

STATEMENT OF GRIEVANCE AGAINST ATTORNEY



Return your grievance to:
The Toledo Bar Association
Grievance Committee
311 N. Superior Street
Toledo, OH 43604
Phone: 419-242-9363
Fax: 419-242-3614

TOLEDO BAR
ASSOCIATION

Please type or print legibly.

Your name: _____ Phone: (____) _____

Address: _____
Street City State Zip

Name of the attorney you are complaining about: _____

Address: _____
Street City State Zip

Does (or did) this attorney represent you? ____YES ____NO
If **no**, then who did the attorney represent? _____

Date the attorney was hired: _____

Has the attorney withdrawn or been dismissed? ____YES ____NO If **yes**, when? _____
What was the attorney hired to do? _____

Does your case involve a court proceeding? ____YES ____NO
If **yes**, state the COURT, COUNTY, and CASE #: _____

Is your legal matter still pending in court? ____YES ____NO

Have you filed a grievance with any other disciplinary agency? ____YES ____NO
If **yes**, which one? _____
(Please attach a copy of any response received from this agency.)

What help are you seeking from the Toledo Bar Association? _____

Is this a dispute about attorney fees? YES / NO If **yes**, please complete the REQUEST FOR REFERRAL TO FEE ABRITRATION.

On the next page of this form or on a separate sheet, please state what the attorney did or failed to do that you are complaining about. Please attach COPIES (not originals) of documents you want us to consider.

TBA File No. _____
(TBA office use only)

**TOLEDO BAR ASSOCIATION
REQUEST FOR REFERRAL TO FEE ARBITRATION**

****Complete this form ONLY if you are disputing attorney fees.**

The Grievance Committee will authorize a Request for Referral to Fee Arbitration if warranted by the facts and the amount in dispute. If not warranted by the facts, or if the amount in dispute is in the range of \$200.00, the Request will be denied. The Fee Arbitration Committee is limited to resolving fee disputes between clients and their attorneys. It offers an alternative to the parties to a legal fee dispute, short of litigation. **The arbitration is binding, and there is no right of appeal.** There is no cost for this service. If a lawsuit was filed concerning the fee dispute before your grievance was filed, arbitration is possible only if all parties agree.

Your Name: _____

Attorney's Name: _____

1. Did you have a written fee agreement? ____YES ____NO (If yes, please attach a copy.)
2. What fees have you paid the attorney? _____
3. Is the attorney claiming additional fees? YES / NO If yes, how much? _____
4. What was your understanding of how fees would be determined? _____

5. Are you claiming a refund? YES / NO If yes, how much? _____
6. If you agree you owe the attorney something, but dispute the amount, how much do you agree you owe? _____
7. How much do you dispute? _____
8. Has the attorney sued you for fees? YES / NO. If YES, state court and case number.

9. Have the fees in question been established or approved by a court? YES / NO

TBA File No. _____
(TBA office use only)