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.

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 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.

**If you have copies of letters or other documents you believe are relevant to your grievance, please attach. 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?
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, Texas 78711