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

ONLINE FILING AVAILABLE AT http://cdc.texasbar.com.

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. This information will be added to your pending grievance. Information received after that timeframe will be returned and not considered. 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 # _____ ☐ Mr. ☐ Ms. 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.

   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: _____

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. _____

_____

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.

_____

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 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 <u>copies</u> 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.

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**	__	**CAAP**
__	**Internet**	__	**Attorney**
__	**Other**	__	**Website**

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.

I hereby swear and affirm that I am the person named in Section II, Question 1 of this form (the Complainant).

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