

STATE BAR OF GEORGIA Unlicensed Practice of Law

Inquiry/Complaint Form

YOUR NAM	IE :					
MAILING A	ADDRESS:	Street or P. O. Box				
		Street or P. O. Box	City	State	Zip	
YOUR PHO	OUR PHONE NUMBERS: (W) (H)					
NONLAWY	ER'S NAME:					
NONLAWY	ER'S ADDRESS:					
State why you of any relevant		gainst the nonlawyer.* Provid	de facts and dates relating t	to the alleged misco	nduct, and attach copies	
lawyers admit		n individual who is not an activ tudents, law graduates, applica ension."				
If more space is	s needed, attach other pages. I	Please do not write on the back	k of this form.			
"I affirm that th	ne information I have provided	is true to the best of my knowle	edge."			
SIGNATURE:						
DATE:						
Return to:	State Bar of Georgia Unlicensed Practice of La	w Department, Suite 100	Fax: (4	104) 527-8717		

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, OR HAVE ANY QUESTIONS PERTAINING TO THE COMPLAINT PROCESS, PLEASE CONTACT THE UPL DEPARTMENT AT (404) 527-8769 OR (800) 334-6865.

104 Marietta Street, NW Atlanta, Georgia 30303