

**BELMONT COUNTY BAR ASSOCIATION
GRIEVANCE INVESTIGATION REQUEST FORM**

**Please return to: Belmont County Certified Grievance Committee, Belmont County
Courthouse, Third Floor, Room 302, 101 West Main Street, St. Clairsville, OH 43950**

Your Name: _____

Address: _____
Street address City State Zip Code

Telephone No. (required): _____

Email Address (required): _____

Name & Address of the attorney you are complaining about: _____

Does this attorney represent you? YES NO

If no, name of the person represented _____ Your relationship _____

Date the attorney was hired: _____

Has the attorney withdrawn or been dismissed? YES NO

Did you pay the attorney a fee/retainer? YES NO If yes, how much? _____

Did you sign a written fee agreement/contract? YES NO If yes, please attach a copy.

For what legal matter did you consult the attorney? _____

Is your legal matter currently pending in a court of law? YES NO

If yes, what court? _____ County: _____

Case Number: _____

Has the attorney sued you in a court of law for collection of fees? YES NO

Have you filed a complaint with any other disciplinary agency? YES NO

If yes, which one? _____

Did you receive a response? YES NO If yes, please attach a copy.

