



Contra Costa County Bar Association

2300 Clayton Road, Suite 520, Concord, CA 94520 / 925-686-6900 / FAX 925-686-9867 / www.cccba.org

CLIENT REQUEST FOR ASSISTANCE FROM THE CLIENT RELATIONS COMMITTEE of the CONTRA COSTA COUNTY BAR ASSOCIATION

This form is not to be used if you have received a "Notice of Client's Right to Arbitration," have notice of a lawsuit being filed involving a fee dispute with your lawyer, or have filed a complaint with the State Bar of California.

PLEASE PRINT OR TYPE ALL INFORMATION

- Your Name _____
Address _____
Telephone _____ Email _____

ATTORNEY WITH WHOM YOU ARE DISSATISFIED

- Attorney's Name _____
Firm Name _____
Address _____
Telephone _____ Fax _____

- What is/was the legal matter your attorney was employed to handle? _____

- When did you first contact this attorney? _____

- Is there a written agreement or contract with the attorney? Yes No

- Have you let your attorney know that you are dissatisfied? Yes No
If so, ___ in writing ___ in person ___ by telephone

- When was the last communication? _____

- Please give a brief description of your dissatisfaction (attach additional sheets if needed):

- Please state what you now want the attorney to do (attach additional sheets if needed):

I acknowledge and agree that as a condition to the CCCBA accepting my Request for Assistance from the Client Relations Committee of the CCCBA that I waive my attorney-client privilege between me and my attorney. I authorize a member of the CCCBA's Client Relations Committee to contact my attorney, convey my concerns, and to receive and review documents from my attorney which will involve disclosure of attorney-client privileged and confidential information. I understand the committee will maintain the confidentiality of the communications and documentation and will destroy it following termination of any assistance I receive from the Client Relations Program.

_____ Date _____ Signature _____

If you received help in completing this application, the following information must be completed by the person assisting you:

Date: _____ Signature: _____

Print Name: _____ Phone: _____

PLEASE RETURN THIS COMPLETED FORM WITH ATTACHMENTS TO:
Contra Costa County Bar Association, Attn. Client Relations Committee
2300 Clayton Road, Suite 520, Concord, CA 94520