§ 12.43 Complaint Form: Attorney Discipline

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)

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.

1. Who is filing the complaint?

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

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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	What was the attorney to do?		
Whe	en did you first meet with the attorney?		
	Did you (or someone on your behalf) enter an agreement with the attorney regarding the attorney's fee?		
Yes	No		
a.	If yes, please attach a copy of the fee agreement or engagement letter as well as copy of all receipts, cancelled checks, and other proof of payment to the attorne		
b.	If no, what was your understanding of what you were to pay the attorney?		
How much did you (or someone on your behalf) pay the attorney in total for attorne fees, expenses, and courts costs?			
lf so	omeone else hired the attorney or paid the attorney on your behalf, please provid		
	Name:		
	Iress, City, State, Zip:		
Pho	ne:		
	ail:		

Does your complaint involve a civil or criminal case? Yes No If no, what does your complaint involve?			
a.	lf ye	es, 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: <i>initial appearance, pretrial, documents filed with the court etc.</i>	
	vi)	If you are not a party to the lawsuit or the defendant in the criminal case, explain your connection with it.	

Forms

12. Did you hire a new attorney to replace the attorney against whom this complaint is made?

Yes	No						
If yes, please provide:							
New Attorney's Name:							
Address:							
City, State, Zip:							
Phone:							
E-mail Address:							

13. List persons who have personal knowledge and information/facts relevant to your complaint and provide a brief description of what you think they would say.

Full Name:					
Address:					
Phone:					
E-mail:					
What would they say:					
Full Name:					
Address:					
Phone:					
E-mail:					
What would they say:					
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14. 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, <u>please detail only the facts that establish the attorney's</u> <u>misconduct. Do not include opinions, arguments, or broad general statements of</u> <u>wrongdoing</u>.

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> <u>that are not referenced in this section</u>. 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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If you need additional space to complete your factual statement, feel free to add additional pages after this page. Please retain all original documents and a copy of what you submit to this office. We cannot return documents submitted to this office. Additional information from you may be requested later.

Please review the information you included in the complaint form, if the information is true and correct, date, sign, and send the complaint form and attachments to:

Office of the Disciplinary Administrator 701 Southwest Jackson, First Floor Topeka, Kansas 66603

The information provided in this complaint is true and correct to the best of my knowledge and belief.

Date

Complainant's Signature

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Form Amended 02/23/2022