

Utah State Bar Consumer Assistance Program Request Form

Request for Consumer Assistance Form

Instructions:

The Utah State Bar is advised you need assistance addressing a problem with your attorney. Please complete and return the enclosed Request for Assistance Form to:

Utah State Bar
Consumer Assistance Program
645 South 200 East
Salt Lake City, Utah 84111

As the Attorney for the Consumer Assistance Program, I will review all Requests for Assistance on an informal basis. After your completed form is received, I will contact you to discuss the issues that you describe. I am not able to give legal advice, nor will I draw conclusions as to whether or not your attorney's actions are ethical. I will, however try to facilitate resolution of the issues you have concerning your attorney.

Sincerely,
J. Timothy
Attorney, Consumer Assistance Program

Since this form requires a signature it must be either mailed to the address listed above or faxed to: (801)-531-9912 Attn: Consumer Assistance.

1. Your Name: _____

2a. Your Address

2b. Your City, State & Zip

2c. Your Daytime Telephone Number: _____

2d. Your e-mail address: _____

3a. Your Lawyer's Name: _____

Utah State Bar Consumer Assistance Program Request Form

3b. Your Lawyer's Firm & Address:

3c. Your Lawyer's City, State, & Zip Code:

3d. Your Lawyer's Telephone Number: _____

4. Does this Lawyer represent you?(Circle one)

YES NO

4a. If not, please explain: (You may provide additional paper if required)

5. Have you talked with the lawyer named about the subject of this request? (Circle one)

YES NO

6. Please give a detailed statement of facts, including dates and places, explaining why you are requesting assistance with regard to this lawyer: (You may provide additional paper if required)

Utah State Bar Consumer Assistance Program Request Form

7. Please explain the specific assistance you are requesting of the Consumer Assistance Program: (You may provide additional paper if required)

8. Have you contacted the Utah State Bar about this lawyer before?(Circle one)

YES NO

8a. If 'YES' please explain: (You may provide additional paper if required)

9. I understand that by requesting assistance, the attorney in question and the Consumer Assistance lawyer may disclose confidential and privileged information; I hereby authorize release of all claims I may have against my attorney and the Consumer Assistance lawyer relating to disclosure.

Signature: _____ Date: _____

NOTICE: I understand that it may be necessary to act promptly to protect my rights and that commencement of a civil action may be required to preserve my rights. I acknowledge and understand that the completion of this form does not constitute commencement of a civil action, such as a malpractice action, and that the Utah State Bar will not commence any such action. I acknowledge it is my responsibility to seek and obtain any necessary legal advice with respect to this matter.