REQUEST FOR ASSISTANCE
The Mississippi Bar
Consumer Assistance Program
Post Office Box 2168
Jackson, Mississippi 39225-2168
(601) 948-4471

1. My Name: ______________________________ Daytime Telephone Number: ________________________

2. My Address: __________________________________________________________

3. I wish The Mississippi Bar to consider this request for assistance with regard to the following lawyer(s):
   Name: ______________________________ Telephone Number: ________________________
   Address: __________________________________________________________

4. Is this your own lawyer? Yes ______ No ______ Please explain ______ (see below)

5. Have you talked with the lawyer(s) named about the subject of this request? Yes ______ No ______
   Please explain ______ (see below)

6. I request assistance with regard to this lawyer because (Provide detailed statement of facts, including dates and places):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. I want the following assistance:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. Have you requested assistance or complained about this lawyer before? Yes ___ No ___ If “yes,” please tell when and why.
   __________________________________________________________

9. Are you willing to give evidence under oath about this matter? Yes ___ No ___ If “no,” please explain why.
   __________________________________________________________

10. Has any person lost any money, property, or other thing of value as a result of the events described above?
    Yes ___ No ___ If “yes,” please explain.
    __________________________________________________________
    __________________________________________________________

   Signature

Witness (This form does not have to be notarized.) __________________________
Print Name __________________________

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 and that The Mississippi 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.

NOTICE: I UNDERSTAND THAT INFORMATION I SEND MAY BE USED TO ASSIST ME BUT MAY NOT BE CONFIDENTIAL.

1 If you are submitting this Request for Assistance on behalf of or for another person, please give that person’s name, address and daytime telephone number and explain why you are acting for that person.

2 If not, please tell us why not. If yes, please provide the facts in No. 6 & 7.