## CONSUMER ASSISTANCE PROGRAM

BOARD OF PROFESSIONAL RESPONSIBILITY
OF THE SUPREME COURT OF TENNESSEE
EMAIL: CAP@tbpr.org
10 CADILLAC DRIVE, Suite 220
BRENTWOOD, TN 37027

## **REQUEST FOR ASSISTANCE**

TELEPHONE: (615) 361-7500 X 104 (800) 486-5714

FAX: (615) 367-2480

Use a separate form for each attorney. Use additional paper for any numbered paragraph if more space is needed. Our ability to take phone calls is very limited. Please <u>write</u> your questions or concerns.

Name:		/ (Inmate #	
Mailing Address:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Fax: ()	Email:		
Name of attorney with wi	hom you need assistance: (Atto	orney's name, not a whole firm.)	
Attorney's Name		Phone:	
		Email:	
ls this an opposing attor	ney or prosecutor? Yes No	Former Attorney? Yes	
Is this <u>your</u> attorney? Yes_	No		
If writing for another person, s	state your relation to that person		
		Mrs. □ Dr. □ Other	
		Phone:	
		Email:	
		Inmate #:	
		is lawyer before? Yes No	
•	·		
	<u> </u>		
Have you contacted the	lawyer named above on the iss	ues in this request? Yes No	
-		·	
-		·	
If No, write why not. If yes, w	rite <u>when</u> and <u>what</u> was the <u>result</u> .	·	
If No, write why not. If yes, w  Has any person lost more	rite when and what was the result.		
If No, write why not. If yes, w	rite when and what was the result.		
Has any person lost mor Yes No if "yes, Please check type of cas	rite when and what was the result.  ney, property, or other thing of result.  " please explain.  se:		
Has any person lost mor Yes No If "yes, Please check type of cas Bankruptcy Dom	rrite when and what was the result.  ney, property, or other thing of result.  " please explain.  se:  nestic (Family) General Civil	value as a result of the events? Personal Injury Workers 0	
Has any person lost more Yes No If "yes, Please check type of cas Bankruptcy Dom Estate Soci	rrite when and what was the result.  ney, property, or other thing of result.  " please explain.  se:  nestic (Family) General Civil ial Security Real Estate	value as a result of the events? Personal Injury Workers 0 Other	
Has any person lost more Yes No If "yes, Please check type of cas Bankruptcy Dom Estate Soci Criminal - If criminal, ple	rrite when and what was the result.  ney, property, or other thing of result,	value as a result of the events?  Personal Injury Workers ( Other ur case(s) below.	
Has any person lost more Yes No If "yes, Please check type of cas Bankruptcy Dom Estate Soci Criminal - If criminal, ple Charge(s):	rrite when and what was the result.  ney, property, or other thing of result,	value as a result of the events?  Personal Injury Workers C Other r case(s) below.	
Has any person lost more Yes No If "yes, Please check type of case Bankruptcy Dom Estate Soci Criminal - If criminal, ple Charge(s): Case Stage: Trial or Pre-	rrite when and what was the result.  ney, property, or other thing of the property, or other thing of the property, or other thing of the property of the prop	value as a result of the events?  Personal Injury Workers 0 Other ur case(s) below.	

question(s) or use a separate sheet(s) of paper, if needed.

## REQUEST FOR ASSISTANCE STATEMENT: SIGN AND DATE BELOW.

Below, please write details including names, dates and places and say what the case is about. Then, state you questions or what assistance is needed and why. Type or print neatly and use other paper for more space.		
,		
lf se	ending documents, DO NOT SEND ORIGINALS, due to possible loss or destruction. THANK YOU.	
	<b>NOTE:</b> YOU have a limited time (statute of limitations) to file a legal malpractice or other lawsuit. Filing a complaint or Request for Assistance with the Board will not preserve your legal rights and remedies. You should pursue independent legal action and seek independent advice concerning your legal matters.	
	YOUR SIGNATURE: DATE:	
	(Notarization NOT required)	