

**Stark County  
Bar Association**

400 Courtyard Centre Building  
116 Cleveland Ave., N.W.  
Canton, Ohio 44702-1728  
Phone: 330-453-0685  
Fax: 330-453-0180

**Grievance Committee  
Request for Assistance**

For SCBA use only:

Recv. \_\_\_\_\_

Case # \_\_\_\_\_

Before filling out this form please:

*\*Carefully read the enclosed pamphlet\**

*\*Try to work out the problem directly with the attorney\**

**INFORMATION ABOUT YOU:**

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**INFORMATION ABOUT THE ATTORNEY:**

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Did this attorney represent you? \_\_\_\_\_ Yes \_\_\_\_\_ No

When did the representation begin? \_\_\_\_\_

Is the attorney still representing you? \_\_\_\_\_

What fees have you paid the attorney? \_\_\_\_\_

What fees are still claimed by the attorney? \_\_\_\_\_

Did this attorney represent someone else? \_\_\_\_\_ Yes \_\_\_\_\_ No

**INFORMATION ABOUT THE MATTER INVOLVED:**

What kind of legal matter is this (e.g., divorce, probate, personal injury, criminal, etc)?  
\_\_\_\_\_

Have you filed a complaint about this anywhere else? (If so, where?) \_\_\_\_\_  
\_\_\_\_\_

**WHAT HELP ARE YOU SEEKING FROM THE BAR ASSOCIATION?**

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**PLEASE TELL US ABOUT THE SITUATION:**

You may wish to attach copies (**not originals**) of documents which will help explain this situation.

**VERIFICATION:**

*I affirm that the facts stated in this document are true to the best of my belief. I agree that a copy of this  
its attachments may be shared with the attorney(s).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_