

STATE BAR OF TEXAS



Office of the Chief Disciplinary Counsel
www.texasbar.com

From: Office of the Chief Disciplinary Counsel
State Bar of Texas

Re: Texas Attorney Grievance System

The State Bar of Texas is committed to protecting the public from attorneys who violate the rules governing professional conduct. Only by submitting your allegations in writing can we begin the process to review an attorney's actions. Enclosed is a grievance form and a brochure that explains the Texas attorney grievance system.

If you decide to file a grievance, the first step in the process is a review and determination of whether the grievance, on its face, alleges professional misconduct. This determination is referred to as classification of the grievance and is made within 30 days of the filing of the grievance. You will receive written notification of the classification decision once it is made. **Please allow 30 days prior to calling the State Bar for a status on your grievance**, as there will be no action taken prior to this classification process. If you want to know if the State Bar has received your complaint, we suggest that you send it by certified mail. If you have questions regarding the classification decision *after* you have received notification, please refer to the file number that has been assigned to your grievance. The file number will begin with an "A," "D," "H," or "S," followed by a series of numbers.

You might find it helpful to speak with the State Bar's Client Attorney Assistance Program staff in determining whether to report the conduct of a lawyer. The Client Attorney Assistance Program is a statewide dispute resolution program which assists clients and attorneys in resolving minor problems. The Bar's Grievance Information Helpline (1-800-932-1900) is answered by staff of this Program.

I hope that this information is helpful to you.

11/18/08

**OFFICE OF THE CHIEF DISCIPLINARY COUNSEL
STATE BAR OF TEXAS
GRIEVANCE FORM**

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 believe your attorney is neglecting your case.
- ~ Your attorney does not return phone calls or keep you informed about the status of your case.
- ~ You have fired your attorney but are having problems getting your file back from the 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.

II. INFORMATION ABOUT YOU -- PLEASE KEEP CURRENT

1. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

2. Employer and address _____

3. Telephone number: Residence _____ Work: _____

Other: _____

4. Drivers License # _____ Date of Birth _____

5. Name, address, and telephone number of person who can always reach you.

Name _____ Address _____

_____ Telephone _____

6. 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? _____

7. **Are you a member of the judiciary?** _____

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. _____

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 and what the attorney was hired or appointed to do. _____

5. What was your fee arrangement with 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.

5. 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.

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.

