

Please complete the following and return to the address above. Feel free to use additional sheets to complete any numbered paragraph if space provided is not sufficient.

1. **Please provide your name, address and phone number with the best time to reach you.**

Name: _____

Mailing Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Best time to call: _____

Cell Phone: (____) _____ Fax: (____) _____ Email: _____

2. **Name of attorney with whom you are requesting assistance:**

Attorney's Name _____ Phone _____

Address: _____

3. **Is this your attorney?** Yes___ No___ If No, please give the name, address and daytime phone number of that person for whom you are submitting this Request for Assistance. Explain why you are acting for that person.

Name: _____ Phone _____

Address: _____

Why you are acting for that person _____

4. **Have you requested assistance or complained about this lawyer before?** Yes___ No___

If "yes", please tell when and why. _____

5. **Have you talked with the lawyers(s) named about the subject of this request?** Yes___ No___

If No, please tell us why not. If yes, please tell us when and what the result was. _____

6. **Has any person lost any money, property, or other thing of value as a result of the events?**

Yes___ No___ If "yes," please explain. _____

7. **Please check type of case:**

___ Bankruptcy ___ Domestic (Family) ___ General Civil ___ Personal Injury ___ Workers Comp

___ Estate ___ Social Security ___ Real Estate ___ Other - _____

___ Criminal - If criminal, please indicate charge(s) and stage.

Charge(s): _____

Stage: ___ Trial or Pre-Trial ___ Appeal ___ Post-Conviction ___ Habeas Corpus

8. **Please state what assistance is needed and why.** For your convenience, you may use the space on back or you are welcome to submit your statement on a separate sheet(s) of paper.

