



Frequently Asked Questions

Lewis County Public Defense Complaint Form

Q Who can file a complaint?

A Anyone party to the case may provide feedback, however only the client can file a formal complaint and complete the complaint packet. The complaint process requires a release of information which should only be filed by the client.

Q What is the complaint process?

A Most complaints are handled informally and are initiated by phone call or email. More serious issues may be handled in writing using this form.

Q Who can I file a complaint against?

A Public Defenders contracted with Lewis County District Court, Lewis County Superior Court, and Lewis County Juvenile Court.

Q Will my attorney know that I filed a complaint?

A Yes. We will need to speak with your attorney regarding your complaint to see if we can help resolve the issue. We will provide your attorney with a copy of the complaint so your attorney will be able to understand your concern.

Q Why can't a complaint be anonymous?

A Complaints that do not include the name of the person and circumstances involved are difficult to resolve. The complaint process requires the informed consent and authorization for release of your protected information.

Q What if I want a new attorney?

A Only the court can change your attorney. You do not have the right to an appointed attorney of choice. If you want a new attorney assigned, you need to follow your county's procedure for this, which may involve asking the court in writing. Check with your attorney or clerk's office for guidance on the procedure.

Q What do I need to know if I am thinking about submitting a complaint?

A Because Lewis County is a government agency, someone may request confidential information given to us by you or your attorney. We will take all reasonable steps to protect your private information.



Instructions

Lewis County Public Defense Complaint and Release of Information Form

This packet is provided in pdf format and is compatible with the Adobe Acrobat reader. The reader may be downloaded for free from the Adobe Website at <http://get.adobe.com/reader/>

Fill out the form:

- Print the packet and fill out each form using a black or blue pen.

OR,

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Use the Adobe Acrobat Reader and type in your responses. Print and save the form before exiting the reader.

Completing the form:

- Fill out the 1) complaint form and 2) the release of information.
- Sign the release of protected information form.
- Attach additional pages, if more space is needed.
- Make a copy of the completed form for your file.

Submitting the completed form:

- **By Mail**

Lewis County Public Defense
351 NW North St Rm #210
Chehalis, WA 98532

- **By Email**

Scan the completed form and email it as an attachment to:

Public.defense@lewiscountywa.gov

Questions?

Call (360) 740-1339



Lewis County Public Defense

Client Complaint Form

Personal Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email Address: _____

Case Information

Court: _____
Case No.: _____
Attorney: _____

Please provide the last date of contact you had with your assigned public defender and how you contacted them.

Please provide the last date you attempted to contact your assigned public defender and how you attempted to contact them.

Concern (Attach additional pages if needed.)

Have you tried to resolve this issue in any other way?

What do you propose as a solution?



Lewis County Public Defense

Informed Consent and Authorization for Release of Protected Information

To: _____
Print or type your attorney's name here

I authorize my attorney to disclose information about me, including information protected by attorney-client privilege, to Lewis County Public Defense Services for the purpose of investigating my complaint about my attorney.

I understand that Lewis County will not publicly disclose information related to my complaint unless required to do so by law, including a valid public records request.

I understand that I may revoke this authorization at any time by informing my attorney in writing that the authorization is revoked. Unless I cancel it earlier, this authorization will expire 90 days from the signature date. An electronic copy of this authorization will be considered valid in lieu of the original.

My name: _____
Print or type your name here

My signature: _____
Sign your name here

Today's date: _____