UNAUTHORIZED PRACTICE OF LAW IN NEVADA

If you suspect that you or someone you know has been the victim of an individual practicing law without a license, you are strongly urged to file a written complaint with the State Bar, Office of Bar Counsel.

The unauthorized practice of law in this state is a crime. However, charges of criminal misconduct are the sole purview of the District Attorney. As such, the State Bar can only make a referral to the District Attorney for potential criminal prosecution.

The State Bar can and will issue Cease and Desist Notices where appropriate. The Cease and Desist Notice is designed to put the offender on notice of the violative activity and give them a chance to discontinue the prohibited activity.

The State Bar does have standing to bring a civil suit which seeks to prohibit an individual from engaging in the actions which constitute the unauthorized practice of law. The injunction is viewed by the Court as a remedy of last resort. You should note that the State Bar’s decision in this matter does not affect any private civil remedy available to you under the law.
UNAUTHORIZED PRACTICE OF LAW COMPLAINT

Thank you for taking the time to complete this complaint form. Upon receipt of your complaint, the Office of Bar Counsel, Office of Bar Counsel, will review your complaint. This process can be lengthy. It may take from two (2) to eight (8) weeks to get a response in writing depending on the circumstances and the information you are able to provide with your complaint.

Instructions: Please print or type and complete the form fully.

Section 1

Your First Name:______________________________ Your Last Name:____________________________
Your Address:___________________________________________________________________________
______________________________________________________________________________________
(City)    (State)   (Zip)
Your Phone Number: ______________________________________
Your Cell Phone Number: __________________________________
Your Fax Number: ________________________________________

Section 2

Your Complaint is Against

Person/Business Name:___________________________________________________________________
If a Business, Contact Person:____________________________________________________________
Person/Business Address:________________________________________________________________
______________________________________________________________________________________
(City)     (State)     (Zip)
Person/Business Phone Number:______________________________
Person/Business Cell Number:_______________________________
Person/Business Fax Number:_______________________________
Person/Business Email:____________________________________
Person/Business Web Site:__________________________________
Section 3

Did you make any payments to this individual or business?  Yes_______  No_______

If yes, please provide:
Date of payments:___________________________________________________________
Form of payments:___________________________________________________________
Total amount of payments given to individual or business: $__________________________

Section 4

Please detail the nature of your complaint against the above named individual or business. Include the “who, what, when, why and where” of your complaint. You may use additional sheets of paper if necessary.

My complaint is:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Section 5

List and attach photocopies (no originals please) of any relevant documents, agreements, retainers, correspondence, or receipts that support your complaint. Copy both sides of any canceled checks that pertain to this complaint.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________

Section 6

Sign and date this form. The State Bar of Nevada cannot review any unsigned, incomplete or illegible complaints.

I certify that the information provided on this form is true and correct to the best of my knowledge.

_________________________________  _____________________________________
(Signature)       (Print Name)

Date:_____________________________