

SUPREME COURT OF ARKANSAS - OFFICE OF PROFESSIONAL CONDUCT
2100 Riverfront Drive, Suite 200, Little Rock, Arkansas 72202-1747
(501)376-0313, 1-800-506-6631, Fax (501)-376-3438

GRIEVANCE FORM AGAINST ATTORNEY - PLEASE READ INSTRUCTIONS CAREFULLY

ALL INFORMATION YOU SUBMIT TO US AND WE SUBMIT TO YOU IS CONFIDENTIAL UNDER SUPREME COURT RULE.

Function of The Committee on Professional Conduct:

The Committee on Professional Conduct has the authority to discipline attorneys for violation of the Arkansas Rules of Professional Conduct adopted by the Supreme Court. The Committee can issue letters of warning, caution or reprimand, suspend the attorney's license or file in court seeking disbarment. The Committee's authority is limited to matters addressed by the Rules and to the sanctions set out above. It has no authority to compel an attorney to take any particular course of action nor does the Committee become involved in litigation of legal matters. Please understand that the Office of Professional Conduct cannot represent you, give you any legal advice, effect or change the outcome of a court decision, or recover money for you.

Filing a Complaint:

If you feel that an attorney has acted in a manner that violates the standards of professional conduct, fill out, as completely as possible, the attached grievance form and return it to this office. **Include photocopies of any documents, letters, agreements, checks, receipts or other papers and/or material that are relevant to your complaint. Please do not mark, write, underline, make notations, or comments on any records, transcripts, letters, documents or other written material that you attach to your grievance form as supporting documentation.** If sufficient cause is found to file a formal complaint, some or all of your supporting documentation may be included as exhibits. If you wish to specifically point out some part of a particular document, you may refer to it in the narrative portion of your grievance form. Please insure that the narrative account of the lawyer's actions of which you complain is FACTUAL. Conclusory statements such as "He's a liar", "He didn't do me right", "He's incompetent", etc., have no evidentiary value and do not assist in the evaluation of your complaint. **If you feel the attorney did not represent you correctly, you should consult a private attorney about your legal rights. You should not wait for the outcome of any investigation or action by our office or the Committee.**

Complaint Process:

We will review the information in your complaint form, conduct any necessary investigation, and inform you whether your concerns fall within the Committee's limited authority. If a formal complaint is warranted, we will assist you in the preparation of an affidavit of complaint. The formal complaint and a copy of your affidavit will be sent to the attorney, who may submit a response. You will get a copy of any response and have the opportunity for rebuttal, if appropriate. All these documents will then be forwarded to the Committee for its review and action. You will be advised in writing of the Committee's final action. In some instances, the Committee will conduct a public hearing on a complaint. If that should occur, you may have to appear and testify at the hearing. This office does not provide copies of the Arkansas Supreme Court Arkansas Rules of Professional Conduct. If you have access to the internet these rules can be found at the website <http://courts.arkansas.gov> under "Attorney Discipline."

ANY DOCUMENTS YOU ATTACH TO THE GRIEVANCE FORM ARE RETAINED IN OUR OFFICE. It is important you keep all original documents. Our office only needs clear, photocopied documents attached to the grievance. Should you need copies of documents in your file in the future, you will be charged \$.25 cent per page.

**ARKANSAS SUPREME COURT COMMITTEE ON PROFESSIONAL CONDUCT
GRIEVANCE FORM**

PART A: YOUR INFORMATION (Please PRINT, keep current & notify us immediately of any changes)

Your name: (Mr. / Mrs. / Ms.) _____
(First) (Middle) (Last)

Mail address: _____

City: _____ County: _____ State: _____ Zip: _____ (If inmate ADC#): _____

Home Tel: _____ Work Tel: _____ Your Cell: _____

Spouse/Other Contact Name: _____ Spouse/Other Cell: _____
(If applies) (If applies)

E-Mail: _____ Fax #: _____

Employer: _____ Address: _____

If you are currently represented by an attorney, please provide:

Attorney Full Name: _____

Address: _____ Tel: _____

PART B: INFORMATION ABOUT ATTORNEY WHOM YOU ARE COMPLAINING:

Attorney's Full Name: _____ AR Bar Id#: _____

Address: _____

Does (did) this attorney represent you? _____ If yes, when (month/year) was he/she hired? _____

What did you hire the attorney to do for you? _____

What was the fee arrangement? **Please include copies of all checks and/or receipts. (Do not send original documents)**

Did the attorney or someone on his behalf contact you to see if he or she could represent you? YES _____ NO _____

If you answered "yes" to the last question please answer the following three questions:

A. Did you request the attorney to contact you? Yes _____ No _____

B. How was the contact made? Phone _____ In-Person _____ Mail _____ Other _____

C. Was the contact made by the attorney _____ or another person _____ (Name: _____)

Did you sign a Contract of Employment or Fee Agreement? Yes _____ No _____

If yes, include copies with your grievance.

PART C: INFORMATION ABOUT YOUR LAWSUIT, COURT CASE

Give court, case number, and party names of any lawsuit (i.e. Doe v. Poe, Pope County Circuit, C-04-017) Please include copies of any orders and any pleadings that you have on this case.

COURT NAME: _____

CASE NUMBER: _____

PARTY NAMES OF ANY LAWSUIT: _____

PART D: INFORMATION ABOUT YOUR GRIEVANCE

State in detail and in chronological order the circumstances involved. Include dates or approximate dates. Attach additional sheets of paper if you do not have room below to fully explain your grievance. Also, attach **photocopies** of any documents you feel are relevant to your grievance. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS. WE CANNOT BE RESPONSIBLE FOR THEIR SAFE KEEPING AND RETURN TO YOU. (This office charges .25 per page to provide copies of any documents you may later need)**

Return completed form to: Office of Professional Conduct, 2100 Riverfront Drive, Suite 200, Little Rock, AR 72202-1747. (Fax number 501-376-3438)

IF BLANKS ARE LEFT ON THIS FORM OR ALL QUESTIONS ARE NOT ANSWERED THE PROCESSING OF YOUR GRIEVANCE MAY BE DELAYED.

GRIEVANCES CANNOT BE FILED ON-LINE. YOU MUST MAIL/ FAX IT TO OUR OFFICE.