

STATEMENT OF FACTS



A. INFORMATION ABOUT YOU

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

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Alternate Number: _____

B. INFORMATION ABOUT THE ATTORNEY

Name(s): _____

Firms(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

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

Name of person represented: _____

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Withdrawn from the case?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

Date of withdrawal: _____

Explain: _____

Been dismissed from the case? Yes No

Date of dismissal: _____

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 they have malpractice insurance? Yes No

If the attorney does not have insurance, did they 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: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

D. INFORMATION ABOUT ATTORNEY'S FEES

How much have you paid the attorney? _____

How much does the attorney claim that you still owe? (Please include a copy of your most recent billing statement):

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

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

If yes, please indicate:
Court: _____ County: _____ Case number: _____

E. INFORMATION ABOUT THE LEGAL MATTER INVOLVED

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

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

If yes, please indicate:
Court: _____ County: _____ Case number: _____

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

If yes, please indicate:
Name of the agency: _____
Action taken by this agency: _____
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 read the statement at the end of this form and to sign and date where indicated.

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.

Forms may be submitted:

Mail: Cincinnati Bar Association ATTN: Grievance Department 225 East Sixth Street, Second Floor Cincinnati, OH 45202	Email: Grievance@cincybar.org	Fax: (513) 381-0528
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G. FACTS OF THE GRIEVANCE

A large empty rectangular box intended for the facts of the grievance.

G. FACTS OF THE GRIEVANCE *(continued)*

The Rules of the Supreme Court of Ohio require that investigations be confidential. Please keep confidential the fact that you are submitting this grievance. The party against whom you are filing your grievance will receive notice of your grievance and may receive a copy of your grievance and be asked to respond to your allegations.

If submitting this grievance by mail, you **MUST** sign below. We will not process an unsigned grievance.

If submitting this grievance electronically, you must include an electronic signature or type your name below. In doing so, you are attesting that you are the person listed as the grievant in section A of this form, or that you have permission from the person listed as the grievant in section A of this form before uploading the form.

Signature

Date