

LAWYERS' FUND FOR CLIENT PROTECTION OF THE HAWAI'I SUPREME COURT

STATEMENT OF CLAIM

Rule 10 of the Rules of the Supreme Court of the State of Hawai'i authorizes the Trustees of the Lawyers' Fund for Client Protection to reimburse losses caused by the dishonest conduct of attorneys admitted to practice in Hawai'i. Dishonest conduct means the wrongful taking or conversion of a client's money, property, or other items of value, refusal to refund unearned fees received in advance, or borrowing money from a client without intention or reasonable ability to repay it.

Complete each question in this Claim. If space is inadequate, attach additional pages. Also, submit a copy of any documents establishing your loss, such as cancelled checks, receipts, and agreements. Please submit your claim to the Lawyers' Fund for Client Protection, 201 Merchant Street, Suite 1600, Honolulu, Hawai'i 96813.

Please be advised that this claim, the Trustees' final determination awarding or disallowing reimbursement of this claim, and the amount of any award are public records, pursuant to RSCH 10.8(a).

1. Name and address of Claimant(s).

Home Telephone: _____ Business Telephone: _____

2. Name, last-known address, and last-known telephone number of the attorney who you feel has wrongfully taken your funds or property.

3. If services were to be performed, what was done by the attorney and what was not done?

4. Amount of your loss: \$ _____

5. Date your loss occurred: _____

6. Was your agreement with the respondent attorney in writing? Yes ___ No ___

If Yes, attach a copy of the agreement.

7. Did your loss involve: Money ___ Property ___ Other Items of Value ___

If Property or Other Items of Value are involved, please specify and describe below.

8. Your claim is based on: Attorney-Client Relationship
 Fiduciary Relationship (Guardian, Executor, Trustee)
9. Please give a detailed narrative statement describing, in chronological order, the events which you feel show dishonest conduct on the part of the attorney. ATTACH A COPY OF ANY DOCUMENTS YOU HAVE WHICH HELP TO ESTABLISH YOUR LOSS (use a separate sheet if more space is needed).

10. Describe when and how you first discovered the loss.

11. This loss has been reported to:

- | | |
|-----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Hawaii State Bar Association |
| <input type="checkbox"/> Police | <input type="checkbox"/> Disciplinary Counsel |
| <input type="checkbox"/> The Court | <input type="checkbox"/> Other: _____ |

Provide the names and addresses of the parties to whom the loss has been reported. By filing this Claim, you authorize the Trustees of the Lawyers' Fund for Client Protection to obtain information relative to your loss from the above-designated parties.