



704 Main Street / Martinez, CA 94533 / 925-686-6900 / FAX 925-686-9867 / www.cccba.org

CLIENT REQUEST FOR ASSISTANCE FROM THE CLIENT RELATIONS COMMITTEE of the CONTRA COSTA COUNTY BAR ASSOCIATION

This form is not to be used if you have received a "Notice of Client's Right to Arbitration," have notice of a lawsuit being filed involving a fee dispute with your lawyer, or have filed a complaint with the State Bar of California.

PLEASE PRINT OR TYPE ALL INFORMATION

1. Your Name _____
Address _____
Telephone _____ Fax _____

ATTORNEY WITH WHOM YOU ARE DISSATISFIED

2. Attorney's Name _____
Firm Name _____
Address _____
Telephone _____ Fax _____

3. What is/was the legal matter your attorney was employed to handle? _____

4. When did you first contact this attorney? _____

5. Is there a written agreement or contract with the attorney? Yes No

6. Have you let your attorney know that you are dissatisfied? Yes No
If so, ___ in writing ___ in person ___ by telephone

7. When was the last communication? _____

8. Please give a brief description of your dissatisfaction (attach additional sheets if needed):

9. Please state what you now want the attorney to do (attach additional sheets if needed):

I hereby authorize a member of the CCCBA's Client Relations Committee to contact my attorney, convey my concerns, and to receive and review documents from that attorney which may involve disclosure of confidential information. However, the Committee will maintain the confidentiality of information and documentation, none of which shall be available for subpoena purposes and which shall be destroyed following termination of any assistance from the Client Relations Program.

Date

Signature

PLEASE RETURN THIS COMPLETED FORM WITH ATTACHMENTS TO:
Contra Costa County Bar Association, Attn. Client Relations Committee
704 Main Street, Martinez, CA 94553