



**New Jersey Lawyers' Fund for
Client Protection
Statement of Claim**

All questions **MUST** be answered.
Incomplete forms will be returned.

For Official Use Only	
Date:	
CPF:	

Answer all questions below. **You must provide copies of all evidence that proves your loss such as cancelled checks, receipts, letters, closing statements, or any other document you believe will support your claim. (Do not attach original documents.)**

Important: Court Rules do not permit attorneys who assist a claimant to charge legal fees for that service. See Court *Rule* 1:28-3(f).

If space is not adequate, attach additional pages.

1. Person(s) Making Inquiry

(please enter the information of the person(s) making the inquiry)

Name		Age	Gender
Email			
Name		Age	Gender
Email			
Street Address			
City		State	Zip Code
Home Phone	Cell Phone	Work Phone ext.	

2. Occupation	Driver's License Number	State	Tax ID Number
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3. Attorney Information

(please enter the information for the Attorney you are filing a claim against)

Name			
Email			
Street Address			
City		State	Zip Code

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4. How long have you known this attorney?	_____
5. How long did this attorney represent you?	_____
6. How much loss are you claiming?	\$ _____
7. What is your claim based on? (Select one) <input type="checkbox"/> Attorney-client relationship <input type="checkbox"/> Fiduciary relationship (Guardian, Executor, Trustee)	
8. a.) State how you met and when you hired the attorney, b.) State the amount(s) paid and date(s) of payment (Attach proof of payment), and c.) Describe the dishonest conduct that caused your loss.	
(Use additional sheets if necessary.)	
9. If claim is based on investment, list all monies that you invested and the amounts paid back to you (including interest) by your attorney.	
10. When and how did you discover the alleged loss?	

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11. Can your loss be reimbursed from any other source? Yes No

12. Do you know any assets that the attorney might own from which recovery can be made? Yes No

If yes, please describe.

13. Have you made or are you making any effort to recover the loss from the attorney directly? Yes No

If yes, please describe.

14. Have you experienced financial hardship? Yes No

If yes, please describe.

CPF Statement of Claim

15. Please provide the following information for anyone (attorney or non-attorney) who assisted you in the preparation and presentation of this statement of claim.

Name		
Email	Phone	ext.
Street Address		
City	State	Zip Code

16. How did you learn about the Fund?

17. State any other facts that you believe are important to the Fund's consideration of your claim (attach additional sheets if necessary).

18. If your claim involves an unearned fee, complete the *Unearned Retainer Form* as well.

Certification In Lieu Of Oath

I/We certify that the foregoing statements made by me/us are true. I/We am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment. I/We further certify that I/we have informed, in writing, the basis of this claim to the appropriate county prosecutor's office and office of attorney ethics.

Signature of claimant

Date

Signature of co-claimant

Date

Mail completed forms and supporting documents to:

New Jersey Lawyers' Fund for Client Protection
P.O. Box 961
Trenton, NJ 08625-0961

For more information visit <https://www.njcourts.gov/attorneys/cpf.html>
or call (855)-533-FUND (3863)



New Jersey Lawyers' Fund for Client Protection

Richard J. Hughes Justice Complex

P.O. Box 961

Trenton, N.J. 08625-0961

For Office Use Only

_____ vs. _____

CPF Number: _____ : _____

Authorization

_____, of full age and residing at _____

has filed the above-referenced claim with the New Jersey Lawyers' Fund for Client Protection ("Fund"). I have authorized the Fund to investigate that claim in any manner they deem appropriate.

I hereby authorize all persons, medical providers, business entities and other parties having knowledge about any facts relating to this claim to cooperate fully with this investigation and provide whatever information and documents are requested by the Fund. Such requests may be made by Fund attorneys or staff including the Fund's investigator.

A copy of this Authorization shall have the same force and effect as an original.

Name: _____

Date: _____



New Jersey Lawyers' Fund for Client Protection Supplemental Statement

Please answer all questions in detail, and feel free to use additional sheets of paper if necessary. Where documents will support your answer, please attach a copy. If not applicable, write "N/A".

1. When, where, and how did you first meet Respondent?

2. Please list every instance in which Respondent has ever represented you as a lawyer, given you legal advice, or acted as a lawyer on your behalf, listing the date and a brief description of the matter or advice.

3. Would you consider yourself personal friends with the Respondent or just a business acquaintance?

4. As precisely as you can recall, what was your understanding of what Respondent was to do with the money you gave him?

5. Did you sign a fee agreement for legal services with the Respondent? Yes No

6. Did you or anyone on your behalf authorize the Respondent to write checks to himself or sign your name on checks on your behalf, in any account?

7. Has Respondent ever billed you for legal fees? Yes No
If yes, please enclose a copy of the bill(s) received.

8. Have you ever paid Respondent a legal fee? Yes No
If yes, how much?

9. How much did the Respondent return to you or anyone on your behalf? State dates and amounts given.

10. State the date of and describe your last contact with the Respondent.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of claimant

Date

Signature of co-claimant

Date

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