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 # ________________     Name: _____________________________________
   □ Mr.     □ Ms.
   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.

   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._________________________________
_____________________________________________________________________________
_____________________________________________________________________________

   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.
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.

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.

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

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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