

4. Applicant suffered a money loss of \$_____

or property valued at \$_____

by reason of alleged dishonest conduct of _____ who was
(Name of Lawyer)
an attorney having the right to practice law in the state of Iowa.

5. What were the arrangements for payment of fees to the lawyer who allegedly caused the loss and what portion of it, if any, has been paid?

6. The alleged dishonest conduct occurred at _____, on or
(City) (State)
about _____. The loss occurred on or about _____.
(Date) (Date)
The loss was discovered on or about _____.
(Date)

7. Give as detailed a statement as possible of the nature of the lawyer's alleged dishonest conduct and the way in which that conduct caused your loss. Attach separate pages if necessary.

Additionally please attach copies of any documents or correspondence that are related to this matter, such as cancelled checks and billing statements/invoices received from the attorney. **DO NOT SEND ORIGINALS.**

No applicant is required to be represented by a lawyer before the Commission. No attorney representing the applicant shall receive a fee for his or her services from the Fund. Any agreement for compensation between the applicant and any attorney retained for prosecution of the claim must meet the approval of the Commission.

Statement of Understanding

This application is prepared and signed to have the Client Security Commission of the Supreme Court of Iowa process and investigate the claim, and to consider the making of payment from the Clients' Security Trust Fund of the Bar of Iowa toward repayment of any loss to the applicant.

Upon payment by the Client Security Trust Fund to the applicant of all or any portion of this claim, the applicant gives the Commission all of his or her claims or actions of any type against the attorney arising out of the alleged dishonest acts on which this application is based. The applicant authorizes the Commission to prosecute all such claims against the above named attorney either in the applicant's name or in the Commission's name or in the names of both, as the Commission decides.

If the amount paid by the Fund to the applicant is not payment in full for all loss which the applicant has suffered as a result of the alleged dishonest acts of the attorney, then any amounts recovered the Commission which remain after repaying the Fund the amount paid to the applicant and the costs of collection shall be returned to the applicant.

The applicant agrees to cooperate with the Commissioners in any efforts by the Commissioners in enforcing any claim against the attorney, and agrees that all civil actions to be taken against the attorney about this complaint shall be under the full control of the Commissioners of the Client Security Commission of the Supreme Court of Iowa, and that the Commissioners may prosecute or fail to prosecute, or abandon any such claim without the consent or approval of the applicant.

UNDERSTANDING THIS, the applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and before receiving any payment from the Fund, the applicant agrees to give to the Client Security Commission information that may be requested.

Date: _____

(Signature of Applicant)

