



(Please Do Not Write in these Spaces)

File No. _____
Date Filed _____
Amount Sought _____
Amount Approved _____
Investigating Trustee _____
Date Concluded _____

Clients' Security Fund of The District of Columbia Bar

1101 K Street NW, Suite 200 ■ Washington DC 20005-4210
Phone: 202-737-4700 ext. 3216 ■ Fax: 1-866-926-2585 ■ www.dcbar.org/csf ■ csfinfo@dcbar.org

THE DISTRICT OF COLUMBIA BAR
RECEIVED

AUG 20 2012

Application for Reimbursement

CLIENTS' SECURITY FUND

The Clients' Security Fund of the District of Columbia Bar is a trust fund created by the District of Columbia Court of Appeals to reimburse clients whose lawyers have dishonestly retained money, property, or some other thing of value that belongs to their clients. The fund is not authorized to pay claims asserting that a lawyer failed to do a good job representing a client. Such malpractice claims can be filed in court or with the Malpractice Arbitration Service of the Attorney/Client Arbitration Board (ACAB) of the District of Columbia Bar. Nor is the fund authorized to pay claims asserting that a client was overcharged by a lawyer. Such fee disputes can be filed with the ACAB's Fee Arbitration Service. Only dishonest conduct on the part of an attorney can give the fund jurisdiction to pay a claim for reimbursement. Ordinarily, the fund is a fund of last resort. Reimbursement from the fund is discretionary, turning on the equities of the claims presented. As a result, there is no *right* to restitution from the fund. In addition, filing a claim with the fund has no effect on the underlying legal matter about which a claimant may originally have consulted a lawyer. The claimant remains responsible for addressing such underlying legal matters.

The rules governing the Clients' Security Fund permit the fund to reimburse claims only when the conditions listed below are satisfied:

1. The lawyer against whom a claim is filed has died, retired, been disbarred or suspended; *or* the lawyer has been declared by a court to be bankrupt or mentally incompetent; *or* a court has entered a civil or criminal judgment against a lawyer based upon the alleged dishonest conduct at issue. These conditions need not be satisfied if the Board of Governors of the District of Columbia Bar has voted to certify a claim to the fund.
2. When the dishonest conduct occurred, the lawyer was acting as either a lawyer or a fiduciary. A lawyer is someone who represents the legal rights of someone else. A fiduciary is someone who has been entrusted with the obligation to hold money or property for the benefit of someone else. Executors, trustees, escrow holders, and other similar persons are fiduciaries.
3. The money, property, or other things of value for which reimbursement is sought was in the actual or constructive possession of the lawyer.

4. The loss to the claimant for which reimbursement is sought resulted from dishonest conduct on the part of the lawyer, such as theft, embezzlement, fraudulent misrepresentation, or other wrongful taking of the claimant's property.
5. The lawyer was a member of the District of Columbia Bar at the time that the dishonest conduct occurred, and the dishonest conduct had a significant connection with the District of Columbia, because the lawyer's office or the subject matter of the representation was in the District of Columbia, or because there was some other nexus with the District of Columbia.
6. The claim arose after April 1, 1972, the date on which the District of Columbia Bar and the Clients' Security Fund were created.
7. The claimant recognizes that the fund is only authorized to reimburse up to \$75,000 for a single claim.
8. There is no insurance, bond, or similar fund covering the loss.
9. The claimant is not disqualified from receiving reimbursement. A claimant is disqualified if the claimant is a spouse, close relative, partner, or associate of the lawyer; *or* is an insurer, surety, or bonding agency; *or* is a business entity controlled by the lawyer or a relative or associate of the lawyer; *or* is a government entity or agency.

The foregoing conditions summarize the requirements for reimbursement imposed by the rules governing the fund. Applicants wishing to see the actual rules themselves can obtain copies from the Clients' Security Fund office. The fund is only authorized to pay a claim if the claimant agrees both to assign to the fund any legal right to reimbursement that the claimant may have against the lawyer resulting from the lawyer's dishonest conduct, and to cooperate with any efforts that the fund may make to pursue that claim against the lawyer. Any recovery that the fund obtains from the lawyer will be applied to offset payments made by the fund to the claimant and to offset the costs of obtaining the recovery. The claimant is entitled to any amounts that the fund may recover from the lawyer in excess of the amount necessary to reimburse the fund for its payment to the claimant and its collection costs.

If you believe that you have a claim that satisfies the conditions for reimbursement, please complete this application, have it verified under oath before a notary public, and return it to the Clients' Security Fund office. The staff of that office is willing to assist you in completing the application. You may also be able to find a lawyer who is willing to help you complete the application, but a lawyer is not permitted to charge you a fee for doing so. Please remember that it can take several months to process an application for reimbursement.

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Clients' Security Fund of The District of Columbia Bar

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Verification and Assignment

CLIENTS' SECURITY FUND

County Montgomery } SS.

STATE OF Maryland } SS.

I, the undersigned applicant, hereby state that I have read the foregoing Application for Reimbursement submitted to the Clients' Security Fund of the District of Columbia Bar and believe its contents to be true and accurate.

I also agree that if the fund pays all or part of my claim for reimbursement, that payment will effectuate an assignment by me to the fund of any legal rights to reimbursement that I may have. Any recovery that the fund may obtain pursuant to this assignment will be applied to reimburse the fund for its payment to me and for any costs that the fund has incurred in obtaining that recovery. I am entitled to any additional amounts that the fund may recover.

Finally, I agree to cooperate with the fund in any efforts that it may make to obtain a recovery based on the dishonest conduct that is the basis of this claim and to notify the fund if I file a claim with any other client protection fund arising out of the conduct that is the basis of this claim.

8-16-12
Date:

William C. Cartier
(Signature of Applicant)

Date:

(Signature of Applicant)

Subscribed and sworn to before me, the undersigned authority,

on this 16th day of August, 20 12

SEAL

Christine A. Evans
Notary Public

CHRISTINE A. EVANS
Notary Public

My Commission expires Montgomery County, Maryland
My Commission Expires January 10, 2014

1. Full Name of Applicant: ☐ Ms. ☐ Miss ☐ Mrs. ☒ Mr. William C. Carinhour, Jr.

2. Address of Applicant:

Home Address: 10500 Rockville Pick, Apt. 1619

Rockville, Maryland

Zip + 4 20852

Home Phone: (301) 326-8218

Time of day _____

Home E-mail: _____

Business Address: _____

Zip + 4 _____

Business Phone: (_____) _____

Time of day _____

Business E-mail: _____

3. Name, address, and phone number of attorney who caused your loss

Name: Wade A. Robertson

DISTRICT OF COLUMBIA BAR
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Address: [REDACTED]

Telephone: (unknown) _____

AUG 23 2012

4. Please check all that apply. The attorney:

☐ Died on _____

☐ Was suspended on _____

☐ Was disbarred on _____

☒ Became a judgment debtor on February 25, 2011 in the amount of \$ 7,000,000

Court entering judgement United States District Court for the No. 1:09-cv-01642

☐ Was adjudged guilty of a crime on District of Columbia

Court entering judgement _____

Docket No. _____

5. State the amount of your loss: \$ 3,500,000

6. What was the attorney's dishonest act that caused this loss?

See attached letter with supporting documents.

7. How much did you pay this attorney: \$ See attached letter with supporting documents.

Please attach a copy of the fee agreement and copies of all receipts for the amount paid to the attorney

8. State the date that you discovered the loss: See attached letter with supporting documents.

Has demand for reimbursement been made on the attorney? ☐ no ☒ yes

Date: See attached letter with supporting documents.

If so, how did the attorney respond to your demand? Refusal.

9. State the services that were performed and/or not performed by your attorney?

See attached letter with supporting documents.

Please attach copies of any documents that will verify this statement. You may use additional sheets of paper if more space is needed.

10. Was the dishonest conduct covered by insurance, indemnity, or bond? ☒ no ☐ yes ☐ unknown

Name of Company _____

Address of Company: _____

11. Were you, at the time of the loss, the spouse, close relative, partner, associate, employee, or employer of the attorney, or a business entity controlled by the attorney? ☐ no ☒ yes (please specify)

See attached letter with supporting documents

12. What actions did you take in order to recover your loss?

☒ civil action ☐ criminal action ☐ fee arbitration ☐ other (please specify)

Please attach a copy of any relevant documents ☒ copies are attached

13. Did you file an application with a client protection fund in another jurisdiction? ☐ no ☒ yes

If the answer is yes, please give the name of the other fund and the status of the other claim:

California - Pending

14. If an attorney assisted you with this application, please state the name, address, and telephone number of the attorney.

Name: Michael J. Bramnick, Esquire

Address: 4416 East West Highway, Suite 400, Bethesda, Maryland 20814

Telephone: (301) 634-3117

ATTORNEYS PLEASE NOTE: The Rule of Court governing the Clients' Security Fund provides: "No attorney shall be compensated for prosecuting a claim against the fund."

8-16-12

Date:

William B. Carter
(Signature of Applicant)

Date:

(Signature of Applicant)