

STATE OF KANSAS



STANTON A. HAZLETT
Disciplinary Administrator
ALEXANDER M. WALCZAK
KIMBERLY L. KNOLL
KATE F. BAIRD
DEBORAH L. HUGHES
DUSTON J. SLINKARD
Deputy Disciplinary Administrators

OFFICE OF
THE DISCIPLINARY ADMINISTRATOR

701 Jackson St.
1st Floor
Topeka, Kansas 66603-3729
Telephone: (785) 296-2486
Fax: (785) 296-6049

GAYLE B. LARKIN
Admissions Attorney

COMPLAINT FORM

General Information. Complete the following form in as much detail as possible. Provide the attorney's full name. If you wish to complain about more than one attorney, complete a separate complaint form for each attorney. If any of the questions do not apply to your case, write N/A in the spaces that are not applicable.

Fee Disputes. Please be advised that we do not settle fee disputes. If you are disputing the fee paid to your attorney, please contact one of the following fee dispute committees: Johnson County Bar Fee Dispute Committee (913) 780-5460; Sedgwick County Bar Fee Dispute Committee (316) 263-2251, or Kansas Bar Association Fee Dispute Committee (785) 234-5696.

Procedure. After the materials are received by the Office of the Disciplinary Administrator, an attorney will be assigned to review the documents and supervise the investigation of the complaint. You will be kept informed when action occurs regarding your complaint.

Your Name: _____

Your Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax No. _____

E-mail Address: _____

Attorney's Name: _____

Attorney's Address: _____

City, State, Zip: _____

Phone No.: _____

INFORMATION ABOUT YOUR COMPLAINT

Did you hire the attorney Yes _____ No _____

If yes, when did you hire the attorney? _____

How much did you pay the attorney for attorney fees? Please attach a copy of any receipts, cancelled checks, contracts, fee agreements, and engagement letters.

What did you hire the attorney to do? _____

If no, what is your connection with the attorney? Please explain briefly.

Is your complaint about a civil lawsuit or a criminal case? Yes _____ No _____

If yes, what is the name of the court? For example, the District Court of Shawnee County, Kansas or the Municipal Court of Topeka, Kansas. _____

What is the title of the case? For example, *Jane Smith v. John Doe* or *State v. John Doe*. _____

What is the case number? _____

Approximately when was the case filed? _____

If you are not a party to the lawsuit or the defendant in the criminal case, what is your connection with it? Please explain briefly.

Have you or a member of your family complained about an attorney in the past?

Yes _____ No _____

If yes, what is the name of the attorney who was the subject of the previous complaint?

Approximately when was the previous complaint filed? _____

What was the disposition of the previous complaint filed? _____

Factual Statement. Please prepare a detailed factual statement of your complaint on a separate piece of paper. State the facts as you understand them. Do not include opinions or arguments. Include information about the type of case it was, *i.e.* divorce, criminal, etc., and when it started. Please include the names, addresses, and telephone numbers of all persons who know something about your complaint. If you employed the attorney also include how you chose the attorney, when you first met with the attorney, what the fee agreement was, whether the agreement was written or oral, what has happened so far in the case, and the last contact you had with the attorney. Please be advised that a copy of your complaint will be forwarded to the attorney named in your complaint.

If you have letters or other documents you believe are relevant to your complaint, please attach copies of the letters or other documents to this complaint. We cannot return documents submitted to this office. You should retain a copy of all materials you submit.

Please sign and date your statement below. Further information may be requested later. Send the completed Complaint Form, your detailed factual statement of the complaint, along with any pertinent documents to Office of the Disciplinary Administrator, 701 Southwest Jackson, First Floor, Topeka, Kansas 66603.

The information provided in his complaint is true and correct to the best of my knowledge.

Date

Complainant's Signature