

ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION of the SUPREME COURT OF ILLINOIS

COMPLAINT FORM

or

Use this form to file a complaint about:

- 1) an Illinois lawyer;
- 2) a non-Illinois lawyer who has provided legal services in Illinois; or
- 3) a non-lawyer who you are claiming has engaged in the unauthorized practice of law in Illinois.

Return the completed form by e-mail, mail or facsimile to:

ARDC 130 E. Randolph Dr., Ste. 1500 Chicago, IL 60601-6219 Phone: (312) 565-2600 or (800) 826-8625

Fax: (312) 565-2320

Email: information@iardc.org

ARDC 3161 W. White Oaks Dr., Ste. 301 Springfield, IL 62704

Phone: (217) 546-3523 or (800) 252-8048

Fax: (217) 546-3785

Email: information@iardc.org

1. Your name:		
Street address:		
City:	State:	Zip:
		Cell phone:
Email addraga		
2. Name of lawyer/perso	on you want to be investigated:	
Name of law firm or busin		
Street address:		
City:	State:	Zip:
Phone:		
Email address:		
3. Have you previously	contacted the ARDC regarding this matter?	Yes No
If yes, when and how did	you contact us?	
4. Did you employ the la		Yes No
4a. If you answered yes		
When did the employm	•	
What was the fee agree	ement?	
How much have you pa	aid the lawyer/person to date?	

4b. If you answered no to question 4 what is your connection to the lawyer/person?
5. If your request relates to a court case or other proceeding, please provide the following:
Name of court or agency:
Name of case:
Case number:
6. Please explain your complaint(s). Include important dates and names of witnesses and others involved. Use additional pages if necessary. Attach copies of documents that support your complaint, such as fee agreements, receipts, checks, letters and court papers.
Signature: Date: