



GENERAL LEGAL COUNCIL

COMPENSATION FUND APPLICATION FORM

You may complete and submit this form on line or print it, complete it and send it to us at:
General Legal Council Compensation Fund
78 Harbour Street, Kingston
Tel: (876) 922-2319, (876) 967-1528
Fax: (876) 924-9190
Email: secretary@generallegalcouncil.org
<https://www.generallegalcouncil.org/>

Part 1 – Your Information

Mr Mrs Ms Miss Other

Organisation name (if applicable):

Surname or Family name*:

All other names in full*:

Address*:

*Place of residence (Apt, Suite, Building Number, Street Address)**

*City**

Postal /Zip Code

*Parish/State/County**

*Country**

Daytime contact number(s)* *(Enter at least one phone number)*

Home

Work

Mobile

Email address:

If you have already contacted us, please state date and method of contact:

Day

Month

Year

Method of Contact (Phone, Email, Mail, Office Visit, Other)

Are you aware of anyone else, or any organisation, who may have a claim in relation to the same events or need to know of this claim (for example, a building society, an insurance company and so on)?

Yes No

If Yes, please give details:

Part 2 – Attorney or Firm’s details

Name of the Attorney-at-Law or Law firm who caused your loss*:

Attorney or Firm’s address*:

*(Apt, Suite, Building Number, Street Address)**

*City**

Postal /Zip Code

*Parish/State/County**

*Country**

Name of the Firm’s staff member who you dealt with *(if applicable)*:

Part 3 – Your Claim

Are you aware of any money due to you from the Attorney-at-Law or Firm?*

Yes No

\$

Please give the date (or approximate date) on which you first became aware that you may have lost money because of the Attorney-at-Law or Law Firm

Day

Month

Year

Have you suffered a financial loss as a result of an Attorney-at-Law’s dishonesty or failure to pay you money that they received?*

Yes No

What is the basis on which you say that money is due to you from the Attorney-at-Law or Firm?

Is it money collected by the Attorney on your behalf?* Is it fees paid for services which you did not receive?*

Yes No

Yes No

Please explain on what other basis (if any) money is due to you from the Attorney-at-Law or Firm?

What type of work was the Attorney-at-Law doing for you?* Please provide as much information as possible along with any available supporting evidence *(please continue on a separate sheet if necessary)*:

Have you paid the Attorney-at-Law or the Law Firm's fees?*

Yes No

If No, please say how much you believe is due to the Attorney-at-Law or Law Firm: \$

Are you able to claim any part of the loss from another source, for example, insurance?*

Yes No

Have you engaged a new Attorney-at-Law?*

Yes No

If Yes, please give name and address

Name (of the new Attorney-at-Law or Law firm)

Apt, Suite, Building Number, Street Address (of the new Attorney-at-Law or Law firm)

City

Postal /Zip Code

Parish/State/County

Country

If you have instructed a new Attorney-at-Law to deal with your claim, please note that we will correspond with them only.

We may need further information or evidence to support your claim. We will let you know if this is the case.

Part 4 – Identification

Before we can process your claim you must provide a form of identification.

Acceptable proof of identity includes, but is not limited to, a photocopy/image of one of the following:

- Current valid passport
- Current driving licence (not a provisional licence)
- Current Voters I.D.

Please tick the appropriate box to indicate which form of identification you have enclosed with this form. Please note that your claim will not be processed unless identification is provided.

The identification provided is a copy of your*

Driver's licence Photographic passport Voter's ID Other

Please note that if you are a company, one of the directors is required to complete this form and provide one of the forms of identification above, together with proof of directorship. This may be in the form of a print from Companies Office of Jamaica or equivalent.

Please affix a copy of your identification here

DECLARATION

I confirm that I have suffered loss as a result of the actions of this Attorney-at-Law/Law Firm or their employees and I want to claim that loss. I understand that if I am not entitled to some or all of the money I receive, I will return it to the General Legal Council within 21 days.

I understand that grants from the Compensation Fund are discretionary, and I am not entitled to a payment. If I receive monies from the Compensation Fund, I acknowledge that the General Legal Council will be entitled to make any claim I may have against the Attorney-at-Law or Law Firm in my place, to the extent of any payment made to me. The Council may sue in my name on the basis that it will protect me against any legal costs. I transfer to the Council any rights I may have to recover the amount of any payment from the Attorney-at-Law or Law Firm.

I understand that a payment made to me from the Compensation Fund does not constitute a finding by the General Legal Council or the Disciplinary Committee of the General Legal Council that the Attorney-at-Law complained of is guilty of a Disciplinary offense.

I give you permission to gather any information you need from other people, including, but not limited to, any financial institution and to give other people information about my claim.

As far as I know, the information I have given is true. I acknowledge that I must tell you about any other information (for example, any money I recover or if I am made bankrupt) which may be relevant to this claim.

If I am signing this form as the representative of another person, I confirm that they have authorised me to sign it.

Your name:

Your signature: _____ Date:
Day Month Year

For joint applications only:

Name of joint applicant:

Signature of joint applicant: _____ Date:
Day Month Year

The General Legal Council will make reasonable adjustments to this form where required and appropriate. If you feel that this form does not enable you to properly submit your claim please contact us using the information provided in this form.