



Department of Professional and Occupational Regulation

## VIRGINIA CONTRACTOR TRANSACTION RECOVERY FUND CLAIM APPLICATION INSTRUCTIONS

**READ THE FOLLOWING INSTRUCTION PRIOR TO COMPLETING THIS APPLICATION.**

Failure to comply with these instructions will cause delay in your recovery claim.

### How to File a Contractor Transaction Recovery Fund Claim:

1. In order to be eligible for the Recovery Fund, a Claimant (homeowner) must first be awarded a judgment in a court of competent jurisdiction in the Commonwealth of Virginia against any licensee of the Board (Contractor/Regulant) which involved improper or dishonest conduct in connection with a transaction involving contracting. **Please note that disciplinary action taken against the Regulant by the Board for Contractors (the Board) does not satisfy any statutory requirements contained in the Recovery Fund Act. A court judgment with the requirements noted above is still required.**
2. *Code of Virginia; §54.1-1120(B)(4)(a) and (b)*: Prior to submitting the verified claim with the Department of Professional and Occupational Regulation (the Department); the claimant shall: a.) Conduct or make a reasonable attempt to conduct debtor's interrogatories<sup>①</sup> to determine whether the judgment debtor has any assets that may be sold or applied in whole or partial satisfaction of the judgment; and b.) Take all legally available actions for the sale or application of any assets disclosed in the debtor's interrogatories.
3. If the Regulant files for bankruptcy; the Claimant must first file a proof of claim with the proper bankruptcy court prior to submitting their claim to the Department. If no distribution is made or the distribution ordered fails to satisfy the bankruptcy claim, then the Claimant may file a Recovery Fund claim with the Board for Contractors. The verified claim shall be received by the Board within 12 months of the date of bankruptcy discharge or dismissal.
4. *Code of Virginia; §54.1-1120(B)(3)*: A verified claim shall be filed with the Department's Director ***no later than 12 months after the date of the entry of the final judgment*** from which no further rights of appeal exist.

### Code of Virginia §54.1-1118. Definitions.

"Act" means the Virginia Contractor Transaction Recovery Act.

"Biennium" means a two-year period beginning on July 1 of an even-numbered year and continuing through June 30 of the next even-numbered year.

"Claimant" means any person with an unsatisfied judgment involving residential construction against a Regulant, who has filed a verified claim under this Act.

"Fund" means the Virginia Contractor Transaction Recovery Fund.

"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.

"Judgment" includes an order of a United States Bankruptcy Court (i) declaring a claim against a Regulant who is in bankruptcy to be a "Debt Nondischargeable in Bankruptcy," (ii) extinguishing a claim against a Regulant who is in bankruptcy and for which claim no distribution was made from the Regulant's bankruptcy estate but excluding any such claim disallowed by order of the bankruptcy court, or (iii) extinguishing a claim against a Regulant who is in bankruptcy and for which claim only partial distribution was made from the Regulant's bankruptcy estate. An order of dismissal shall not be considered a judgment.

"Regulant" means any individual, person, firm, corporation, association, partnership, joint venture or any other legal entity licensed by the Board for Contractors. "Regulant" shall not include contractors holding only the commercial building contractor classification or individuals licensed or certified in accordance with Article 3 (§ 54.1-1128 et seq.) or Article 4 (§ 54.1-1140 et seq.).

"Verified claim" means a completed application, on a form designed by the Board, the truthfulness of which has been attested to by the Claimant before a notary public, along with all required supporting documentation, that has been properly received by the Department in accordance with this chapter.

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1485  
(804) 367-1559  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)  
[recoveryfund@dpor.virginia.gov](mailto:recoveryfund@dpor.virginia.gov)



### CONTRACTOR TRANSACTION RECOVERY FUND CLAIM APPLICATION

A verified claim ***must be filed no later than 12 months after the judgment*** becomes final or you will not be eligible to be reimbursed from the fund.

Answer all questions completely and accurately. Failure to answer all questions, or 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 \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Contact Numbers \_\_\_\_\_  
 \_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. Is the Claimant being represented by an attorney for this claim?  
 No   
 Yes  If yes, provide the following information:  
 Name of Attorney \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Numbers \_\_\_\_\_  
 \_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

3. Name of Contractor (Regulant) \_\_\_\_\_  
 (Contractor whom you have filed this claim against)

Virginia License Number: 

2	7								
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Search for License number at:  
<http://www.dpor.virginia.gov/LicenseLookup/>

4. Does the Claimant hold a current or has the Claimant ever held a Virginia Contractor license?  
 No   
 Yes  If yes, provide your Virginia License Number: 

2	7								
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5. Is the Claimant currently an employee or vendor of the Contractor?  
 No   
 Yes

6. Is the Claimant currently a spouse or child of the Contractor or an employee of the spouse or child related to the Contractor?  
 No   
 Yes

7. Does the Claimant operate as a financial or lending institution?  
 No   
 Yes

8. Does the Claimant's business involve the construction or development of real property?

No

Yes

9. What best describes the property involved in this claim?

a. Primary Residence

e. Utility Structure

b. Secondary Residence

f. Time Share

c. Investment/Rental Property

g. Other (please describe)

d. Vacation Home

10. To the best of your knowledge, has the Contractor filed for **bankruptcy**?

No  If no, Skip to question #11

Yes  If yes, provide the following information:

A. Provide the name of the district court and the case number for the bankruptcy:

\_\_\_\_\_

B. Did the Contractor file for Chapter 7 or Chapter 13 bankruptcy?

Do not know

Chapter 7

Chapter 13

C. Did the Claimant ever receive a notice from the bankruptcy court instructing Claimant ***not*** to file a proof of claim?

No

Yes  If yes, provide a copy of the letter from the bankruptcy court.

D. Did the Claimant file a proof of claim?

No  If no, explain why: \_\_\_\_\_

Yes  Attach a copy of the proof of claim that was filed with the bankruptcy court.

E. Did the Claimant ever receive a notice from the bankruptcy court informing the Claimant of possible assets and requesting the Claimant to file a proof of claim?

No

Yes

F. Was there a distribution?

No

Yes

G. Has the bankruptcy been discharged (successfully completed)?

No

Yes  If yes, date of discharge: \_\_\_\_\_

H. Provide the following information.

1. Total amount of the bankruptcy claim \$ \_\_\_\_\_

2. Total amount of the court costs **awarded by the court** \$ \_\_\_\_\_

3. Total amount of the attorney fees \$ \_\_\_\_\_

4. Total amount of funds **received** from the distribution \$ \_\_\_\_\_

**TOTAL AMOUNT OF CLAIM\*** \$ \_\_\_\_\_

\* Add items #1 - #3, then **subtract** item #4 for the total amount of claim.

 **REQUIRED ATTACHMENTS:** Copies of all documentation to support this claim.

11. Provide the following information for the judgment.

- a. Date of the judgment \* \$ \_\_\_\_\_
  - b. Total amount of the judgment awarded by the court \$ \_\_\_\_\_
  - c. Total amount of the court costs awarded by the court \$ \_\_\_\_\_
  - d. Total amount of attorney fees awarded by the court \$ \_\_\_\_\_
- TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

\* A verified claim shall be filed with the Department's Director no later than 12 months after the date of the entry of the final judgment from which no further rights of appeal exist. (See Code of Virginia; §54.1-1120(B)(3))

☛ REQUIRED ATTACHMENTS: Copies of all court orders.

12. A. Has the Claimant conducted or attempted to conduct debtor interrogatories<sup>①</sup>?

No  If no, provide a detailed written explanation of why not and provide supporting documentation.

Yes  If yes, provide the following information:

- a. Date of the debtor interrogatories \_\_\_\_\_
- b. What is the total value of the assets? \$ \_\_\_\_\_
- c. Describe the assets disclosed by such interrogatories below. If none, write "none".

(Attach additional sheets if necessary)

13. Has the Claimant taken all legally available action for the sale or application of the disclosed assets of the Contractor?

No  If no, provide a detailed written explanation of why not and provide supporting documentation.

Yes  If yes, describe the legal action taken: (Attach additional sheets if necessary)

14. Has the Claimant received any money from the Contractor (judgment debtor) as a result of the sale or application of the disclosed assets?

No

Yes  If yes, how much has been recovered by the Claimant? \$ \_\_\_\_\_

15. Has the Claimant received any other money from the Contractor (judgment debtor) towards satisfaction of the unpaid judgment?

No

Yes  If yes, how much has been recovered by the Claimant? \$ \_\_\_\_\_

16. What is the *remaining balance due* from the Contractor (judgment debtor)? \$ \_\_\_\_\_

17. STATEMENT OF FACTS:

In your own words, provide a detailed statement of the facts on which you are basing your *claim of improper or dishonest conduct*.

Code of Virginia §54.1-1118 defines improper and dishonest conduct as 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.

(Attach additional sheets if necessary)

18. Has the Claimant filed a complaint with the Department for disciplinary action against this Contractor?

No

Yes  If yes, provide the case number and a copy of any documentation that you wish to be considered with your claim.

Disciplinary action taken against the Contractor by the Board does not satisfy any statutory requirements contained in the Recovery Fund Act.

19. 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 Regulant 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 Regulant 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 Regulant from the money owed without DPOR's consent.

20. NOTARIZED STATEMENT:

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 18) and the assignment of certain rights (item 19) and that the foregoing statements and answers are true and complete to the best of my/our knowledge and belief, and that I/we have not suppressed any information that might affect the Board's decision to approve this claim.

Date \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- The burden shall be on the claimant to comply with all claim requirements and to submit the necessary documentation within 12 months of the initial claim submission as referenced in the Code of Virginia; § 54.1-1122(B).

(All Signatures must be witnessed by a Notary)

Notarization

In the State of \_\_\_\_\_, City/County of \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.

Name of Claimant(s)

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 the \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.

Affix official seal here.

Signature of Notary Public

Notary No.: \_\_\_\_\_

Required Attachments: (Place a check mark beside the attachment included with this claim form.)

One completed copy of this application (along with all attachments) should be kept with the Claimant for future reference.

- \_\_\_\_\_  Copies of contract and change orders between Claimant and Contractor.
- \_\_\_\_\_  If no contract was given or signed between the Claimant and Contractor; an affidavit attesting to the terms of the agreement and other contractual obligations will need to be provided by the Claimant.
- \_\_\_\_\_  All pleadings or documents filed with the court from which the judgment was obtained.
- \_\_\_\_\_  All opinions and orders, specifically the final judgment order.
- \_\_\_\_\_  All transcripts of the debtor's interrogatories (if applicable).
- \_\_\_\_\_  A statement for balance that is remaining. (Reference question #17)
- \_\_\_\_\_  Other - any additional information the Claimant would like to include for the Board's consideration.

Mail Completed package to:

Department of Professional and Occupational Regulation  
VA Contractor Transaction Recovery Fund  
9960 Mayland Drive; Suite 400  
Richmond, VA 23233-1485

How did you hear about the Recovery Fund?

- Newspaper  Internet
- TV  Department Speaker, contact
- Radio  Other