

Supreme Court of Arkansas

Committee on the Unauthorized Practice of Law 501 Woodlane Street, Suite 520-S Little Rock, AR 72201-1023

Office Use ONLY:	
UPL Case No.	

Telephone: (501) 376-0313 Facsimile: (501) 376-3438

Unauthorized Practice of Law (UPL) Complaint Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

	Write legibly in ink, or type.Attach all documents relevant to your complaint.	Keep copy of this form for your records.Send to the above mailing address.
1.	How can we contact you?	
	Name:	
	Street Address:	
	City, State, ZIP:	
	Daytime Telephone No.:	
	Other Telephone No.:	
	Facsimile:	
	Email:	
2.		aw?
	Organization's Full Name: Address:	
	Address.	
	Telephone No(s):	
	Facsimile:	
	E-mail:	
	Web Page:	
3.	Is respondent a resident of Arkansas? ☐ Ye	s 🗆 No 🗆 Don't Know
4.	Where and how did the respondent communi	cate with you?
(a)	Did you meet in person? ☐ Yes ☐ No	
(b)	If yes, where? \Box in Arkansas? \Box outside A	rkansas? If outside, where?

W			
	Was the activity engaged in or the work performed by respondent: (Check all that a if possible, attach copies of any documents you might have in support.)		
	Advertising legal services or holding out as attorney		
	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		
	Other Explain:		
	ease describe in detail the activity that is the subject of your complaint. (Continother sheet, if needed.)		
D	id you pay respondent for services? Yes No (If "Yes", how much? \$		
	ease attach copies of any fee agreement, invoices, billing statements, canceled c d other documents showing payment or payment arrangements.		
Ιc	there any lawsuit or other legal action against anyone about this problem?		
	Yes □ No □ Don't Know		
If	Yes \square No \square Don't Know yes, what is the current status of that lawsuit or legal action? ease attach clean <i>copies</i> (not originals) of any documents relevant to your comp		

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