



Lawyers Mutual

www.lmick.com

Waterfront Plaza
323 West Main Street, Suite 600
Louisville, KY 40202

Toll Free: 800-800-6101

Office: 502-568-6100

Fax: 502-568-6103

E-mail: long@lmick.com

Web site: www.lmick.com

LAWYERS MUTUAL INSURANCE COMPANY OF KENTUCKY

Kentucky Bar Association Complaint Reporting Form

Please complete this form for each Bar Complaint submitted to the Kentucky Bar Association Office of Bar Counsel (KBA) against either the law firm or any lawyer affiliated with the firm.

Firm Name: _____

Lawyer: _____

Person making Bar Complaint: _____

KBA initial contact with lawyer:	<input type="checkbox"/> Written	<input type="checkbox"/> By Phone
KBA required a response from the lawyer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Matter is currently:	<input type="checkbox"/> Pending	<input type="checkbox"/> Resolved

If resolved, was the outcome:

<input type="checkbox"/> Dismissed without action	<input type="checkbox"/> Private reprimand
<input type="checkbox"/> Public reprimand	<input type="checkbox"/> Suspension for: _____
<input type="checkbox"/> Other (Please Explain): _____	

Allegation of person filing Bar Complaint:

Law firm/lawyer's description of the matter, the events surrounding the Bar Complaint:

Please attach a copy of any/all the Bar Complaint filed with the KBA and any response the lawyer, the law firm, or counsel for the law firm has submitted to the KBA.

The above information has been reviewed and is certified to be correct.

I understand that the information submitted on this application becomes part of the policy for professional liability insurance and is subject to the same terms and conditions.

(Signature of partner or officer of the firm)

(Date)