

REQUEST FOR ASSISTANCE

- Use this form for help with a communication or client file issue between you and a lawyer INSTEAD OF FILING A COMPLAINT ON A GRIEVANCE FORM. Email the completed form to caa@wsba.org. We will try to contact the lawyer and ask the lawyer to resolve your concerns.
- We try to respond within one week. Do not wait to take any other action related to your case. There are time deadlines for civil and criminal cases.
- We cannot give legal advice, represent you, or refer you to a lawyer.

INFORMATION ABOUT YOU

Name _____

Street Address or POB _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Email communication (optional). I agree to email communication for the purpose of this Request for Assistance. I understand that email from the Office of Disciplinary Counsel will not be encrypted and may be read by anyone with access to my email account. I understand that email travels through servers belonging to third parties and may be read by others before reaching a final destination.

INFORMATION ABOUT THE LAWYER

Name _____ License Number _____

Street Address or POB _____

City _____ State _____ Zip Code _____

NATURE OF DISPUTE:

- Communication
- Return client file
- Request billing statement

Is this your lawyer? Yes No Former

Have you already tried to contact this lawyer about your concerns? Yes No

Type of legal matter: _____

(family law, criminal law, etc.)

I understand that this is an informal request for assistance to resolve an issue. I confirm that I am the person identified above, I did NOT file a grievance against this lawyer, and this form is not a grievance against the lawyer.

Date _____

