

The Law Society of Ireland
Claims for Refunds of Money Paid to a Solicitor
Application form

Use this form to:

- **claim compensation because you say that your solicitor was dishonest;**
- **claim refunds from a solicitor's firm where the courts or the Law Society now controls the money; or**
- **both.**

When you have filled in this form, please send it to:

The Claims Administrator

Law Society of Ireland

George's Court

George's Lane

Dublin 7

Or

DX 1025 Four Courts

Other contact details:

Phone: (01) 879 8700

Fax: (01) 879 8969

Email: cfclaims@lawsociety.ie

Web: www.lawsociety.ie

You have 12 months to make a claim

You must make a claim for money that will be paid out of the Compensation Fund within 12 months of the date you first become aware that your money is missing. If there are exceptional circumstances in your case, you may apply to extend this time.

Please complete all questions

Part 1: Your details

Title

Mr Mrs Ms Miss

Other (please give details)

First names

Surnames

Address

Daytime phone number

Have you already contacted us about this claim? Yes No

Part 2: Details of the solicitor you are making the claim against

Name of the solicitor

Name and address of the solicitor's firm

Part 3: How much are you claiming?

Are you claiming for compensation from the Compensation Fund?

Yes No

If 'Yes', please fill in how much you are claiming.

€

List all the items in your claim. Continue on a separate sheet of paper if you need to.

Are you claiming for a refund of your money now controlled by the courts or the Law Society?

Yes No

If 'Yes', please fill in how much you are claiming.

€

Part 4: Details of other interested people

Does anyone else have an interest in this application? Yes No

If 'Yes', please fill in the information below.

Name of interested person or people

Address of interested person or people

How does this person or **do** these people have an interest in your claim?

Part 7: Statement of the facts

Explain why the solicitor was holding your money.

**List the dates the solicitor received the money.
Attach supporting documentation to this application form.**

What work was the solicitor doing for you?

What work do you say the solicitor has not completed?

**Explain why you say your solicitor was dishonest.
Continue on a separate sheet of paper if you need to.**

Part 9: Your new solicitor

If you are employing a solicitor to make this application, please give their details.

Name of your new solicitor

Name of the new solicitor's firm

Address of your new solicitor's firm

If you know it, the firm's Document Exchange (DX) number

The firm's phone number

Part 10: Your affidavit (This is a sworn written document.)

Do not sign this form until you are with the Commissioner for Oaths or a practising solicitor.

Are you claiming for a refund of money from a solicitor's firm where the courts or the Law Society now controls the money?

Yes No

Before swearing the document please carefully read numbers 1-7 below

1. If the Law Society refunds me money through the Compensation Fund that was misappropriated by my solicitor, the Law Society will be entitled to any rights I may have against the solicitor. I note that the relevant law is the Solicitors Acts 1954 to 2015 and understand that the Law Society may sue in my name, on the basis that the Law Society will be responsible for any associated legal costs relating to such a claim.
2. I transfer to the Law Society any rights I may have to recover money from the solicitor, up to the amount that the Law Society refunds to me.
3. I acknowledge that the Law Society may give the information relating to my application to others involved in the regulation of solicitors.
4. I acknowledge that the Law Society may give the information relating to my application to appropriate Garda authorities.
5. I confirm that I believe the information I have given in this form is true and accurate.
6. I acknowledge that I must tell the Law Society about other information that may be relevant to this application, for example, any money I recover elsewhere in relation to this loss.
7. If I am signing this form as the representative of someone else, I confirm that they have authorised me to sign it.

Part 10: Your affidavit (This is a sworn written document.)**Sworn by****Date****At (address)**

Before me, a sworn Commissioner for Oaths or practising solicitor, and I know the person swearing to this document (the claimant).

Claimant's signature**Signature of Commissioner for Oaths or practising solicitor**