



# THE CHICAGO BAR ASSOCIATION

Register a fee complaint against your attorney by completing and returning this form to:

**The Chicago Bar Association  
Committee on Professional Fees  
321 South Plymouth Court  
Chicago, Illinois, 60604-3997**

1. Your name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Cell Business

Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_ Phone (\_\_\_Home \_\_\_Cell \_\_\_Business) / \_\_\_ Email / \_\_\_ Mail

2. Name of Lawyer you are complaining about: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Did you employ the lawyer? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If Yes, when was the lawyer hired? \_\_\_\_\_

(b) If Yes, When did the representation terminate? \_\_\_\_\_

(c) Was there a written fee agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

(d) If No, what is your connection to the lawyer? \_\_\_\_\_

4. Did you find this lawyer through the Chicago Bar Association Lawyer Referral Service? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If your complaint relates to a case that has been filed in court, please give the following:

Name of court (for example: Circuit Court of Cook County):

\_\_\_\_\_

Name of case: \_\_\_\_\_

Case number: \_\_\_\_\_

Type of case: \_\_\_\_\_

Outcome of case: \_\_\_\_\_

6. Have you also filed a Request for Investigation with the Attorney Registration and Disciplinary Commission (ARDC)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has the ARDC completed its investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you referred to the Chicago Bar Association Committee on Professional Fees by the ARDC? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Please **attach a written narrative** describing the fee dispute you have with this attorney. Include a detailed account of all interactions you have had with this attorney and any important dates as well as any names, addresses and telephone numbers of witnesses and other people involved. Do not include opinions or arguments.

8. \*\*\*\*\*Please **attach three (3) copies of all relevant documents**, including, but not limited to, fee agreements, bills, receipts, copies of checks, court documents, ARDC results, and written communications between yourself and the attorney.

9. Amount Paid to lawyer: \_\_\_\_\_

10. Amount you want refunded to you: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_