

REQUEST FOR ASSISTANCE WITH YOUR LAWYER

- Use this form for help with a **communication or client file issue** between you and your current or former lawyer **INSTEAD OF FILING A COMPLAINT ON A GRIEVANCE FORM**. Email the completed form to caa@wsba.org or mail the form to the address listed below. We will try to contact your lawyer and ask the lawyer to resolve your concerns.
- We try to respond within one week. Do not wait to take any other action related to your case. There are time deadlines for civil and criminal cases.
- We cannot give legal advice, represent you, or refer you to another lawyer.

INFORMATION ABOUT YOU

Name _____
Street Address or POB _____
City _____ State _____ Zip Code _____
Phone Number _____
Email Address _____

Email communication (optional). *I agree to email communication for the purpose of this Request for Assistance. I understand that email from the Office of Disciplinary Counsel will not be encrypted and may be read by anyone with access to my email account. I understand that email travels through servers belonging to third parties and may be read by others before reaching a final destination.*

INFORMATION ABOUT THE LAWYER

Name _____ License Number _____
Street Address or POB _____
City _____ State _____ Zip Code _____

NATURE OF ISSUE:

Communication

Return client file

Is this or was this your lawyer? Yes No

Have you already tried to contact your lawyer about your concerns? Yes No

Type of legal matter: _____
(family law, criminal law, etc.)



ADDITIONAL INFORMATION ABOUT YOUR ISSUE

I understand that this is an informal request for assistance to resolve an issue with my current or former lawyer. I confirm that I am the person identified above, I did NOT file a grievance against this lawyer, and this form is not a grievance against this lawyer.

Date _____

Signature _____

