



**ROBERT C. GRAHAM VICTIM INFORMATION FORM**  
**FILE NO: OBC 16-1504**

*This form is being used for the purpose of gathering information from potential victims of Robert C. Graham to be used in conjunction with an ongoing investigation in Case Number OBC16-1504.*

*Any information provided will be used for that purpose, and the above-referenced case number should be used on all communications with our office.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please print or type and complete the form fully.**

Please state if you were a client, or an heir: \_\_\_\_\_

If you were an heir, please state the name of the relevant estate: \_\_\_\_\_

\_\_\_\_\_

If you believe that Mr. Graham was holding funds in trust on your behalf please state the amount and the reason that he was holding the funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If known, please provide an approximate date that Mr. Graham received the funds you believe he holds in trust:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you believe that Mr. Graham was holding funds on your behalf in a specific account or financial institution, please provide the name of the account/institution, and an account number, if known:

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If you were a client and paid Mr. Graham for services that were not performed, please explain the nature of the representation, the amount paid, the date the representation began, and the status of your case when Mr. Graham closed his practice:

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Please explain what attempts you made to resolve the matter with Mr. Graham, if any, prior to the time that he closed his office (continue your answer on back of form if necessary):

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**Please provide copies of any documents related to your grievance, including but not limited to your retainer/fee agreement, communications with Mr. Graham, invoices, bank receipts/records, copies of any checks you received from Mr. Graham.**

Please sign and date this form. The State Bar of Nevada cannot review any unsigned, incomplete or illegible complaints.

I certify that the information provided on this form is true and correct to the best of my knowledge.

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature