

REQUEST FOR ASSISTANCE

Office of Professional Conduct
645 South 200 East
Salt Lake City, Utah 84111-3834
(801) 531-9110

PLEASE PRINT

1. Your Name: _____ Telephone No.: _____

Mailing Address: _____ E-mail Address: _____

2. Lawyer's or LPP's Name: _____ Telephone No.: _____

Address: _____ Law Firm: _____

3. Does this lawyer or LPP represent you?

If not, please explain: _____

4. Have you talked with the lawyer or LPP named above about the subject of this request?

5. Please give a detailed statement of facts, including dates and places, explaining why you are requesting assistance with regard to this lawyer or LPP: _____

6. Please explain the specific assistance you are requesting: _____

7. Have you contacted the Office of Professional Conduct about this lawyer or LPP before? If "Yes", please explain: _____

Date: _____

Signature

Please use additional sheets to complete any numbered paragraph if the space provided is not sufficient.

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 my understanding 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.