



State of Rhode Island Judiciary

Supreme Court

Proof of Claim

In the matter of James S. Lawrence¹

Case Number: SU-2023-344-M.P.

This Proof of Claim is to be filed with the Special Master and must be filed by the close of business on August 30, 2024 (the Bar Date) or the claim will be disallowed.

Please type or print in the boxes below.

For Special Master's Use Only

Claim Number: _____

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 and title

Street Address

City

State

Zip Code

Telephone Number (Primary)

____ - ____ - ____
____ - ____ - ____

Telephone Number (Alternate)

____ - ____ - ____
____ - ____ - ____

Email Address

¹ This form should be used for claims against James S. Lawrence and/or Lawrence and Associates (a/k/a Lawrence and Associates, LLC).

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

Specific grounds for claim (attach additional sheet(s), if necessary). _____ _____ _____
Please indicate the number of additional sheets attached _____
If legal action pending, date commenced, court name, and case number. ____ / ____ / ____ _____ _____
Has a claim been filed with the Rhode Island Bar Association Client Reimbursement Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: (a) In what amount? \$ _____ (b) Has claim been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No In what amount? \$ _____ (c) When paid? _____
Has a claim been filed with the Massachusetts Clients' Security Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: (a) In what amount? \$ _____ (b) Has claim been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No In what amount? \$ _____ (c) When paid? _____

Claim Status.

- Check this box if you are aware that anyone else has filed a Proof of Claim with the Special Master relating to your claim. (Attach statement giving particulars.)
- Check this 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; or
- Supplements a previously filed Proof of Claim dated _____.

Verification of Claims: All Proof of Claims submitted are subject to verification by the Special Master and approval by the Supreme Court. Please note the importance of providing 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, you consent to the claims process approved by the 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, 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, 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 and supporting documentation to the Special Master addressed to the Special Master c/o Disciplinary Counsel, Room 1083, 222 Quaker Lane, Warwick, Rhode Island 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.

Supporting Documentation: Please attach to your Proof of Claim only documents (including copies of emails and other electronic data) that support your claim. **Do not send original documents.** If such documentation is not available, please attach an explanation of why the documents are not available.