UNAUTHORIZED PRACTICE OF LAW COMPLAINT FORM

Please carefully review this inquiry/complaint form once you have included all information. False statements may subject you to civil liability. More information is available from the State Bar of Michigan, 1-800-968-1442, or at its website, www.michbar.org.

Non-lawyers name:__________________________________________________________

Address:_________________________________________________________________

City:_________________________ State:_________________________

Zip Code:___________________ Telephone Number:________________________

Describe your complaint. Please provide dates, specific facts regarding what happened and all documents, including cancelled checks. Failure to include this information may delay the processing of your complaint. You may use a separate sheet and attach it to this form.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________

Return completed form and supporting documents to the
State Bar of Michigan
Unauthorized Practice of Law Department
306 Townsend Street
Lansing, MI 48933
Your name: ____________________________________________
Your address: _________________________________________
City: __________________________ State: ___________ Zip code: ______________________
Your telephone numbers: ______________________ (h) ______________________ (w)
Signature: ________________________________
Date: _________________________________