

Supreme Court

In the Matter of James L. Lawrence:

No. 2023-344-M.P.

PETITION

To the Honorable Chief Justice and  
Associate Justices of the Supreme Court

Your Honors:

The Special Master of Accounts and Marshalling Assets seeks approval of the following claims process to be utilized by clients, past and present, of Mr. Lawrence.

(1)(a) The Special Master will cause to be mailed to known past and present clients a proof of claim form in the form of Exhibit A, annexed hereto, with instructions which *inter alia* shall set a date by which such proofs of claim must be filed, what information and/or documents must be included and further such mailing shall contain the process by which the proofs of claim shall be evaluated and determined.

(1)(b) The Special Master will cause a notice in the form of Exhibit B to be published in the Providence Journal once a week for two consecutive weeks for the purpose of notifying any client (past or present) of James L. Lawrence and/or Lawrence and Associates who does not receive the mailing provided for in (1)(a) above that they may obtain a copy of (1) the Proof of Claim form; (2) Special Master's Petition seeking approval of the claim process and (3) the Supreme Court's Order thereon. The published notice also shall provide notice of the final date for filing proofs of claim and any claim filed after said date will be disallowed.

Further, the notice shall direct any interested party to the websites of the Rhode Island Judiciary where the Special Master's Petition and Supreme Court's Order thereon, together with a copy of the Proof of Claim form may be found, and from which copies may be printed out.

(2) Following the date by which such claims must be filed (the Bar date), the Special Master will evaluate each such claim by

(A) Reviewing such records as may be available to him from any source.

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(B) conference with such claimants if the Special Master deems it necessary.

Based on (A) and (B) above, he shall notify the claimant that he intends to:

- (i) Approve the claim in full
- (ii) Approve the claim only in part and disapprove the claim as to the balance
- (iii) Disapprove the claim in full.

(3) To the extent that a claim is not to be approved in full (the holder of such a claim) (aggrieved claimant) may within fourteen (14) days of notification of full or partial disapproval request a hearing before the Special Master.

At such hearing the aggrieved claimant may be represented by counsel. The hearing shall be recorded either mechanically or stenographically. Following such hearing the Special Master may modify his prior disapproval in whole or in part. Thereafter, the Special Master shall prepare a final report with respect to claims and circulate a copy to all claimants.

(4) In connection with the approval in full or in part or the disapproval in whole or in part by the Special Master, he shall make (i) findings of fact which shall be binding unless clearly erroneous and (ii) findings of law.

(5) Within ten (10) days of receipt of such report, any aggrieved claimant may seek review of the Special Master's final recommendation as to that aggrieved claimant's claim by filing a Miscellaneous Petition with the

- (a) Providence County Superior Court to be assigned to the Formal and Special Cause Calendar

**OPTION**

or

- (b) Rhode Island Supreme Court to be heard by a single justice (duty judge).

(6) The reviewing Court shall transmit its action with respect to the aggrieved party's claim to the Special Master who shall modify his final report consistent

with the reviewing Court's determinations and file the same with the Supreme Court with a copy to each claimant.

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Michael A. Silverstein  
Special Master of Accounts and Marshalling Assets  
April 11, 2024

EXHIBIT A

**Proof of Claim must be filed by close of business on \_\_\_\_\_ 2024**  
**(The Bar Date) or claim will be disallowed.**

**PROOF OF CLAIM IS TO BE FILED WITH SPECIAL MASTER**

RHODE ISLAND SUPREME COURT

IN THE MATTER OF JAMES L. LAWRENCE<sup>1</sup>: Case No. 2023-344-M.P.

**PROOF OF CLAIM FORM**

Please Type or Print in the Boxes Below

**FOR SPECIAL MASTER'S USE ONLY**

Claim No.: \_\_\_\_\_

Date of Claim: \_\_\_/\_\_\_/\_\_\_

**PART I: CLAIMANT IDENTIFICATION:**

Name of Individual (Last, First) or Entity Making this Claim

\_\_\_\_\_

If Entity, Name (Last, First) of Individual Completing Form on behalf of Entity  
Title

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

<sup>1</sup> This form should be used for claims against James L. Lawrence and/or Lawrence and Associates (aka Lawrence and Associates, LLC).

Telephone Number (Primary)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Telephone Number (Alternate)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address

\_\_\_\_\_

**PART II: CLAIM:**

AMOUNT OF CLAIM: _____	DATE CLAIM INCURRED (IF KNOWN): _____
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Please identify, by checking the appropriate box, the Person or Entity against whom this claim is asserted:

<input type="checkbox"/>	James L. Lawrence
<input type="checkbox"/>	Lawrence and Associates

<p><b>Specific Grounds for Claim</b> (attach additional sheet(s), if necessary).</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please indicate the number of additional sheets attached _____</p> <p>_____</p> <p>_____</p>
<p>If Legal Action Pending, Date Commenced, Court Name, and Case No.:</p> <p>_____ / _____ / _____</p> <p>Has a claim been filed with the Rhode Island Bar Association Client Reimbursement Fund?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

If yes: (a) In what amount? \$ \_\_\_\_\_  
(b) Has claim been paid? Yes  No

In what amount? \$ \_\_\_\_\_  
(c) When paid? \_\_\_\_\_

Has a claim been filed with the Massachusetts Clients' Security Board? Yes  No

If yes: (a) In what amount? \$ \_\_\_\_\_  
(b) Has claim been paid? Yes  No

In what amount? \$ \_\_\_\_\_  
(c) When paid? \_\_\_\_\_

**Claim Status.**

- Check box if you are aware that anyone else has filed a Proof of Claim Form with the Special Master relating to Your Claim. (Attach statement giving particulars.)
- Check box if the address entered on this form differs from the address on the envelope sent to you by the Special Master (if you received this form via mail).

Check here if this Proof of Claim:

- Amends
- Replaces
- Supplements a previously filed Proof of Claim Form, dated: \_\_\_\_\_

**VERIFICATION OF CLAIMS:** All Proof of Claim Forms submitted are subject to verification by the Special Master and approval by the Supreme Court. It is important to provide complete and accurate information to facilitate this effort. Claimants must be willing to submit to an interview and may be asked to supply additional information to complete the claims process.

**CONSENT TO JURISDICTION:** By submitting your Proof of Claim Form, you consent to the claims process approved by the Rhode Island Supreme Court, a copy of the approved Claims Process has been furnished to the undersigned who acknowledges receipt thereof. The undersigned agrees to be bound for all purposes by the process and determinations as to the validity and amount of Claims filed by or on behalf of the undersigned. In submitting your Proof of Claim Form, you agree to be bound by the claims process even if that means your Claim is limited or denied.

DECLARATION AND CERTIFICATE OF TRUTHFULNESS: I, the undersigned, hereby certify that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim. I further certify that I have received a copy of the Claims Process approved by the Rhode Island Supreme Court.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing)

If signing for an entity

\_\_\_\_\_  
(Name of entity)

Submit your Proof of Claim Form and supporting documentation to the Special Master addressed to the Special Master c/o Disciplinary Counsel, Room 1083, 222 Quaker Lane, Warwick, RI 02886.

**Reminder Checklist:**

1. Please sign the above declaration.
2. Remember to attach copies of supporting documentation, if available.
3. Keep a copy of your claim form and all original supporting documentation for your records.
4. If your contact information changes, please send the Special Master updated information.

**INSTRUCTIONS:**

**SUPPORTING DOCUMENTATION:** Please attach to your Proof of Claim Form only documents (including copies of emails and other electronic data) that support your Proof of Claim Form. **DO NOT SEND ORIGINAL DOCUMENTS.** If such documentation is not available, please attach an explanation of why the documents are not available.

EXHIBIT B

RHODE ISLAND SUPREME COURT

Case No. 2023-344 M.P.

In the Matter of James L. Lawrence<sup>1</sup>

To all past and present clients of James L. Lawrence, please take notice that a process for filing claims has been approved by the Rhode Island Supreme Court.

See:

- (i) Petition to Approve Claim Process;
- (ii) The Supreme Court Order approving the same; and
- (iii) A copy of the Proof of Claim Form

which are available on the Rhode Island judiciary website at [www.courts.ri.gov](http://www.courts.ri.gov) and on the Disciplinary Board webpage, located under the Supreme Court section of the judiciary website noted above.

PLEASE NOTE that a Bar Date after which no claims will be accepted has been established. That Bar Date is \_\_\_\_\_.

For further information, contact the Office of the Disciplinary Counsel, 222 Quaker Lane, Warwick, RI., phone: (401) 823-5710.

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<sup>1</sup> Which includes clients of Lawrence and Associates (aka Lawrence and Associates, LLC).