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

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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

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: _____