



**VIRGINIA STATE BAR**  
**707 East Main Street, #1500**  
**Richmond, VA 23219**  
**Phone: 804-775-0500 Fax: 804-775-0501**

**COMPLAINT OF  
THE UNAUTHORIZED PRACTICE OF LAW**

1. NAME AND ADDRESS OF COMPLAINING PARTY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_

Other Phone No. (\_\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No(s). (\_\_\_\_\_) \_\_\_\_\_

3. ACTIVITY ENGAGED IN OR WORK PERFORMED BY RESPONDENT WHICH YOU BELIEVE IS THE PRACTICE OF LAW:

Advertising legal services or holding out as attorney (attach copy of letterhead, advertisement, business card, correspondence, pleadings or other material)

Giving legal advice for a fee

Preparing legal documents, with or without payment of a fee

Representation in a legal matter heard by a court or other tribunal

4. PLEASE DESCRIBE IN DETAIL THE ACTIVITY WHICH IS THE SUBJECT OF YOUR COMPLAINT. PLEASE INDICATE THE LOCATION (INCLUDE CITY AND STATE) AND DATE OF ANY COMMUNICATION OR MEETING WITH RESPONDENT.

---

---

---

---

---

---

---

---

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

5. DID YOU PAY THE RESPONDENT FOR LEGAL SERVICES? \_\_\_\_\_Yes \_\_\_\_\_No  
PLEASE ATTACH A COPY OF ANY WRITTEN FEE AGREEMENT, INVOICES, BILLING STATEMENTS, ETC., AND ESTIMATE HOW MUCH MONEY YOU PAID.

---

---

---

---

6. LIST NAMES, ADDRESSES AND PHONE NUMBERS OF ANY PERSONS WHO MAY BE ABLE TO PROVIDE ADDITIONAL INFORMATION CONCERNING THIS COMPLAINT.

---

---

---

---

---

7. YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

8. COMPLETE THIS FORM AND MAIL TO:

James M. McCauley  
Ethics Counsel  
VIRGINIA STATE BAR  
707 E. Main Street, Suite 1500  
Richmond, Virginia 23219-2800