



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION  
of the  
SUPREME COURT OF ILLINOIS

**CLIENT PROTECTION PROGRAM CLAIM FORM**

**Instructions:** Answer every question in this application. If space is inadequate, attach additional pages. It is important that you submit all evidence that proves your loss, such as canceled checks, receipts, letters, closing statements, etc.

**Please Note:** The ARDC does not accept claims by e-mail.  
Return the completed application and other evidence to:

**ARDC Client Protection Program  
130 E. Randolph Dr., Ste. 1500  
Chicago, IL 60601-6219  
Phone: (312) 565-2600 or (800) 826-8625  
Fax: (312) 565-2320**

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*PLEASE PRINT OR TYPE*

1. Your name:

Street address, Apt. #:

City:

State:

Zip:

Home phone:

Business phone:

Cell phone:

E-mail address:

2. Name of attorney whose conduct caused your loss:

Name of law firm or business:

Street address:

City:

State:

Zip:

Phone:

3. Date you hired the attorney:

Date attorney/client relationship ended:

4. What legal services did you ask this attorney to perform for you?

5. If a court case is involved, provide the case name, the case number and the court location:
6. Was your agreement with this attorney in writing? Yes No  
If yes, attach a copy of the agreement.
7. Did you pay the attorney legal fees? Yes No  
If yes, how much did you pay the attorney?
8. State the amount of your loss:
9. Describe how and when your money or property came into the attorney's possession:
10. Describe the attorney's conduct and how it caused your loss:
11. Date when you discovered your loss:
12. Describe how you discovered the loss:
13. Provide the names and addresses of any other persons who have knowledge of the loss:

**14.** Has this loss been reported to:

State's Attorney

Police

ARDC

Attach a copy of your complaint and describe what action was taken:

**15.** If you have not previously reported this loss, explain why not:

**16.** Can your loss be reimbursed from any other source, such as insurance, fidelity bonds or surety agreement?

Yes

No

Don't know

If yes, describe the source:

**17.** Describe what steps you have taken to recover the loss directly from the attorney, or any other source:

**18.** If the loss caused you special hardship, explain how:

**19.** State whether you have ever had a family or business relationship with the attorney and identify the relationship (e.g. spouse, child, parent, grandparent, sibling, partner, associate or employee):

**20.** State other facts that you believe are important to the Program's consideration of your claim:

**21.** Name of present attorney, if any:

Street address:

City:

State:

Zip:

Phone:

*Commission rules do not permit attorneys who help clients process claims with the Program to charge legal fees for that service.*

*When the Commission makes a decision on your claim, the facts relating to your loss become a public record.*

Date: \_\_\_\_\_

Signature of Claimant(s): \_\_\_\_\_  
\_\_\_\_\_