

# PRELIMINARY INQUIRY

(IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE SEPARATE INQUIRY FORMS AGAINST EACH)

TO: **Committee on Professional Standards**  
**40 Steuben Street, Suite 502**  
**Albany, New York 12207**

Date: \_\_\_\_\_

I, \_\_\_\_\_  
(PRINT NAME ABOVE)

HOME PHONE # ( ) \_\_\_\_\_

WORK PHONE # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

am aggrieved by the following acts of \_\_\_\_\_  
(PRINT ATTORNEY'S FULL NAME)

\_\_\_\_\_  
(PRINT ATTORNEY'S OFFICE ADDRESS)

(Please indicate below the exact aggrieved acts and explain in detail all facts, dates, and events which are relevant. Continue on reverse side if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Have you filed a complaint concerning this matter with another bar association, state attorney general's office or any other agency?: \_\_\_\_\_ If so, please provide:

Name of Agency \_\_\_\_\_

Action Taken by Agency \_\_\_\_\_

2. Have you brought a civil action against this attorney? \_\_\_\_\_

Name of Court: \_\_\_\_\_

Result: \_\_\_\_\_

\_\_\_\_\_  
(SIGN YOUR FULL NAME)

