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IN THE MATTER OF THE CLIENT         )  
SECURITY COMMISSION                 ) APPLICATION FOR REIMBURSEMENT  
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**NOTICE TO APPLICANT:**

**IN ESTABLISHING THE CLIENT SECURITY TRUST FUND OF THE BAR OF IOWA, THE SUPREME COURT OF IOWA DID NOT CREATE NOR ACKNOWLEDGE ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THEIR PRACTICE OF LAW. ALL REIMBURSEMENTS OF LOSSES BY THE CLIENT SECURITY TRUST FUND SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE COMMISSIONERS ADMINISTERING THE FUND AND NOT AS A MATTER OF RIGHT. NO CLIENT OR ANY OTHER PERSON OR ORGANIZATION SHALL HAVE ANY RIGHT IN THE FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE.**

1. Name and contact information for Applicant

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City)                               (State)                               (Zip)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(Residence Telephone Number)

\_\_\_\_\_  
(Business Telephone Number)

2. Name of Applicant's Spouse (If Married)

\_\_\_\_\_

3. Name and last known address of lawyer whose conduct is alleged to have caused applicant's loss:

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City)                               (State)                               (Zip)

**- A COPY OF THIS APPLICATION FOR REIMBURSEMENT IS SENT TO THE LAWYER -**



8. Have you asked the lawyer to repay you? / / Yes / / No

If yes: \_\_\_\_\_  
(Date)

Briefly explain. If your request and/or the lawyer's response was in writing, please explain.

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

9. Have you been repaid for any part of your claim? \_\_\_\_\_

If yes: \_\_\_\_\_  
(Amount)

\_\_\_\_\_  
(By Whom Paid)

\_\_\_\_\_  
(Date)

Please explain briefly the circumstances of this repayment and attach any papers or correspondence related to it.

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

- 10. (a) Are you related to the lawyer? \_\_\_\_\_
- (b) If so, in what way? \_\_\_\_\_
- (c) Were you associated in any business manner with the lawyer? \_\_\_\_\_
- (d) If so, in what manner? \_\_\_\_\_

11. State, if known, whether any civil, criminal, or disciplinary proceedings have been, or will be taken in connection with the facts set out in this application. If so, state by whom, where and the present status of such proceedings.

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

12. If any lawyer is presently representing you or assisting you with this application, please give his or her name and address.

_____ (Name)		
_____ (Street Address or P.O. Box)		
_____ (City)	_____ (State)	_____ (Zip)
_____ (Telephone Number)		

13. 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 Client Security Trust Fund of the Bar of Iowa toward repayment of any loss to the applicant.
14. 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.

