Medina County Bar Association Certified Grievance Committee 93 Public Square Medina, OH 44256

## Grievance

Case No.:		
Date		
Received:		

Telephone: (330) 725-9794

Telephone: (330) 725-9794	We will enter a	above information			
	Email:				
(Please print your full name)	Telephone	Preferred			
(1 lease print your run name)	■ L., E				
	Home: ( )	[]			
Address	Mobile: ( )	[]			
City State Zip	The state of the s				
This Grievance is against (check one):	Other: ( )	[]			
	Other: ( )	1.1			
an Attorney [ ] - OR - a Judge/Magistrate [ ]					
* .	Phone: ( )	#: 69			
Attorney's full name					
TAUGINEY D'AGIN INGINE	Date attorney was hired:				
- 111	Bute actorney was infed.				
Address	(0)	ircle Yes or No)			
	Does the attorney still represent y				
City County State Zip	Is this matter still pending in cour				
5.1.1y 5.1.1v 2.1p	Are you suing the attorney?	YN			
- 10	Has the attorney sued you?				
	Tras the automov succe you:				
Did you sign a retainer agreement? Y N If possible, please attach a copy.	£ 1 10				
	×				
Did you pay the attorney a fee or retainer? Y N How much was paid?	540 ID T 17,047				
Does the attorney owe you money or other property? Y N If yes, describe:					
If you already filed this grievance with another agency or bar association, where?	Da	ite:			
	3 8 K #				
Are you currently represented by another attorney? Y N If yes, please provi	de name and phone number:	12			
W.C.					
If this matter is still pending in court, which court?	Case No.:				
Please indicate what kind of legal matter: [ ] Divorce/Child Custody, [ ] Criminal, [ ] Employment, [ ] Bankruptcy, [ ] General Litigation, [ ] Probate/Estate, [ ] Real Property, [ ] Personal Injury, [ ] Other:					
On the next page, briefly explain the facts of your grievance in chronological order, including dates, and a description of other conduct committed by this legal professional. Also, please indicate what action or resolution you are seeking from this committee. You may attach extra pages if you prefer. If possible, please attach copies of contracts, correspondence, and documents that support your grievance.					
The Ohio Supreme Court requires investigations to be kept confidential. You are u notice. The above party will receive a copy of this Grievance and be asked to respond your attorney/client privilege and authorize the above party to reveal information the	ond to your allegations. By signing	below you waive			
Signature	Date	275			

Facts of the Grievance:	44	" a ₹	**
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