



ACADEMY GRIEVANCE FORM

I. INFORMATION ABOUT YOU — PLEASE KEEP CURRENT

1. Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Telephone numbers: Residence _____ Work: _____

Cell: _____

3. Name, address, and telephone number of person who can always reach you.

Name _____ Address _____

_____ Telephone _____

4. Do you understand and write in the English language? Yes or No (circle)

If No, what is your primary language? _____

Who helped you prepare this form? _____

Will they be available to translate future correspondence during this process? Yes or No (circle)

5. **Are you an attorney or member of the judiciary?** Yes or No (circle)

If yes, please provide Title, County, City, State: _____

II. INFORMATION ABOUT ATTORNEY

Note: Grievances are not accepted against the Academy, member affiliated law firms or adoption agencies. You must specifically name the Academy member against whom you are filing a Grievance. A separate grievance form must be completed for each attorney against whom you are alleging Misconduct.

1. Attorney name: _____

City: _____ State: _____

2. Have you or a member of your family filed a grievance about this attorney previously? Yes or No (circle) If "yes", please state its approximate date and outcome. _____

3. Please check one (1) of the following:

- This attorney was **hired** to represent me.
- This attorney was hired to represent **someone else**.



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4. Please give the date this attorney was hired and what he or she the attorney was hired to do.

5. What was your fee arrangement with this attorney?

**If you signed a contract or retainer agreement and have a copy, please attach.
(Do not send originals)**

6. If you did not hire this attorney, what is your connection with the attorney? Explain briefly.

7. Are you currently represented by this attorney? _____

8. Are you currently represented by another attorney? _____
If yes, please provide information about your current attorney: _____

III. INFORMATION ABOUT YOUR GRIEVANCE

1. Where did the activity you are complaining about occur?

State: _____ County: _____ City: _____

2. If your grievance is about a lawsuit, answer the following, if known:

a. Name of court _____

b. Title of the suit _____

c. Case number and date suit was filed _____

d. If you are not a party to this suit, what is your connection with it? Explain briefly.

**If you have copies of court documents, please attach.
(Do not send originals)**

3. Explain in detail why you think this attorney has done something that is improper or failed to do something which should have been done. Please review the definition of "Misconduct" on the instruction sheet prior to completing this section of the form. You must identify one or more grounds of "Misconduct" in your explanation. Feel free to attached additional explanation sheets, if necessary.

If you have copies of letters or other documents you believe are relevant to your grievance, please attach. (Do not send originals)



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Include the names, addresses, and telephone number of all persons who know something about your grievance.

Also, please be advised that a copy of your grievance will be forwarded to the attorney named in your grievance.

IV. ATTORNEY-CLIENT PRIVILEGE WAIVER

I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this grievance, and authorize such attorney to reveal any information in the professional relationship to the Grievance Board of the American Academy of Adoption Attorneys. I understand that Disciplinary Proceedings are confidential and that my identity will not be disclosed to the Academy membership or the public.

Signature: _____ Date: _____

Signature: _____ Date: _____

THIS GRIEVANCE FORM MUST BE MAILED DIRECTLY TO:

**Deb Guston, GRIEVANCE CHAIR
AMERICAN ACADEMY OF ADOPTION ATTORNEYS (AAAA)
AMERICAN ACADEMY OF ASSISTED REPRODUCTIVE TECHNOLOGY ATTORNEYS (AAARTA)
55 Harristown Rd, Suite 106
Glen Rock, NJ 07452
Phone: (201) 447-6660
Fax: (201) 447-3831**