

THE DISCIPLINARY BOARD OF THE SUPREME COURT OF PENNSYLVANIA

COMPLAINT INFORMATION FORM

(Please Type or Print)

Date: December 19, 2010

A. COMPLAINANT:

Mr./Mrs. Brouse Daniel
Your Name: Miss/Ms. (Last) (First) (MI)

Address: 500 S. Maryland Avenue West Chester PA 19380
(Street) (City) (State) (Zip Code)

Telephone: Home: 610-415-1150; Work: 610-415-1150
(Area Code) (Number) (Area Code) (Number)

B. ATTORNEY COMPLAINED OF:

Name: Griffin John J. County: Philadelphia
(Last) (First) (MI)

Office Address: 239 S. Camac Street Philadelphia PA 19107
(Street) (City) (State) (Zip Code)

Telephone: Office: 215-875-8005; Other:
(Area Code) (Number) (Area Code) (Number)

C. PRIOR COMPLAINTS CONCERNING THIS MATTER OR THIS ATTORNEY:

Have you previously filed a complaint concerning this matter or this attorney with the Disciplinary Board, a Bar Association or its Fee Dispute Committee, any District Justice, Court, District Attorney or any other agency or office: YES NO. If so, please identify the agency and specify the date and nature of your complaint and the action taken by the agency:

D. INSTRUCTIONS:

A written and signed statement of the facts must be filed with the Disciplinary Board before your complaint can be considered. Therefore, on the reverse side of this form, under STATEMENT OF COMPLAINT, please fully and completely set forth all of the facts and circumstances of your complaint. PLEASE BE SPECIFIC, referring to relevant dates, contacts you made with the attorney, the fee arrangement, amounts paid to the attorney and when, services to be performed, the names and addresses of other individuals involved in the legal matter, EXACTLY WHAT CONDUCT YOU BELIEVE IS UNETHICAL OR ILLEGAL, etc.

PLEASE ATTACH COPIES OF ALL CORRESPONDENCE AND/OR DOCUMENTS RELATING TO YOUR CASE. If you send original documents and wish them returned to you, check here If you have not