

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

**THREE WAYS TO FILE:**

1. ONLINE FILING AVAILABLE AT <http://cdc.texasbar.com>.
2. FAX FILING AVAILABLE AT (512) 427-4169
3. MAIL FILING TO P.O. BOX 13287, AUSTIN, TX 78711

**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 are concerned about the progress of your case.
- ~ Communication with your attorney is difficult.
- ~ Your case is over or you have fired your attorney and you need documents from your file or your former 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.

If you prefer, you have the option to file your grievance online at <http://cdc.texasbar.com>.

**In order for us to comply with our deadlines, additional information/documentation that you would like to include as part of your grievance submission must be received in this office by mail or fax within (10) days after submission of your grievance. Please limit your additional information to 25 pages. Information, including audio, video or image files, submitted on a USB thumb drive or flash drive must not exceed 25MB. Information received after the 10 day deadline will be returned and not considered, as well as information submitted on CDs, DVDs, cassette tapes or other unsupported media. Thank you for your cooperation in this matter.**

**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 # \_\_\_\_\_ Name: \_\_\_\_\_

Immigration # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

3. Telephone numbers: Residence: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Name, address, and telephone number of person who can always reach you in the event that the Office of Chief Disciplinary Counsel needs to locate you. **\*Please note that confidentiality is not waived and this individual does not have the authority to contact the Office of Chief Disciplinary Counsel in order to obtain information about this grievance.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

7. Do you understand and write in the English language? \_\_\_\_\_

If no, what is your primary language? \_\_\_\_\_

Who helped you prepare this form? \_\_\_\_\_

Will they be available to translate future correspondence during this process? \_\_\_\_\_

8. Are you a Judge? \_\_\_\_\_

If yes, please provide Court, County, City, State: \_\_\_\_\_

9. Are you an attorney? Yes \_\_\_\_ No \_\_\_\_  
If "yes," are you currently in litigation with the attorney named in this grievance?  
Yes \_\_\_\_ No \_\_\_\_

### III. INFORMATION ABOUT ATTORNEY

Note: Grievances are not accepted against law firms. You must specifically name the attorney against whom you are complaining. A separate grievance form must be completed for each attorney against whom you are complaining.

1. Attorney name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Telephone number: Work \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_
3. Have you or a member of your family filed a grievance about this attorney previously?  
Yes \_\_\_\_ No \_\_\_\_ If "yes", please state its approximate date and outcome. \_\_\_\_\_

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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 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**.

If you hired the attorney, tell us how you met the attorney. Specifically, please provide details about how you came to know and hire this attorney. \_\_\_\_\_

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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 copy, please attach.  
If you have copies of checks and/or receipts, please attach.  
Do not send originals.**

6. If you did not hire the attorney, what is your connection with the attorney? Explain briefly

\_\_\_\_\_

\_\_\_\_\_

7. 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).

\_\_\_\_\_

\_\_\_\_\_

9. Did the attorney ever make any statements or admissions to you or in your presence that would indicate that the attorney may be experiencing an impairment, such as depression or a substance use disorder? If so, please provide details.

\_\_\_\_\_

\_\_\_\_\_

**IV. INFORMATION ABOUT YOUR GRIEVANCE**

1. Where did the activity you are complaining about occur?

County: \_\_\_\_\_ City: \_\_\_\_\_

2. 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.  
\_\_\_\_\_

**If you have copies of court documents, please attach.**

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.

**Supporting documents, such as copies of a retainer agreement, proof of payment, correspondence between you and your attorney, the case name and number if a specific case is involved, and copies of papers filed in connection with the case, may be useful to our investigation. Do not send originals, as they will not be returned. Additionally, please do not use staples, post-it notes, or binding. Please limit your supporting documentation to 25 pages. Information, including audio, video or image files, submitted on a USB thumb drive or flash drive must not exceed 25MB. Information received after the 10 day deadline will be returned and not considered, as well as information submitted on CDs, DVDs, cassette tapes or other unsupported media.**

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

**Please be advised that a copy of your grievance will be forwarded to the attorney named in your grievance. To protect your privacy and the privacy of others, please redact personal identifying information (i.e., social security number, date of birth) from any document you provide in support of your grievance and avoid submitting medical records or protected health information belonging to third-parties. Please be advised that in the event that you do provide records that contain your own personal identifying information or protected health information, you are authorizing us to share this information with the attorney named in your grievance. Be advised that documents that contain unredacted third party personal identifying information or that individual's protected health information will be returned and not considered. By executing the grievance below, you authorize the CDC to disclose your personal identifying information and protected health information as necessary to comply with the law, or as necessary to carry out the function and duties of the CDC.**



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

<input type="checkbox"/>	<b>Yellow Pages</b>	<input type="checkbox"/>	<b>CAAP</b>
<input type="checkbox"/>	<b>Internet</b>	<input type="checkbox"/>	<b>Attorney</b>
<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>	<b>Website</b>

**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 it may be necessary to act promptly to preserve any legal rights I may have, and that commencement of a civil action may be required to preserve those rights.

Additionally, I understand that the Office of Chief Disciplinary Counsel may exercise its discretion and refer this Grievance to the Client-Attorney Assistance Program (CAAP) of the State Bar of Texas for assistance in resolving a subject matter of this Grievance. In that regard, I hereby acknowledge my understanding that such discretionary referral does not constitute the commencement of a civil action and that the State Bar of Texas will not commence any civil action on my part. I acknowledge that it is my responsibility to seek and obtain any necessary legal advice with respect to this matter. I also understand that any information I provide to the State Bar of Texas may be used to assist me and will remain confidential for purposes of resolving the issue(s) described above.

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

I hereby swear and affirm that I am the person named in Section II, Question 1 of this form (the Complainant) and that the information provided in this Grievance is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**THE OFFICE OF CHIEF DISCIPLINARY COUNSEL  
P.O. Box 13287  
Austin, TX 78711  
Fax: (512) 427-4169**