



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: 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
Email: information@iarde.org**

PLEASE PRINT OR TYPE

1. Your name: _____
Street address, Apt. #: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Business phone: _____ Cell phone: _____
Email address: _____

2. Name of attorney whose conduct caused your loss: _____
Name of law firm or business: _____
Street address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email address: _____

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: _____

Email address: _____

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): _____
