovered the loss:

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

Have you been reimbursed for any part of your loss? Yes:\_\_\_ No:\_\_\_

If so, state the amount received by you and the person(s) who made the payment:

\$\_\_\_\_\_ Date paid: \_\_\_\_\_

Name of person(s) who paid: \_\_\_\_\_

Address of person(s) who paid: \_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Describe what steps you have taken to recover the loss directly from the attorney,  
or any other source: \_\_\_\_\_

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

Have you previously applied to the Client Security Fund? Yes:\_\_\_ No:\_\_\_

If “yes,” please indicate the date you applied to the Fund or the Client Security  
Fund number assigned to you.

Date Applied: \_\_\_\_\_ CSF Application #: \_\_\_\_\_

IMPORTANT: LIMITATIONS AND AGREEMENTS

A. This application is executed and filed in order to induce the State Bar of Texas to process, investigate, and consider in its sole discretion the reimbursement from its Client Security Fund of all or part of the loss incurred by the applicant as a result of the dishonest conduct of the lawyer named in this application.

B. ASSIGNMENT OF APPLICANT RIGHTS AND SUBROGATION

In the event the State Bar of Texas makes payment to Applicant from the Fund, then the State Bar of Texas shall be subrogated to all rights to recovery which the Applicant might have against any person, firm, or organization.

Should Applicant accept any payment from the Fund, he or she agrees:

- a. That the State Bar of Texas shall have the right to recover from any liable person or firm an amount equal that paid by the Fund to the applicant before the applicant may receive or recover any part or portion of the recovery.

Applicant hereby assigns and conveys to the State Bar of Texas such right of recovery as well as the right to pursue in the name of Applicant any claim or suit against any firm or person who the State Bar of Texas may consider liable.

- b. That Applicant shall cooperate fully with the State Bar of Texas in any attempt by the State Bar of Texas to recover from any firm, person, or organization who the State Bar of Texas may in its discretion deem liable for repayment to Applicant and/or the Fund.

Cooperation as above used shall mean among other things, the giving of sworn testimony, orally or in writing, at such times and places as the State Bar may request.

- c. That Applicant shall execute any instruments which the State Bar of Texas may in its discretion deem necessary to enable it to pursue any claim, demand, or suit against any liable person or firm.
- d. That Applicant shall do nothing to hamper, destroy, or diminish any recovery by State Bar of Texas against any liable firm, person, or organization.

IN CONSIDERATION OF THE FOREGOING, Applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and, as condition precedent to any payment from said Fund, Applicant agrees to execute and deliver to the State Bar of Texas such instrument or instruments as may be required.

Applicant has read the Rules applicable to the Texas State Bar Client Security Fund proceedings and agrees to be bound by the same.

I declare under penalty or perjury that the foregoing is true and correct.

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
Applicant