

**ERIE COUNTY BAR ASSOCIATION
302 WEST NINTH STREET
ERIE, PA 16502-1427
814/459-3111**

FEE DISPUTE COMPLAINT FORM

(Please type or print)

Date:

COMPLAINANT:

Mr. Mrs. Ms. Miss

Your Name:

(Last)

(First)

(MI)

(Age)

Address:

(Street)

(City)

(State)

(Zip Code)

Telephone: Home:

(Area Code/Number)

Work:

(Area Code/Number)

ATTORNEY COMPLAINED OF:

Name:

(Last)

(First)

(MI)

County:

Office Address:

(Street)

(City)

(State)

(Zip Code)

Telephone:

(Area Code/Number)

PRIOR COMPLAINTS CONCERNING THIS MATTER OR THIS ATTORNEY:

Have you previously filed a complaint concerning this matter or this attorney with the Erie County Bar Association or its Fee Dispute Committee?

Yes

No

If so, please identify the date and nature of your complaint and the action taken by the agency:

PLEASE TYPE OR PRINT

STATEMENT OF COMPLAINT: (Note: Attach as many additional pages as necessary to fully set forth all of the relevant facts and circumstances surrounding your complaint. Include copies of any relevant information such as bills, letters, etc.)

*Return this completed form to the Erie County Bar Association, 302 West Ninth Street, Erie, PA 16502.
You will be notified as to whether a fee dispute hearing concerning your case will be scheduled.*

(Date)

(Your Signature)