# Clients' Security Fund of The District of Columbia Bar

901 4th Street NW, Washington DC 20001
Phone: 202-780-2780 | Fax: 1-866-926-2585
www.dcbar.org/csf
csfinfo@dcbar.org

## Application for Reimbursement

The Clients' Security Fund of the District of Columbia Bar (the "Fund") is a trust fund created by the District of Columbia Court of Appeals to reimburse clients whose lawyers have dishonestly retained money, property, or some other thing of value that belongs to their clients. **The Fund is not authorized to pay claims asserting that a lawyer failed to do a good job representing a client or claims asserting that a client was overcharged by a lawyer.** Malpractice claims, or claims asserting that a lawyer was negligent or did not do a good job, can be filed in court. Claims involving a dispute over legal fees paid, charged, or claimed for legal services may be filed in court or with the District of Columbia Bar Attorney/Client Arbitration Board ("ACAB") Fee Arbitration Service.

The Fund is a remedy of last resort. Reimbursement from the Fund is discretionary. As a result, there is no right to restitution from the Fund. In addition, filing a claim with the Fund has no effect on the underlying legal matter about which a claimant may originally have consulted a lawyer. The claimant remains responsible for addressing such underlying legal matters.

A complete copy of the CSF Rules of Procedure is available on the Fund's website at www.dcbar.org/csf.

Please complete and notarize this Application and upload it and your supporting documentation to the Fund's portal at https://acrp.dcbar.org/s/login/SelfRegister?type=CSF for fastest processing. You can also email your completed Application and supporting documentation to csfinfo@dcbar.org, or mail your completed Application and supporting documentation to the address above.

If you need assistance in completing the Application or have questions about the Fund, you may contact Fund staff by calling 202-780-2780. You may also be able to find a lawyer who is willing to help you complete the Application, but a lawyer is not permitted to charge you a fee for doing so. Any requested documentation should be uploaded to the Fund's portal, emailed to csfinfo@dcbar.org, or mailed to the address listed above. All documentation provided will be forwarded to the respondent attorney listed to provide them an opportunity to respond to the claims detailed in this Application.

**Notice:** Effective **July 1, 2026**, this version is the only accepted **Application for Reimbursement**. Applications submitted using any prior version of the form on or after July 1, 2026, will not be accepted and must be resubmitted using this version.

**By submitting this Application, you are verifying that the following is accurate and complete to the best of your knowledge and that you have answered the following questions to the best of your ability. If you do not have the information requested below, please explain why.**

**1. Claimant's Information**

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Mx. ☐ Atty. ☐ Dr. ☐ Prefer not to say ☐ Other: _____

Name: _____
First Middle Last

Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Date of birth: _____

**2. How did you learn about the Clients' Security Fund of the of the District of Columbia Bar?**

☐ Attorney
☐ DC Board on Professional Responsibility
☐ DC Bar Attorney/Client Arbitration Board
☐ Internet Search
☐ DC Office of Disciplinary Counsel
☐ DC Bar Clients' Security Fund Staff
☐ DC Bar Website
☐ Other: _____

**3. State the monetary amount you are seeking from the Fund:** $ _____

**4. I am filing on behalf of:**

☐ Myself **GO TO QUESTION 8**
☐ A business **GO TO QUESTION 5**
☐ A trust, estate, or conservatorship **GO TO QUESTION 6**
☐ Someone else **GO TO QUESTION 7**

**5. Business information**

Your role in the business:

☐ Owner ☐ Manager
☐ Attorney ☐ Registered Agent
☐ Other: _____

Business name: _____

Address: _____

City _____ State _____

Zip: _____

Registered agent: _____

Agent's phone number: _____

Agent's email: _____

**GO TO QUESTION 8**

**6. Trust, estate, conservatorship, or guardianship information**

Your role:

☐ Trustee ☐ Personal Representative
☐ Conservator ☐ Guardian Beneficiary ☐ Attorney
☐ Other: _____

Trust, Estate, Conservatorship, or Guardianship Title:

_____

Current Trustee, Personal Representative, Conservator, or Guardian Name: _____

Current Trustee, Personal Representative, Conservator, or Guardian Address: _____

City _____ State _____

Zip: _____

**GO TO QUESTION 8**

**7. Filing on behalf of someone else:**

Please explain why you are filing on behalf of someone else:

Describe your relationship to the individual:

Your name: _____

Your address: _____

City _____ State _____ Zip _____

Your phone number: _____ Your email: _____

If the individual is incarcerated, inmate number: _____

**8. DC Bar Member information (respondent attorney)**

Name: _____

First Middle Last

Address: _____

City _____ State _____ Zip _____

Business Phone: _____ Cell Phone: _____ Email: _____

**9. Attorney/Client relationship**

If the respondent attorney filed anything on your behalf in court please provide the following information:

The name of the court _____

The case number, if one was provided _____

The status of the case: ☐ Open/Pending ☐ Dismissed/Closed ☐ Unknown

If the respondent attorney did not complete the work for which they were retained, did you hire a new attorney?

☐ Yes

Name: _____ Phone number: _____ Email: _____

☐ No

**10. Fees**

Did you have a written engagement agreement, fee contract, or any other paperwork that explains when, how, and/or how much the attorney was to be paid?

☐ Yes

Upload, email, or mail retainer, fee agreement, engagement letter, or any other paperwork that includes how much the respondent attorney was to be paid.

☐ Yes, but I no longer have access to it

Please explain:

☐ No

How much was the respondent attorney paid? $ _____

Please upload, email, or mail proof of payment (this can be a copy of a negotiated check, bank or credit card statements showing the transaction, a receipt of payments made, etc.).

If the payment was made by someone other than yourself or the individual or entity you are filing on behalf of, please explain why:

If the payment was made to someone other than the respondent attorney listed in this claim, please explain why:

**11. Services Provided**

When was the respondent attorney retained/hired? _____ / _____ / _____
MM DD YYYY

Please explain in detail why you hired the attorney:

Please explain the communication (phone calls, meetings, emails, etc.) you had with the respondent attorney. If you did not communicate with the respondent attorney, please explain why:

Did you or the client send or receive letters, emails, or text messages with the respondent attorney?

☐ Yes

Please upload, email, or mail copies of any letters, emails, and/or text messages exchanged.

☐ No

Did the respondent attorney prepare any legal papers, letters, or other documents for you or the client?

☐ Yes

Please upload, email, or mail copies of any documents the respondent attorney prepared for you or the client.

☐ No

Please provide a detailed description of the services the respondent attorney provided for you or the client:

Describe the work you believe the respondent attorney failed to complete:

**12. Relationship to the respondent attorney**

Indicate below any relationship/association you (the claimant) had with the respondent attorney:

☐ A spouse

☐ A close relative

☐ None of the above

☐ A partner, associate, employee, or employer

☐ A business entity controlled by the respondent attorney

**13. Requested Reimbursement**

***Please note: Your application cannot be reviewed unless your claim includes evidence that the amount sought in reimbursement came into the respondent attorney's possession.**

How did the respondent attorney come into possession of the money or property that you seek in reimbursement?

☐ Check ☐ Cash ☐ Credit/Debit

☐ Settlement Proceeds ☐ Electronic/Wire Transfer

☐ Other:

When did the respondent attorney receive the funds that you are requesting be refunded? List dates(s) and monetary amount(s):

Please explain when the respondent attorney should have returned or disbursed the alleged loss and how you found out that the respondent attorney had not done so:

**You are required to provide supporting documentation to show your alleged loss.**

Please upload, email, or mail supporting documents. Examples of supporting documentation are copies of receipts showing the claimant paid the loss, negotiated checks obtained from a bank showing the respondent attorney received and cashed the check, credit card statements showing the loss was charged to a card in the claimant's name, bank statements reflecting payment to the respondent attorney from an account in the claimant's name, business or trust re-cords, etc.

Have you been reimbursed for any part of the alleged loss?

☐ Yes Amount: $ _____

Date received _____ / _____/_____
MM DD YYYY

Received from: _____

Please provide documentation to show the reimbursement made to you.

☐ No

Was the respondent attorney's dishonest conduct covered by insurance, indemnity, or bond?

☐ Yes

Name of company:_____

Phone number: _____

Address: _____

City:_____ State: _____ Zip: _____

☐ No

☐ Unknown

Have you filed a claim for this loss with a client protection fund in another jurisdiction?

☐ Yes

Name of other fund:

Status of claim:

**You must notify the Fund of any status update.**

☐ No. **You must notify the Fund if a claim is filed.**

Please describe all actions you or the client have taken to recover this loss:

**14. Action(s) taken to seek recovery**

Has the respondent attorney been asked to reimburse or refund the alleged loss?

☐ Yes

Please explain who requested reimbursement, how much reimbursement was requested, and how the respondent attorney answered the request.

☐ No

Explain why the respondent attorney was not asked to refund or reimburse the alleged loss:

If the loss has been reported to another agency, please provide a description of the report, the name of the agency, and any relevant report numbers:

Are you aware of any civil and/or criminal proceedings that have been, or will be, filed against the respondent attorney that are related to this claim?

☐ Yes

Court name:

Case number

Parties' names

☐ No

Have you received notice that the respondent attorney has filed for bankruptcy?

☐ Yes

Please provide a copy of the bankruptcy notice

☐ No

Have you received notice that the respondent attorney has died?

☐ Yes

Please explain any demand that was made upon the respondent attorney's estate to receive reimbursement of the alleged loss if one was made:

☐ No

**15. Please provide any additional information you wish to include in support of your claim:**

**16. Application assistance**

Has anyone assisted you with this Application?

☐ Yes Name: _____

Address: _____

City _____ State _____ Zip_____

Phone number: _____

☐ No

Is the person listed above an attorney?

☐ Yes

☐ No

☐ I am the attorney

**ATTORNEYS PLEASE NOTE:** The Rule of Court governing the Clients' Security Fund provides: **"No attorney shall be compensated for prosecuting a claim against the fund."**

**17. Verification**

NOTICE TO CLAIMANT: THE DISTRICT OF COLUMBIA BAR HAS NO LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS. THE CLIENTS' SECURITY FUND IS ORDINARILY A FUND OF LAST RESORT. PAYMENTS FROM THE CLIENTS' SECURITY FUND SHALL BE MADE IN THE SOLE DISCRETION OF THE TRUSTEES ADMINISTERING THE FUND AND NOT AS A MATTER OF RIGHT. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENTS' SECURITY FUND AS A THIRD-PARTY BENEFICIARY OR OTHERWISE. BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT THE CLAIMANT HAS NO OTHER REMEDY AVAILABLE AGAINST THE RESPONDENT ATTORNEY OR ANY OTHER PERSON RESPONSIBLE FOR THE LOSS AND THE CLAIMANT AGREES TO REPAY THE FUND IF THEY ARE SUBSEQUENTLY REIMBURSED BY ANY OTHER SOURCE.

We require the signature of the claimant(s). An attorney assisting the claimant(s) should also sign this Application.

**I affirm that the information included in this Application for Reimbursement is true and accurate. Please sign below to acknowledge the above:**

_____ _____

Date: (Signature of claimant)

_____ _____

Date: (Signature of co-claimant, if applicable)

_____ _____

Date: (Signature of attorney, if applicable)

**Submitting Your Application**

Before submitting, please make sure that:

- The application is complete, signed, and notarized; and
- All required supporting documentation identified in the application is included.

Once complete, submit your application and supporting documentation using **one** of the following methods:

**Upload:** For fastest processing, submit the completed application and supporting documentation through the online portal (https://acrp.dcbar.org/s/login/SelfRegister?type=CSF).

**Mail:** Print and mail the completed application and supporting documentation to:
District of Columbia Bar
Clients' Security Fund
901 4th Street, NW
Washington, DC 20001

**Email:** Email the completed application and supporting documentation to csfinfo@dcbar.org.

Please retain a copy of the completed application and supporting documentation for your records.

# Clients' Security Fund
# of The District of Columbia Bar

## Verification and Assignment

CITY OF _____} SS. STATE OF _____} SS.

I, the undersigned applicant, hereby state that I have read the foregoing Application for Reimbursement submitted to the Clients' Security Fund of the District of Columbia Bar and believe its contents to be true and accurate.

I also agree that if the Fund pays all or part of my claim for reimbursement, that payment will effectuate an assignment by me to the Fund of any legal rights to reimbursement that I may have. Any recovery that the Fund may obtain pursuant to this assignment will be applied to reimburse the Fund for its payment to me and for any costs that the Fund has incurred in obtaining that recovery.

Finally, I agree to cooperate with the Fund in any efforts that it may make to obtain a recovery based on the dishonest conduct that is the basis of this claim and to notify the Fund if I file a claim with any other client protection fund arising out of the conduct that is the basis of this claim.

_____ _____

Date: (Signature of Applicant)

_____ _____

Date: (Signature of Applicant)

Subscribed and sworn to before me, the undersigned authority,

on this _____ day of _____ , 20_____

SEAL

_____

Notary Public

My Commission expires _____