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Phoenix, Arizona 85016-6288

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**UNAUTHORIZED PRACTICE OF LAW
REPORTING FORM**

NAME AND ADDRESS OF PERSON MAKING THE COMPLAINT:

Name: _____

Address: _____

Daytime Telephone: _____ **Evening Telephone:** _____

NAME AND ADDRESS OF RESPONDENT (Person or business you believe has engaged in unauthorized practice of law):

Name: _____

Address: _____

Daytime Telephone: _____ **Evening Telephone:** _____

RESPONDENT ENGAGED IN THE FOLLOWING ACTIVITY OR ACTIVITIES:

- using the designations "lawyer," "attorney at law," "counselor at law," "law," "law office," "J.D.," "Esq.," or other equivalent words in such a way that you believed that the person or entity was authorized to engage in the practice of law in Arizona.
- giving legal advice
- preparing legal documents
- representing another in a judicial, quasi-judicial, administrative proceeding, arbitration or mediation
- negotiating legal rights or responsibilities for a specific person or entity

PLEASE DESCRIBE IN DETAIL THE ACTIVITY WHICH IS THE SUBJECT OF YOUR COMPLAINT. PLEASE PROVIDE THE LOCATION(S) AND THE DATE(S) OF ANY COMMUNICATION AND MEETINGS WITH THE RESPONDENT.

(Continue on a separate page if you need more space. Please attach copies of any documents that may help to explain your complaint.)

**DID YOU PAY THE RESPONDENT FOR LEGAL SERVICES? [] YES [] NO
PLEASE ATTACH A COPY OF ANY FEE AGREEMENT, BILLING STATEMENT, RECEIPTS,
OR SUCH AND STATE OR ESTIMATE HOW MUCH MONEY YOUR PAID.**

LIST NAMES WITH ADDRESSES AND TELEPHONE NUMBERS OF ANY PERSONS WHO MAY BE ABLE TO SUPPORT YOUR ALLEGATION OR PROVIDE ADDITIONAL INFORMATION CONCERNING THE RESPONDENT.

SPECIFY OTHER AGENCIES YOU HAVE NOTIFIED OF THE RESPONDENT'S CONDUCT.

YOUR SIGNATURE: _____ DATE: _____

MAIL THIS COMPLETED FORM TO:

**Unauthorized Practice of Law Attorney
State Bar of Arizona
4201 N. 24th Street, Suite 200
Phoenix, Arizona 85016-6288**