

**UNAUTHORIZED PRACTICE OF LAW
FRIEND OF THE COURT COMPLAINT FORM**

To: State Bar of Michigan – Unauthorized Practice of Law Department

From: _____
Office of Friend of the Court County/Circuit

Phone number Fax number

Name

Name of Non-Lawyer

Please provide us with a short summary of how your office became aware that the non-lawyer drafted legal documents and/or gave legal advice. Please attach a copy of the documents in question. (If you need more space you may attach a separate sheet(s).)

Return form and supporting documents to the
Unauthorized Practice of Law Department

Please provide us with the name, address and phone number of the client in this matter. Please indicate what the client told your office regarding the services provided to them by the non-lawyer.

Name

Address

Phone number

Was the clients' case impacted by the non-lawyers' action/advice? If so, how?
