

STATEMENT OF FACTS



A. INFORMATION ABOUT YOU

Name(s): Mr. Mrs. Ms. Miss. _____

Address: _____

Email: _____

Phone Number: _____ Alternate Number: _____

B. INFORMATION ABOUT THE ATTORNEY

Name(s): _____

Firm(s): _____

Address: _____

Phone No.: _____

Did this attorney represent you? Yes (if yes, go to section C) No (if no, please answer the following questions)

Name of person represented: _____

Your relationship to the person represented: _____

C. INFORMATION ABOUT THE ATTORNEY RELATIONSHIP

When was the attorney hired? _____

Is the attorney still representing you? Yes No

If no, has the attorney:

Withdrawn from the case? Yes No

Explain: _____

Been dismissed from the case? Yes No

Explain.: _____

Did the Lawyer Referral Service of the Cincinnati Bar Association refer you to the attorney? Yes No

Did the attorney tell you whether or not s/he has malpractice insurance? Yes No

If the attorney does not have insurance, did s/he ask you to sign an acknowledgement? Yes No

Please provide the name, address and phone number of the attorney now representing you, if different from the above attorney:

Name(s): _____

Address: _____

D. INFORMATION ABOUT ATTORNEY'S FEES

How much have you paid the attorney? _____

How much does the attorney claim that you still owe him/her? _____

Did you sign a written fee agreement/contract? Yes (Please attach a copy) No

Has the attorney sued you in a court of law for collection of fees? Yes No

If yes, please list court and case number: _____

E. INFORMATION ABOUT THE LEGAL MATTER INVOLVED

What kind of legal matter is this (example: Divorce, Criminal, Personal Injury, etc.)? _____

Does this grievance involve a case that is still pending before a court? Yes No

Please provide the name of the court and the case number: _____

Have you contacted any other agency or bar association about this complaint? Yes No

If Yes, What is the name of this agency? _____

What action was taken by this agency? _____

What is the approximate date that you filed with this agency? _____

What are you hoping the Cincinnati Bar Association can do about this matter? _____

F. INFORMATION ABOUT THE COMPLAINT

On the next page, please tell us about the situation you are complaining about. Attach additional pages as necessary. You may attach copies of any receipt, correspondence, billing statement or additional documentation which may support your complaint. However, if the documentation is more than ten (10) pages long, please describe it, but do not send it at this time. We will contact you if we need to see a copy. **DO NOT ATTACH ORIGINAL DOCUMENTS; ONLY SEND COPIES.** Be sure to sign and date where indicated at the end of this form.

How did you hear about the Cincinnati Bar Association Grievance Committee? _____

You will be contacted by the Grievance Committee if further information is needed. You will be advised in writing of the disposition of your complaint. It may take as long as eight (8) weeks to process your complaint.

Please provide your statement on the following pages and return forms to:

Cincinnati Bar Association
Attn: Grievance Department
225 E. Sixth Street, Second Floor
Cincinnati, OH 45202

