clark.wa.gov

1300 Franklin Street PO Box 5000 Vancouver, WA 98666-5000 564.397.2175

## Clark County Public Defense Program Client Complaint Form

Clark County's goal is to provide quality legal representation to those who are deemed indigent. Complete this form if you are represented by a court-appointed attorney and have a concern or complaint.

Public Defense will review your concern/complaint and attempt to informally resolve the issue(s). You are encouraged to first discuss your concerns with your current court-appointed attorney to try to resolve the issue(s).

DATE/TIME:			
DEFENDANT INFORMATION:  Last Name, First Name, Middle Initial		In custody? (circle one): Y/N	
		Phone	Email Address
Street Address	City, State a		and Zip Code
Case Number(s)	Appointed Attorney's Name		Next Court Date (if known)
to attorney-client privilege, wir attorney, please indicate that be CONCERN OR COMPLAINT	thout your below and i	written consent. If you include the reason why be as specific as possible.	ney that might be confidential, du do not want us to contact your ole and attach additional pages i concern or complaint (do not

## HAVE YOU TRIED TO RESOLVE THIS ISSUE IN ANY OTHER WAY?

Have you discussed this problem with your attorney? Yes or No (circle one)
If yes, describe what occurred. If no, please let us know why you have not discussed the issue with your attorney.
WHAT DO YOU BELIEVE NEEDS TO HAPPEN? Be as specific as you can (you can attach additional pages if needed).
You may complete and email this form to Cnty.PublicDefense@clark.wa.gov, or by mail to:
Clark County Public Defense PO Box 5000 Vancouver, WA 98666-5000
If you need further assistance, you can reach us by phone at: (564) 397-2175.
Public Defense Mission: To ensure effective and cost-efficient legal representation is available to persons who are eligible for appointed counsel, consistent with the Washington and United States Constitutions, laws and national standards of justice.
**INTERNAL USE ONLY**
ACTION TAKEN/FOLLOW-UP: