

BEFORE THE LAWYER DISCIPLINARY BOARD

City Center East, Suite 1200 C
4700 MacCorkle Avenue SE
Charleston, West Virginia 25304
(304) 558-7999 • Facsimile (304) 558-4015
Website: www.wvdc.org

Date: _____

1) **Complainant:** Mr. ()
Your Name Ms. () _____
[First] [Initial] [Last]

Your Address: _____
[Street/Post Office Box]

[City] [State] [Zip]

Your Telephone: _____ - _____ - _____ [Home] _____ - _____ - _____ [Business]
[Note: It is very important that we have your telephone number(s)]

2) **Attorney Being Complained Of:**

Name: _____
[First] [Initial] [Last]

Address: _____
[Street/Post Office Box]

[City] [State] [Zip]

Attorney's Telephone Number: _____ - _____ - _____

3) Have you ever filed a complaint about this matter here or anywhere else?

Yes [] No [] If yes, please explain:

4) Have you brought a civil or criminal action against this attorney:

Yes [] No [] If yes, please explain:

5) What kind of case or legal matter are/were you and this lawyer involved in?

Signature

Subscribed and sworn before me this _____ day of _____, 20____.

Official signature and official seal of notary