STATE BAR OF GEORGIA
Unlicensed Practice of Law
Inquiry/Complaint Form

YOUR NAME: _____

MAILING ADDRESS: _____
Street or P. O. Box City State Zip

YOUR PHONE NUMBERS: **(W)** _____ **(H)** _____

NONLAWYER'S NAME: _____

NONLAWYER'S ADDRESS: _____

State why you want to file this complaint against the nonlawyer.* Provide facts and dates relating to the alleged misconduct, and attach copies of any relevant documents.

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*Under Bar Rule 14-2.1(b), a nonlawyer "is an individual who is not an active member of the State Bar of Georgia. This includes, but is not limited to, lawyers admitted in other jurisdictions, law students, law graduates, applicants to the State Bar of Georgia, inactive lawyers, disbarred lawyers, and suspended lawyers during the period of suspension."

If more space is needed, attach other pages. **Please do not write on the back of this form.**

"I affirm that the information I have provided is true to the best of my knowledge."

SIGNATURE: _____

DATE: _____

Return to: **State Bar of Georgia**
Unlicensed Practice of Law Department, Suite 100
104 Marietta Street, NW
Atlanta, Georgia 30303

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, OR HAVE ANY QUESTIONS PERTAINING TO THE COMPLAINT PROCESS, PLEASE CONTACT THE UPL DEPARTMENT AT (404) 527-8743 OR (800) 334-6865.

Web Form 1