

OFFICE OF DISCIPLINARY COUNSEL
for the State of Montana
P.O. Box 1099
Helena, Montana 59624-1099
406.442.1648

GRIEVANCE COVER SHEET

Date Sept. 11, 2023

Your Name Katherine A. Wilson
First Name Middle Initial Last Name

Mailing Address P.O. Box 327 Dayton MT 59914
Street or Box No. City State Zip

Work Phone 406-471-3341 Home Phone — May we call you at work? Y

Attorney's Name Sean S. Frampton
First Name Middle Initial Last Name

Mailing Address 341 Central Ave #B Whitefish MT 59937
Street or Box No. City State Zip

Date you Hired Attorney See attached info.

Amount Initially Paid Attorney See attached Total Amount Paid _____

Do You Presently Owe the Attorney Any Fees? No

Do You Have a Written Fee Agreement? Y N If Yes, Please Send Us a COPY.

Type of Legal Problem Attorney was Hired to Handle? _____

Is This Matter Still Pending in Court? Yes, Bankruptcy Court 22-90119-Jmm

If yes, Provide the Names of the Other Parties Involved and the Court File Number if You Have this Information: Thorce, Inc., Dennis Thornton, Donna

Thornton, Whitefish Credit Union, Mo Somers, Ruis Glacier

Have You Previously Filed a Grievance Against an Attorney? Y/N

If yes, Please Provide the Details on a Separate Sheet of Paper.

1. Attach a separate sheet of paper with a detailed explanation of the reasons you are filing a complaint against the attorney. Please print legibly.
2. Include as much factual data as possible (i.e., dates, names, phone numbers, amounts of money involved, witnesses, etc.). Please put the information in chronological order.
3. If you have any documents that will help to explain your complaint, please attach copies (Do not attach original documents).