NORTH CAROLINA STATE BAR

Attorney Client Assistance Program

("ACAP")

REQUEST FOR ASSISTANCE FORM

Are you the Client? ☐ Yes ☐ No	***Except in limited circumstances, ACAP can only communicate with the Client. If you are not the client, you should ask the client to contact us directly.***

Acknowledgements (carefully read and respond to each item)

I understand that ACAP cannot provide legal advice, attorney referrals, or legal services.	☐ ***Yes***
I understand that ACAP cannot require a lawyer to communicate with someone who is not the client.	☐ ***Yes***
I understand that ACAP cannot dictate how an attorney represents you or force them to file motions on your behalf.	☐ ***Yes***

Your Information

Your Name:		**Date:**	
Address:			
City/State/Zip:			
Phone Number:		**Email:**	
Preferred Method of Contact:	☐ **Phone** ☐ **Email** ☐ **Mail**		

Attorney Information

Attorney Name:		**Bar ID:**	
Law Firm:			
Address:			
City/State/Zip:			
Phone Number:			

Information About Your Legal Matter

Type of Matter:	
County where case is/was handled:	
Status of Legal Matter:	☐ **Pending** ☐ **Completed**
Date Lawyer was ☐ **Hired** ☐ **Appointed**	
Date of Last Communication with Lawyer:	

Assistance Requested

☐ Status of Legal Matter	☐ Difficulty communicating with lawyer	☐ Lawyer's contact information
☐ Copy of file *(case must be completed)*	☐ Return of file or documents	☐ Other:_____

Brief Description of the Issue

217 E. Edenton St. 27601, Post Office Box 25908, Raleigh, North Carolina 27611
Website: www.ncbar.gov Telephone: (919) 828-4620

SUBMIT