How to Submit a Request for Assistance (RFA) to CAAP

If you are a client of a Texas attorney, you may follow these steps to request assistance from the State Bar of Texas Client-Attorney Assistance Program (CAAP):

Step 1: Write to your attorney

- Start by writing to your attorney to express your concerns.
  - Write a letter that clearly lists your concerns.
  - The letter must be addressed to your attorney (e.g., Dear Attorney John Doe,).
  - Sign and date the letter.
  - Keep a copy of the letter for your records.
  - Send the letter to your attorney.
  - Proceed to Step 2**.**
- **Note:**
  - Do not include threatening or offensive language in the letter.
  - CAAP cannot accept letters over 90 days old.

Step 2: Wait 10 days for attorney to respond

- If your attorney responds and you have further questions, reply to your attorney and address your questions directly to them.
- If your attorney does NOT respond after 10 days, proceed to Step 3.

Step 3: Complete the Request for Assistance (RFA) form

- Complete all sections of the RFA form.
- Sign and date the RFA form.
- Proceed to Step 4.
- **Note:**
  - Incomplete, unsigned, or incorrectly filled-out forms will not be processed.
  - The RFA form must be received within 90 days of the date of the letter to your attorney**.**

Step 4: Send the Documents to CAAP

- **You must submit the following documents to CAAP:**
  - The completed RFA form that is signed and dated.
  - A copy of the letter that you sent to your attorney.
  - A copy of the dismissal letter from the Chief Disciplinary Counsel, if applicable.
- Mail, Fax, or Email your documents to CAAP.
  - Use the mailing address, fax number, or email address listed at the top of the RFA form.

What Happens Next?

Once CAAP reviews your documents, you will receive a letter with next steps or further information.

REMEMBER:

- The Client-Attorney Assistance Program is a voluntary program. Our purpose is to help clients communicate with their attorneys; we **cannot compel** your attorney to take any specific action.

File #
(Please use this # when contacting us.)

REQUEST FOR ASSISTANCE

The State Bar of Texas Client-Attorney Assistance Program

P.O. Box 12487 Austin, TX 78711-2487 caap@texasbar.com Phone: (800) 932-1900/Fax: (512) 427-4442

Please be advised that the CAAP process and Grievance process may not take place at the same time.

Please Print Clearly

Section A

☐Mr. ☐Mrs. ☐Ms. **(Person completing this application. If not the client, you must provide Power of Attorney)**

Name _____ Telephone # _____
First Last TDCJ/SID#

Address _____ E-Mail: _____
Street City State Zip Code

Section B

☐Mr. ☐Mrs. ☐Ms. **(If the person completing this application is not the client or the attorney seeking assistance, please answer the following)**

Client's Name _____ Telephone # _____
First Last

Address _____ E-Mail: _____
Street City State Zip Code

Section C

(Attorney Information)

Name _____ Telephone # _____
First Last

Address _____ Bar card # _____
Street City State Zip Code

Section D

(Client-Attorney Relationship Information)

Is this your **current** or **previous** attorney? (Circle One) If previous, are you currently represented by a new attorney? ☐Yes ☐ No

Date attorney was hired/appointed: _____ Do you have a copy of the contract? ☐Yes ☐No

Has CAAP assisted this client before? ☐Yes ☐No Type of legal matter: ☐Business ☐Civil ☐Criminal ☐Collections ☐Family Law ☐Personal Injury ☐ Other_____

Have you or this client filed a grievance against this attorney in this matter with the Chief Disciplinary Counsel Office? Yes☐ No☐
If yes, you must include a copy of your grievance dismissal letter.

Section E

Assistance is needed with the following: ☐ Itemized billing statement ☐ Case Status ☐ Refund ☐Client File
☐ Copy of _____
☐ Other _____

What steps have been taken to resolve the problem with the attorney? _____

_____

I do not intend this request to be a formal grievance against this attorney: This is a request for help to resolve this problem

I understand that it may be necessary to act promptly to preserve any legal rights I may have and that commencement of a civil action may be required to preserve those rights. I acknowledge my understanding that completion of this form does not constitute the commencement of a civil action and that the State Bar of Texas will not commence any civil action on my part. I acknowledge that it is my responsibility to seek and obtain any necessary legal advice with respect to this matter. I also understand that the information I send may be used to assist me and will remain confidential for purposes of resolving the issue(s) described above.

_____ _____
Client/Power of Attorney Signature Date