

**STATEMENT OF CLAIM TO THE NEW HAMPSHIRE BAR ASSOCIATION
PUBLIC PROTECTION FUND COMMITTEE
2 PILLSBURY STREET, SUITE 300
CONCORD, NH 03301
603-715-3289**

(It is recommended by the Committee that you consult with an attorney in filing this claim)

1. Your name: _____

2. Your address: _____

3. Your telephone number: _____

4. If you are represented by an attorney in making this claim please provide the attorney's:

Name: _____

Address: _____

Telephone Number: _____

5. Name and address of the lawyer who you claim caused your loss:

6. State the date when you originally hired the lawyer listed in 5, above, and the general nature of the business for which that lawyer was hired:

A. When was that lawyer suspended? or Date: ___/___/___

B. When was that lawyer disbarred? or Date: ___/___/___

C. When was that lawyer adjudged incompetent? or Date: ___/___/___

D. When did that lawyer die? Date: ___/___/___

7. Please attach a copy of the fee agreement, if any, you had with that lawyer.

8. Describe specifically what the lawyer did to cause your loss:

9. State the date or period of time when the acts described in 8, above, were committed:

10. State when you discovered your loss and describe the manner in which the loss came to your attention:
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-
11. State the total amount of the actual theft. Note: Do not include, for example, money you have spent attempting to recover such funds or properties or any other monies. Describe whether the theft was of money, securities, real estate or other property:
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-
-
12. A. Have you called the theft to the attention of the lawyer who you claim caused your loss, and his/her firm? Yes ___ No ___
 B. Has that lawyer or law firm paid back any portion of the loss? Yes ___ No ___
 C. If so, how much? \$_____
13. State the names, addresses and telephone numbers of all other persons familiar with the facts of the claim:
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-
-
14. Describe in detail all efforts you have made to recover the loss described in 8, above.
- A. Have you sued any person for the loss you claim you sustained? If so, please describe:
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-
- B. Have you pursued an insurance or bond claim relating to your loss? If so, please describe:
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-
- C. Have you made a demand on the lawyer or his/her law firm? If so, please describe:
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-
- D. Have you made a claim to any other state's public protection fund (or similar fund, by whatever name it is called)? If so, please describe::
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-
- E. Describe any other efforts you have made to recover your loss:
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15. Have you ever recovered any money, apart from any monies recovered from the lawyer or his/her law firm, from any person for the loss described? Yes ___ No ___ If yes, please identify the person and how much was recovered:
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16. Please state any additional facts which you think would assist the Committee in evaluating your claim. Attach additional pages if needed.

17. Attach any bank or account statements, canceled checks, copies of letters or any other documents relating to your claim.

18. Supreme Court Rule 55 requires you to transfer your claim to the Public Protection Fund. Will you transfer your claim to the Public Protection Fund when your claim is paid by the Fund?
Yes ___ No ___

Date

Signature

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20__ personally appeared before me the above named, _____ and swore that the above statements were true to the best of his/her knowledge and belief.

Notary Public / Justice of the Peace

I certify that a copy of the foregoing was mailed to the accused on _____.

Date

Signature