



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**  
3161 W. White Oaks Dr., Ste. 301  
Springfield, IL 62704  
Phone: (217) 546-3523 or (800) 252-8048  
Fax: (217) 546-3785

1. Your name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

2. Name of lawyer/person you want to be investigated: \_\_\_\_\_  
Name of law firm or business: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail 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 lawyer/person you are complaining about: Yes \_\_\_\_\_ No \_\_\_\_\_

4a. If you answered yes to question 4:  
When did the employment start? \_\_\_\_\_  
What was the fee agreement? \_\_\_\_\_

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

*over*

