**Minnesota Legal Paraprofessional Program (LPP)**

**Complaint Procedures and Form**

To submit a complaint about a legal paraprofessional who is participating in the Legal Paraprofessional Program, complete the form and submit as directed at the end of the document.

# Procedures

1. Upon receipt of a complaint, the Standing Committee Chair will appoint a two-person Complaint Review team from the Standing Committee membership to review the complaint and determine if the complaint is sufficient to proceed.
2. The Complaint Review team reviews the complaint within ten (10) days of receipt and determines if it is a prima facie complaint. A prima facie case for removal is one that involves potentially inappropriate behavior of a paraprofessional toward a client. Examples may include:
   * 1. Multiple or significant incidents of disrespect or harassment toward the client or other individuals involved in the court proceeding;
     2. Neglect, or failure to provide representation at a level of competence consistent with the goals of the LPP;
     3. Failure to adequately inform the client of material aspects of the proceeding; or
     4. Conflict of interest or of not providing representation in the best interests of the client; or
     5. Other conduct that calls into question the suitability of the legal paraprofessional to remain on the Roster of Approved Legal Paraprofessionals.
3. The Complaint Review team presents the recommendation to the full Standing Committee at the next regularly scheduled meeting that occurs after the 10-day initial review period expires. The full Standing Committee determines whether to accept the complaint.
4. If accepted, a Request for a Response to Complaint is sent to the legal paraprofessional and the supervising attorney for their review and response within 21 days. The legal paraprofessional and supervising attorney must provide their responses to both the Standing Committee and to the complainant.
5. The complainant has 10 days to review the responses. In that 10-day period, the complainant may withdraw the complaint, provide a written reply to the complaint to the Standing Committee or choose not to reply.
6. Unless the complainant affirmatively withdraws the complaint, the Standing Committee then reviews the complaint, responses, and reply (if any). This review occurs at the next regularly scheduled Standing Committee meeting. If the next meeting is scheduled less than five business days after receipt of all materials the complaint will be reviewed at the next scheduled meeting.
7. The standard used for removal of the Paraprofessional from the LPP roster will be clear and convincing evidence of action(s) that demonstrate that the Paraprofessional is unsuitable to remain on the LPP roster.
8. Results of the Standing Committee’s review may include:
   * 1. Affirmation of the complaint;
     2. Denial of the complaint; or
     3. If a majority of the Standing Committee deems necessary, seeking additional information from any of the individuals involved to reach an affirmation or denial decision.
9. If a complaint is affirmed, the Standing Committee will determine whether one of two actions is reasonable; issue a warning to the legal paraprofessional and/or the supervising attorney or remove one or both from the Roster of Approved Legal Paraprofessionals.
10. If a legal paraprofessional is removed from the Roster of Approved Legal Paraprofessionals as a result of this complaint process, the legal paraprofessional is eligible to reapply to participate in the program two years after the date of removal, unless good cause is shown.

Send complete form and all relevant attachments to the Legal Paraprofessional Program Standing Committee by email or U.S. Mail.

* + For email submissions send to paraprogram@courts.state.mn.us
  + For U.S. Mail send to:

Legal Paraprofessional Program Standing Committee

Attention: Renee Pennington

25 Rev. Dr. Martin Luther King Jr. Blvd.

Suite 150

Saint Paul, MN 55155

# Complainant Contact Information

**First Name:**       **Middle Initial:**  **Last:**

**Mailing Address:**

**City/State/Zip:**

**Email:**

**Work Phone Number:**       **Home Phone Number:**

# Legal Paraprofessional Contact Information

**First Name:**       **Middle Initial:**       **Last:**

**Mailing Address:**

**City/State/Zip:**

**Email:**

**Work Phone Number:**       **Home Phone Number:**

# Provide the Basis for the Complaint

**Date of Incident(s):**

Attach the following documents to the complaint.

A detailed description of the facts that explain and support your complaint

The representation agreement with the legal paraprofessional and/or supervising attorney

Information about relevant court pleadings, including copies of court documents if applicable

Any other documents which form the basis for your Complaint

**Print or Type Full Name:**

**Apply Signature and Date:**

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*Typographical signatures are treated as a personal signature and shall be in the form /s/ Joan P. Smith*