

LOUISIANA PUBLIC DEFENDER BOARD

301 MAIN STREET, SUITE 700 BATON ROUGE, LA 70825



Name: _____ Date: _____

Relationship to Client: Self Other: _____

Best Contact Information: _____ (phone) _____ (alternate phone)
_____ (address)

Attorney: _____

Complaint: _____

Have you tried to contact your attorney about this matter? Yes No

Explain: _____

What action do you want a supervising attorney to take? _____

