

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 write your questions or concerns.

1. Please print your name, address, phone number, and email address.

Title: Mr. Ms. Mrs. Dr. Other _____

Name: _____ / (Inmate # _____)

Mailing Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Fax: (____) _____ Email: _____

2. Name of attorney with whom you need assistance: (Attorney's name, not a whole firm.)

Attorney's Name _____ Phone: _____

Address: _____ Email: _____

Is this an opposing attorney or prosecutor? Yes ___ No ___ **Former Attorney?** Yes ___

Is this your attorney? Yes ___ No ___

3. If writing for another person, state your relation to that person. _____

Why are you writing for them? _____

Write that person's contact information below: Mr. Ms. Mrs. Dr. Other _____

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Inmate #: _____

4. Have you requested assistance or complained about this lawyer before? Yes ___ No ___

If "yes", please tell when and why. _____

5. Have you contacted the lawyer named above on the issues in this request? Yes ___ No ___

If No, write why not. If yes, write when and what was the result. _____

6. Has any person lost money, property, or other thing of value as a result of the events?

Yes ___ No ___ If "yes," please explain. _____

7. Please check type of case:

Bankruptcy Domestic (Family) General Civil Personal Injury Workers Comp

Estate Social Security Real Estate Other _____

Criminal - If criminal, please write charge(s) and stage of your case(s) below.

Charge(s): _____

Case Stage: Trial or Pre-Trial Direct Appeal Post-Conviction Post-Conviction Appeal

Habeas Corpus Violation of Probation/ Parole Other _____

8. Please write what assistance is needed and why. Use the space on back for your statement or question(s) or use a separate sheet(s) of paper, if needed.

