



CONTRACTOR TRANSACTION RECOVERY FUND CLAIM APPLICATION INSTRUCTIONS

Please retain a copy of your completed application and this instruction sheet for future reference

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THE CONTRACTOR TRANSACTION RECOVERY FUND CLAIM APPLICATION.

Please answer **all** questions on the claim form by typing in the information or by printing with ink, and submit all of the requested documentation with the claim application form. Mail the completed claim application to the address at the top of the claim form.

In order to be eligible for reimbursement from the Fund, you **must** have a final judgment against a licensee from a court in the Commonwealth of Virginia that states the basis of the judgment is dishonest and improper conduct. Section 54.1-1120 A(7) of the *Code of Virginia* states "A claimant shall not be denied recovery from the Fund due to the fact the order for the judgment filed with the verified claim does not contain a specific finding of "improper or dishonest conduct." Any language in the order which supports the conclusion that the court found that the conduct of the regulant involved improper or dishonest conduct may be used by the Board to determine eligibility for recovery from the Fund." Section 54.1-1118 of the *Code of Virginia* states "Improper or dishonest conduct" includes only the wrongful taking or conversion of money, property or other things of value which involves fraud, material misrepresentation or conduct constituting gross negligence, continued incompetence, or intentional violation of the Uniform Statewide Building Code (§ [36-97](#) et seq.). The term "improper or dishonest conduct" does not include mere breach of contract." **Please note that disciplinary action taken against the licensee by the Board for Contractors does not satisfy any statutory requirements contained in Article 2 of Chapter 11 of Title 54.1 of the Code of Virginia.**

After you have obtained a judgment against the licensee, Section 54.1-1120 A(6) of the *Code of Virginia* states you must conduct debtor's interrogatories to determine whether the judgment creditor has any assets that can be sold or applied in satisfaction of the judgment, and that you take all legally available action to obtain or sell the assets to satisfy the judgment.

If the licensee has filed bankruptcy, Section 54.1-1120 B of the *Code of Virginia* states you **must** file a claim with the proper bankruptcy court and submit a copy of the proof claim with your recovery fund claim application. If no distribution is made, you may then file a claim with the Board. If the licensee receives a discharge of debts, you must attach a copy of the discharge notice with your claim form. The Board will determine whether the conduct that gave rise to the claim was improper or dishonest.

Section 54.1-1120 A(3) of the *Code of Virginia* states a verified claim shall be filed in this office no later than twelve months after the judgment became final.

To file a verified claim, you must submit:

- A fully completed claim form that has been signed, dated and notarized.
- A copy of the judgment order that has been signed by the judge.
- Proof that debtor's interrogatories have been conducted. This includes submitting a copy of the front and back of the summons to answer interrogatories.
- A description of any and all assets that were revealed by such interrogatories and a statement that all legally available action was taken for the sale, or application of the disclosed assets.
- A copy of the proof of claim that was filed with the appropriate bankruptcy court, or a copy of the discharge of debts notice, if the licensee filed for bankruptcy protection.

You should also submit with your claim application, a copy of the contract, proposal or agreement that you had with the contractor.

If you would like to submit pictures with your claim application, we request they be submitted on disc.



CONTRACTOR TRANSACTION RECOVERY FUND CLAIM APPLICATION

YOUR VERIFIED CLAIM MUST BE FILED WITHIN TWELVE (12) MONTHS OF THE FINAL JUDGMENT DATE OR YOU WILL NOT BE ELIGIBLE TO BE REIMBURSED FROM THE FUND.

SOME LANGUAGE IN THE JUDGMENT ORDER MUST APPEAR TO SUPPORT THE CONCLUSION THAT THE COURT FOUND THE CONDUCT OF THE LICENSED CONTRACTOR INVOLVED IMPROPER OR DISHONEST CONDUCT, IN ORDER FOR THE BOARD TO DETERMINE ELIGIBILITY FOR RECOVERY FROM THE FUND.

Please answer ALL questions completely and accurately. Failure to answer all of the questions, or to provide any additional documentation required by this form, will result in a delay of processing your claim.

1. Name of Claimant(s) _____
 Mailing Address _____
 City, State and Zip Code _____
 E-mail Address _____
 Telephone & Facsimile Numbers

() -	() -	() -
Home Number	Work Number	Cellular Number

Are you being represented by an attorney for this claim? Yes No
 (If yes, please complete question number 2)

(If you are not being represented by an attorney for this claim, check "no" and go to question number 3)

2. Attorney's Name _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone & Facsimile Number

() -	() -	() -
Telephone	Facsimile	Other Contact Number

3. Name of Licensee _____
 License Number (if known) _____

4. a. Do you or does your business hold a current or expired Contractor License?
 No
 Yes License Number _____ Expiration Date _____

b. Are you the personal representative of a contracting business or an individual?
 Yes No

c. Are you an employee of the licensee or an employee of the licensee's spouse or child against whom you are making the claim? (If you answered yes, proceed to question 4d.)
 Yes No

d. Were you employed by the licensee or the licensee's spouse or child during the time of the transaction?

Yes No If yes, when? _____

e. Are you the spouse or child of the licensee against whom you are making the claim, or the personal representative of that spouse or child?

Yes No

f. Do you operate as a financial or lending institution?

Yes No

g. Does your business involve the construction or development of real property?

Yes No

h. Are you a vendor of the licensee against whom you are making the claim?

Yes No

5. What best describes this property? (Check One)

- a. Primary Residence
- b. Secondary Residence
- c. Investment/Rental Property
- d. Vacation Home
- e. Utility Structures
- f. Time Share
- g. Other (please describe) _____

6. a. To your knowledge has the licensee filed for bankruptcy?

Yes No

If yes, what district? _____ If no, continue to number #8

In order to file a claim where the licensee has filed for bankruptcy protection, you must file a claim with the appropriate bankruptcy court and submit proof of that claim, and an order determining the dischargeability of the debt with this claim application form.

7. a. Bankruptcy claim amount _____

You must attach to this claim application a copy of the proof of claim that was filed with the bankruptcy court .

b. Court Costs _____

c. Attorney Fees _____

TOTAL AMOUNT OF CLAIM

Continue to item #9

8. a. Date of Judgment _____

You must attach a copy of the judgment order with this claim application.

b. Amount of Judgment _____

c. Court Costs _____

Please attach copies of your receipt(s)

d. Attorney Fees _____

Please attach copies of your receipt(s)

TOTAL AMOUNT OF CLAIM

9. a. Have you conducted debtor interrogatories?

You must attach to this claim application a copy of the summons to conduct debtor interrogatories .

Yes No (if no, go to 9e)

b. If yes, what date? _____

c. List any assets revealed by these interrogatories (you may attach a separate sheet). If none, write "none."

d. Have you received any money from the Contractor?

Yes No If yes, how much? _____

11. Have you filed a complaint with the Department of Professional and Occupational Regulation (DPOR) for disciplinary action against this licensee?
 Yes No

12. **ASSIGNMENT OF CERTAIN RIGHTS**

I/We submitted a claim for payment from the Virginia Contractor Transaction Recovery Fund (the Fund) established under the Department of Professional and Occupational Regulation (DPOR), a Virginia state agency, pursuant to Title 54.1, Chapter 11, Article 2, of the Code of Virginia.

As a condition of receiving payment from the Fund, I/We assign to DPOR any money, securities or debt instruments, in any form, and any other assets that I/We receive in the future from the Licensee up to the amount that I/We received from the Fund. I/We will not collect or receive that portion paid out of the Fund.

I/We irrevocably appoint and assign DPOR as lawful attorney in fact, with power of substitution and revocation, for DPOR's own use and DPOR's own cost and charges, to demand and receive from the Licensee that portion paid out of the Fund, and take executions, and to take in DPOR's name all lawful ways and means to recover the money paid out of the Fund. I/We agree not to release or discharge the Licensee from the money owed without DPOR's consent.

13. NOTARIZED STATEMENT: **Signature(s) must be witnessed by a Notary**

OATH: I/We swear that I/we are the claimant(s); that I/we have read and understand the contents of the claim, the affidavit of facts (item 10) and the assignment of certain rights (item 12) and that the foregoing statements and answers are true and complete to the best of my/our knowledge and belief, and I/we have not suppressed any information that might affect the Board's decision to approve this claim.

Name _____ Name _____
 Signature _____ Signature _____

NOTE: All documents listed on the Instructions Sheet (page 1) must accompany this Claim Form.

THE FOLLOWING SIGNATURE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGMENTS.

State of _____ City/County of _____

On this _____ day of _____, 20____, _____ whose name(s) is/are signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: _____ Signature: _____

Notary Number: _____

How did you hear about DPOR?		
Newspaper <input type="checkbox"/>	Radio <input type="checkbox"/>	DPOR speaker, contact <input type="checkbox"/>
TV <input type="checkbox"/>	Internet <input type="checkbox"/>	Other <input type="checkbox"/>

