

**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.**

**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. Name: \_\_\_\_\_  
Immigration # \_\_\_\_\_  Ms.

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.

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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. \_\_\_\_\_

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5. What was your fee arrangement with the attorney? \_\_\_\_\_

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How much did you pay the attorney? \_\_\_\_\_

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**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

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7. Are you currently represented by an attorney? \_\_\_\_\_

If yes, please provide information about your current attorney: \_\_\_\_\_

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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).

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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.

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**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.

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**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.**



— **Yellow Pages**                      — **CAAP**  
— **Internet**                              — **Attorney**  
— **Other**                                 — **Website**

**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.

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**