ONTARIO COUNTY CONFLICT DEFENDER
ASSIGNED COUNSEL PROGRAM
COMMENT/COMPLAINT FORM

Return Form to:

Conflict Defender's Office
3010 County Complex Drive
Canandaigua, NY 14424

_____
(Date)

1. Your Name: Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐

_____
(First) (Middle Initial) (Last)

_____
(Street address)

_____
(City) (County) (State) (Zip Code)

Telephone Number(s): Home: (____) _____-_____ Cell: (____) _____-_____ Business: (____) ____-_____

2. Name of Assigned Attorney:

_____
(Full Name)

3. Court that the attorney was assigned to represent you in: Family Court ☐ Criminal Court ☐

If you checked criminal court, specify the name of the court: _____

4. Nature of comments regarding the attorney (state in full detail, use separate piece of paper, if necessary):

_____

_____

_____

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_____

_____

Signature: _____
(MUST be signed)