OFFICE OF THE CHIEF DISCIPLINARY COUNSEL STATE BAR OF TEXAS GRIEVANCE FORM

I. GENERAL INFORMATION

Before you fill out this paperwork, there may be a faster way to resolve the issue you are currently having with an attorney.

If you are considering filing a grievance against a Texas attorney for any of the following reasons:

- ~ You believe your attorney is neglecting your case.
- Your attorney does not return phone calls or keep you informed about the status of your case.
- You have fired your attorney but are having problems getting your file back from the attorney.

You may want to consider contacting the Client-Attorney Assistance Program (CAAP) at 1-800-932-1900.

CAAP was established by the State Bar of Texas to help people resolve these kinds of issues with attorneys quickly, without the filing of a formal grievance.

CAAP can resolve many problems without a grievance being filed by providing information, by suggesting various self-help options for dealing with the situation, or by contacting the attorney either by telephone or letter.

I have _____ I have not _____ contacted the Client-Attorney Assistance Program.

NOTE: Please be sure to fill out each section completely. Do not leave any section blank. If you do not know the answer to any question, write "I don't know."

II. INFORMATION ABOUT YOU -- PLEASE KEEP CURRENT

1.	TDCJ/SID # Immigration #			
	Address:			
	City:	State:	Zip Code:	

Telephone number: Residence Other:	Work:				
Drivers License #	Date of Birth				
Name, address, and telephone r	ne, address, and telephone number of person who can always reach you.				
Name	Address				
	Telephone				
If no, what is your primary lang Who helped you prepare this fo	a the English language? guage? orm? ate future correspondence during this process?				
, , , , , , , , , , , , , , , , , , ,					
Are you a Judge?	ounty, City, State:				
Are you a Judge?	ounty, City, State:				
Are you a Judge? If yes, please provide Court, Co INFORMATION ABOUT ATTORN <u>Note</u> : Grievances are not acc attorney against whom you a	ounty, City, State:				
Are you a Judge? If yes, please provide Court, Co INFORMATION ABOUT ATTORN <u>Note</u> : Grievances are not acc attorney against whom you a completed for each attorney aga	Dunty, City, State: NEY Repted against law firms. You must specifically name th are complaining. A separate grievance form must b				
Are you a Judge? If yes, please provide Court, Co INFORMATION ABOUT ATTORN <u>Note</u> : Grievances are not acc attorney against whom you a completed for each attorney aga Attorney name:	Dunty, City, State: NEY Repted against law firms. You must specifically name th are complaining. A separate grievance form must b ainst whom you are complaining.				

Have you or a member of your family ever filed an appeal with the Board of Disciplinary Appeals about this attorney?

Yes_	No	If "yes,"	please	state its a	approximate	date and	outcome.
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- 4. Please check one of the following:
 - _____ This attorney was **hired** to represent me.
 - _____ This attorney was **appointed** to represent me.
 - _____ This attorney was hired to represent **someone else**.

Please give the date the attorney was hired or appointed.

Please state what the attorney was hired or appointed to do._____

5. What was your fee arrangement with the attorney?

How much did you pay the attorney?

If you signed a contract and have a <u>copy</u>, please attach. If you have <u>copies</u> of checks and/or receipts, please attach. <u>Do not send originals</u>.

- 6. If you did not hire the attorney, what is your connection with the attorney? Explain briefly
- Are you currently represented by an attorney? _____
 If yes, please provide information about your current attorney: _____
- 8. Do you claim the attorney has an impairment, such as depression or a substance use disorder? If yes, please provide specifics (your **personal** observations of the attorney

such as slurred speech, odor of alcohol, ingestion of alcohol or drugs in your presence etc., including the date you observed this, the time of day, and location).

	Did the attorney ever make any statements or admissions to you or in your presence tha would indicate that the attorney may be experiencing an impairment, such as depression or a substance use disorder? If so, please provide details.				
•	INFORMATION ABOUT YOUR GRIEVANCE				
	Where did the activity you are complaining about occur?				
	County: City:				
	If your grievance is about a lawsuit, answer the following, if known:				
	a. Name of court				
	b. Title of the suit				
	c. Case number and date suit was filed				
	d. If you are not a party to this suit, what is your connection with it? Explain briefly.				

3. Explain in detail why you think this attorney has done something improper or has failed to do something which should have been done. Attach additional sheets of paper if necessary.

If you have <u>copies</u> of letters or other documents you believe are relevant to your grievance, please attach. <u>Do not send originals</u>.

Include the names, addresses, and telephone number of all persons who know something about your grievance.

Also, please be advised that a copy of your grievance will be forwarded to the attorney named in your grievance.

V. HOW DID YOU LEARN ABOUT THE STATE BAR OF TEXAS' ATTORNEY GRIEVANCE PROCESS?

- _____Yellow Pages
- ____ Internet
- _ Other

VI. ATTORNEY-CLIENT PRIVILEGE WAIVER

I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this grievance, and authorize such attorney to reveal any information in the professional relationship to the Office of Chief Disciplinary Counsel of the State Bar of Texas.

I understand that the Office of Chief Disciplinary Counsel maintains as confidential the processing of Grievances.

Signature: _____ Date: _____

TO ENSURE PROMPT ATTENTION, THE GRIEVANCE SHOULD BE MAILED TO:

THE OFFICE OF CHIEF DISCIPLINARY COUNSEL P.O. Box 13287 Austin, Texas 78711