

P E R S O N A L A N D C O N F I D E N T I A L

MEMORANDUM OF COMPLAINT

Please complete and return to:

MOBILE BAR ASSOCIATION
Post Office Drawer 2005
Mobile, Alabama 36652

DATE: _____

Please type or print in blue or black ink. DO NOT USE PENCIL!

YOUR NAME: _____

YOUR MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

YOUR HOME PHONE NUMBER: () _____ WORK PHONE () _____

FULL NAME OF THE LAWYER: _____

ADDRESS OF LAWYER: _____

CITY: _____ STATE _____ ZIP CODE _____

State exactly what the lawyer has done or has not done which causes you to make this report:

(Please continue on back or add additional pages)

Please attach COPIES ONLY of contract, letters, or other documents which may be relevant to this complaint. The Alabama State Bar Association cannot be responsible for lost, misdirected, or damaged documents. Do not send cassette tapes.

WITNESSES WHO MIGHT KNOW FACTS ABOUT YOUR COMPLAINT:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you owe this lawyer any money for fees or for expenses relating to this matter? YES _____ NO _____ If so, how much? _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I AM WILLING TO SIGN A STATEMENT UNDER OATH THAT IT IS TRUE.

YOUR SIGNATURE: _____