



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION
of the
SUPREME COURT OF ILLINOIS

COMPLAINT FORM

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

or

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: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

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

Name of law firm or business: _____

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 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

