



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION  
of the  
SUPREME COURT OF ILLINOIS

**REQUEST FOR INVESTIGATION**

Use this form to request an investigation of:

- 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 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

or

ARDC  
One North Old Capitol Plaza, Ste. 333  
Springfield, IL 62701-1625  
Phone: (217) 522-6838 or (800) 252-8048  
Fax: (217) 522-2417

1. Your name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2. Name of lawyer/person you want to be investigated: \_\_\_\_\_

Name of law firm or business: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Did you employ the lawyer/person you are complaining about: Yes \_\_\_\_\_ No \_\_\_\_\_

3a. If you answered yes to question 3:

When did the employment start? \_\_\_\_\_

What was the fee agreement? \_\_\_\_\_

How much have you paid the lawyer/person to date? \_\_\_\_\_

3b. If you answered no to question 3, what is your connection to the lawyer/person?

