

# ATTORNEY ETHICS GRIEVANCE FORM

**Please Type Or Print Legibly All Information**

**A. GRIEVANT: Mr./Mrs./Miss./Ms. (Circle One)**

|                             |                 |        |
|-----------------------------|-----------------|--------|
| LAST NAME                   | FIRST           | MIDDLE |
| ADDRESS                     | STREET/P.O. BOX |        |
| CITY                        | STATE           | ZIP    |
| TELEPHONE: DAY (____) _____ |                 |        |
| EVENING (____) _____        |                 |        |

**B. THE SPECIFIC LAWYER YOU ARE COMPLAINING ABOUT IS:**

|   |                 |        |
|---|-----------------|--------|
| LAST NAME (INCLUDE SR., JR., III, ETC.) | FIRST           | MIDDLE |
| OFFICE ADDRESS                          | STREET/P.O. BOX |        |
| CITY                                    | STATE           | ZIP    |
| COUNTY                                  |                 |        |

- (1) IS THE SPECIFIC LAWYER COMPLAINED ABOUT YOUR LAWYER? \_\_\_ YES \_\_\_ NO
- (2) IF SO, DOES THIS LAWYER STILL REPRESENT YOU? \_\_\_ YES \_\_\_ NO
- (3) IF NOT, DO YOU HAVE A NEW LAWYER? \_\_\_ YES \_\_\_ NO
- (4) IF NOT, WHO IS YOUR NEW LAWYER? \_\_\_\_\_

**C. THE TYPE OF CASE HANDLED BY THE LAWYER WAS: (CHECK ONE)**

- |  |   |                              |
|--|---|------------------------------|
| <input type="checkbox"/> Admiral/Maritime                                | <input type="checkbox"/> (V) International Law              | <input type="checkbox"/> (I) |
| <input type="checkbox"/> Adoption/Name Change                            | <input type="checkbox"/> (A) Juvenile Delinquency           | <input type="checkbox"/> (J) |
| <input type="checkbox"/> Bankruptcy/Insolvency/Foreclosure               | <input type="checkbox"/> (B) Labor                          | <input type="checkbox"/> (L) |
| <input type="checkbox"/> Collection                                      | <input type="checkbox"/> (H) Landlord/Tenant                | <input type="checkbox"/> (Q) |
| <input type="checkbox"/> Contract  | <input type="checkbox"/> (K) Negligence (Personal Injury)   | <input type="checkbox"/> (N) |
|  | <input type="checkbox"/> Property Damage                    |                              |
| <input type="checkbox"/> Corporation/Partnership Law                     | <input type="checkbox"/> (X) Patent/Trademark/Copyright     | <input type="checkbox"/> (P) |
| <input type="checkbox"/> Criminal, Quasi-Criminal and Municipal Court    | <input type="checkbox"/> (C) Real Estate                    | <input type="checkbox"/> (R) |
| <input type="checkbox"/> Domestic Relations (Divorce, Support, Custody)  | <input type="checkbox"/> (D) Small Claims Court             | <input type="checkbox"/> (S) |
| <input type="checkbox"/> Estate/Probate                                  | <input type="checkbox"/> (E) Tax                            | <input type="checkbox"/> (T) |
| <input type="checkbox"/> Federal Remedies/Civil Rights                   | <input type="checkbox"/> (F) Workers' Compensation          | <input type="checkbox"/> (W) |
| <input type="checkbox"/> Government Agency Problems (Local thru Federal) | <input type="checkbox"/> (G) Other Litigation (specify)     | <input type="checkbox"/> (Y) |
| <input type="checkbox"/> Immigration/Naturalization                      | <input type="checkbox"/> (M) Other Non-Litigation (specify) | <input type="checkbox"/> (Z) |

IS THE CASE HANDLED BY THE LAWYER STILL PENDING? \_\_\_ YES \_\_\_ NO

(This Section for Secretary's Use Only)

DOCKET NUMBER \_\_\_\_\_ DATE DOCKETED \_\_\_\_\_

**\*\* COMPLETE BOTH SIDES \*\***

**D. OTHER RELATED COMPLAINTS OR LITIGATION:**

(1) Have you filed a complaint regarding this matter with law enforcement authorities or any other state or federal agency? \_\_\_\_ YES \_\_\_\_ NO If yes, please state:

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Result: \_\_\_\_\_

(2) Is the matter you are complaining about the subject of a pending civil law suit? \_\_\_\_ YES \_\_\_\_ NO  
If yes, give name of Court \_\_\_\_\_

Docket Number: \_\_\_\_\_ County: \_\_\_\_\_

**E. NATURE OF GRIEVANCE:**

State what the lawyer did or failed to do which may be unethical. State all relevant FACTS including dates, times, places and names and addresses of important witnesses. Attach copies of important letters and documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use Additional Sheets if Necessary)

**F. INVESTIGATIVE CONFIDENTIALITY**

The Supreme Court of New Jersey has held that persons who file grievances “may speak publicly regarding the fact that a grievance was filed, the content of that grievance, and the result of the process.” Since disciplinary officials are required by *Rule* 1:20-9(h) to maintain the confidentiality of the investigation process and may neither speak about the case nor release any documents, until and unless a formal complaint is issued and served, you must also keep confidential any documents you may receive during the course of the investigation of your grievance.

To protect the integrity of the investigation process, we recommend that you, as well as all witnesses, not speak about the case other than to disciplinary officials while the matter is under investigation. So long as you maintain the confidentiality of the investigation process, you have immunity from suit for anything you say or write to disciplinary officials. However, the Supreme Court has stated that you “are not immune for statements made outside the context of a disciplinary matter, such as to the media or in another public forum.” *R.M. v. Supreme Court of New Jersey, 185 N.J. 208 (2005).*

Date: \_\_\_\_\_ s/ \_\_\_\_\_

Signature

PLEASE REVIEW THE PAMPHLET “INFORMATION ABOUT GRIEVANCE PROCEDURES AND DISCIPLINE OF LAWYERS” PROVIDED BY THE ETHICS SECRETARY.



PLEASE NOTIFY DISTRICT SECRETARY OF DISABILITY ACCOMMODATION NEEDS.