## OFFICE OF THE DISCIPLINARY ADMINISTRATOR

701 SW Jackson Street, First Floor Topeka, Kansas 66603-3729 Telephone: (785) 435-8200

Fax: (785) 783-8385

## **COMPLAINT FORM**

Requirements. A complaint must be in writing, contain the complainant's name and address, and be signed by the complainant. Each complaint must be against only one attorney. If you wish to file a complaint against more than one attorney, fully complete separate complaint forms for each attorney. Each applicable question must be completed in detail.

**Fee Disputes.** Please be advised that we do not settle fee disputes. Currently, there are two fee dispute committees which assist attorneys and clients in resolving fee disputes which arise only in their respective locations. There is no state-wide fee dispute committee.

• Sedgwick County Fee Dispute Committee (316) 263-2251 (Sedgwick Co. only)

1.

Who is filing the complaint?

• Topeka Bar Association Fee Dispute Committee (785)-233-3945 (Shawnee Co. only)

**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 Full Name:	
	Your Address:	
	City, State, Zip:	
		Cell Phone:
	Work Phone:	Fax No.:
	E-mail:	
2.	Who are you complaining about?	
	Attorney's Full Name:	
	Attorney's Address:	
	City, State, Zip:	·
	Work Phone:	Cell Phone:
	E-mail:	

Did	you hire the attorney (or did someone hire the attorney on your behalf)?
Yes	No
a. 	If no, explain your connection with the attorney.
b.	If yes, proceed to question 4.
Who	en was the attorney hired?
Wha	at was the attorney to do?
Who	en did you first meet with the attorney?
	you (or someone on your behalf) enter an agreement with the attorney regard attorney's fee?
Yes	No
a.	If yes, please attach a copy of the fee agreement or engagement letter as well copy of all receipts, cancelled checks, and other proof of payment to the attorn
b.	If no, what was your understanding of what you were to pay the attorney?
	v much did you (or someone on your behalf) pay the attorney in total for attorns, expenses, and courts costs?
If so	omeone else hired the attorney or paid the attorney on your behalf, please pro
Full	Name:
Add	ress, City, State, Zip:
	ne:

	s you	r complaint involve a civil or criminal case? Yes No	
If no	, wha	at does your complaint involve?	
a.	a. If yes, provide the following information:		
	i)	The name of the court. For example: the District Court of Shawnee County, Kansas or the Municipal Court of Topeka, Kansas	
	ii)	The title of the case. For example: Jane Smith v. John Doe or State v. John D	
	iii)	Case number	
	iv)	Approximately when the case was filed	
	v)	What court settings have happened so far in the case? For example: initial appearance, pretrial, documents filed with the court etc.	
	vi)	If you are not a party to the lawsuit or the defendant in the criminal case,	
	٧i١	If you are not a party to the lawsuit or the defendant in the criminal ca	

lew Attorney's Name:	If yes, please provide:  New Attorney's Name:
ddress:	
ity, State, Zip:	Address:
ity, State, Zip:	
-mail Address:	City, State, Zip:
ist persons who have personal knowledge and information/facts relevant to omplaint and provide a brief description of what you think they would say.  ull Name:	Phone:
ist persons who have personal knowledge and information/facts relevant to omplaint and provide a brief description of what you think they would say.  ull Name:	
ddress:	List persons who have personal knowledge and information/facts relevant to complaint and provide a brief description of what you think they would say.
hone:	
-mail:	Address:
Vhat would they say:	Phone:
Vhat would they say:  ull Name:  ddress:  hone:  -mail:	E-mail:
ddress: hone:mail:	What would they say:
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hone:	Full Name:
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	What would they say:

Full Name:
Address:
Phone:
E-mail:
What would they say:
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What is your complaint with this attorney?
Please describe the attorney's misconduct by providing a detailed factual statement. If you believe that the attorney engaged in misconduct in more than one way, please describe all the misconduct. State the facts as you understand them.
Our authority is limited to investigating and prosecuting violations of the Kansas Rules of Professional Conduct. Thus, please detail only the facts that establish the attorney's misconduct. Do not include opinions, arguments, or broad general statements of wrongdoing.
If you decide to attach a document relevant to your complaint, please reference and cite the relevant portion of the document in your response. Be sure and identify the portion of the document that is relevant and describe how the document is relevant to your complaint of misconduct. (For example: "this is the quoted part from the document," found on page 2, paragraph 3 of the document I have attached as Exhibit A.)
It may not be necessary to attach the entire document. Please <u>do not attach documents</u> that are not referenced in this section. As noted, it is critically important to state facts. If your complaint fails to state sufficient facts concerning a rules violation your complaint may be dismissed without further investigation.

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additional pages af you submit to this	ional space to complete your factual statement, feel free to add ter this page. Please retain all original documents and a copy of what office. We cannot return documents submitted to this office. Additional you may be requested later.
	nformation you included in the complaint form, if the information is ate, sign, and send the complaint form and attachments to:
	linary Administrator kson, First Floor
The information pr knowledge and bel	ovided in this complaint is true and correct to the best of my ief.
Date	Complainant's Signature