HOW TO SUBMIT A REQUEST FOR INVESTIGATION

<u>Filing a Request for an Investigation of an Attorney</u> | <u>Effect on Your Legal Rights</u> | <u>Other</u> Information Provided by the ARDC

REQUEST FOR INVESTIGATION OF A LAWYER FORM

Request an investigation of an Illinois lawyer by printing, completing and returning this form to the Chicago or Springfield ARDC offices. The Chicago office is located at 130 East Randolph Drive, Suite 1500, 60601-6219. The Springfield office is located at the One North Old Capitol Plaza, Suite 333, 62701-1625.

1. Your name: LAUVA WANIA
Street Address: 10155 Colifornia Court
City: Croun Point State: IN Zip: 40307
Home Phone Number:
Cell Phone Number: <u>U30-701-0313</u>
Business Phone Number:
2. Name of Lawyer you are complaining about: MIChael Friedman
Name of Law Firm: Michael T. Friedman and Associates
Street Address: 155 North Michigan Avenue, Suite 1000
City: Chicago State: IL Zip: U0001
Phone Number: 312 - 616 - 8816
3. Did you employ the lawyer?
Yes
If yes, when was the lawyer hired?
How much did you pay for the lawyer?
No
If no, what is your connection to the lawyer?
4. If your complaint relates to a lawsuit, please give the following:

Name of case:					
Case number:					
ease describe what the oyed the lawyer, expl es, addresses and telep ons or arguments. At ements, receipts, check	ain what you employ bhone numbers of wit ttach copies of any do	red the lawyer to onesses and other occuments that sup	lo. Include importar people involved. Do	nt dates and not include	
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