

OFFICE OF DISCIPLINARY COUNSEL
for the State of Montana
P.O. Box 1099
Helena, Montana 59624-1099
406.442.1648

GRIEVANCE COVER SHEET

Date _____

Your Name _____
First Name Middle Initial Last Name

Mailing Address _____
Street or Box No. City State Zip

Work Phone _____ Home Phone _____ May we call you at work? _____

Attorney's Name _____
First Name Middle Initial Last Name

Mailing Address _____
Street or Box No. City State Zip

Date you Hired Attorney _____

Amount Initially Paid Attorney _____ Total Amount Paid _____

Do You Presently Owe the Attorney Any Fees? _____

Do You Have a Written Fee Agreement? Y / N If Yes, Please Send Us a COPY.

Type of Legal Problem Attorney was Hired to Handle? _____

Is This Matter Still Pending in Court? _____

If yes, Provide the Names of the Other Parties Involved and the Court File Number if You Have this Information: _____

Have You Previously Filed a Grievance Against an Attorney? Y / N

If yes, Please Provide the Details on a Separate Sheet of Paper.

1. Attach a separate sheet of paper with a detailed explanation of the reasons you are filing a complaint against the attorney. Please print legibly.
2. Include as much factual data as possible (i.e., dates, names, phone numbers, amounts of money involved, witnesses, etc.). Please put the information in chronological order.
3. If you have any documents that will help to explain your complaint, please attach copies (Do not attach original documents).