



MISSOURI BAR CLIENT SECURITY FUND CLAIM FORM

1. **Your Name:** _____
Your Street Address or PO Box: _____
Your City/State/Zip: _____
Your Daytime Phone: _____ Fax: _____
Your Cell Phone: _____ Your E-mail: _____
2. **Attorney Name:** _____
Attorney Address: _____
Attorney City/State/Zip: _____
3. How much did you pay this attorney? (attach copies of receipts, cancelled checks, etc) \$ _____
4. Was there a fee agreement between you and the attorney? Yes ___ No ___ If so, please attach a copy of the agreement (which may be in the form of a letter) or describe the agreement below: _____

5. Amount you are claiming from the Client Security Fund \$ _____
6. When did you hire this attorney? (mm/dd/yy) _____
7. What did you ask this attorney to do for you? _____

8. Did this attorney file a case for you? _____ Yes ~ If yes, Case #: _____ No _____
If yes, please attach a copy of the first page of any documents the lawyer prepared for you.
9. Date you learned of your loss (mm/dd/yy) _____
10. Please give a detailed statement of facts showing how your loss occurred. Attach additional pages, if needed.

I expressly waive the attorney-client privilege and authorize the Client Security Fund Committee or its designee to examine the file in this case.

Signature

Date

For Missouri Bar Office Use Only

Date Received _____ Attorney Bar Number _____ Attorney Discipline Status _____

As of : _____

Other: _____