



Kansas Attorney General

Kris W. Kobach

Consumer Protection Division

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UNAUTHORIZED PRACTICE OF LAW COMPLAINT FORM

Your Name and Information (Signature on Back Required)

Name: Mr. Ms. Mrs. _____ Date of Birth: _____

Address: _____ Apt. # _____

City, State, Zip, County: _____

Daytime Phone #: _____

Email Address: _____

I am a(n):

- Individual
 Sole-Proprietor
 Family Partnership
 Partnership
 Corporation
 LLC

If an LLC, are any members of the LLC non-family members?

_____ Yes _____ No

Information About the Individual or Business You Are Requesting We Investigate

Company Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Website: _____

Complaint is against:

Out-of-state attorney
List state and license number if known _____

Individual who is not an attorney

Law firm

Business that is not a law firm

Other (please specify) _____

Additional Information

Did you employ or hire the individual or business you are reporting? _____ Yes _____ No

What conduct are you reporting? (Mark all that apply)

- Advertising legal services
 Holding himself/herself out as an attorney
 Giving legal advice
 Preparing and/or filing legal documents
 Representing someone other than himself/herself in court or other tribunal proceeding
 Other (please specify) _____

How did you hear about the individual or business?

Include copies of or web links to any relevant advertising.

Did you make any payments to the individual or business? _____ Yes _____ No

If yes, please indicate the date, amount of payment, and attach copies of proof of payment including the front and back of any check payment.

Did the person or business represent himself/herself to be an attorney or otherwise hold himself/herself out to be an attorney?

_____ Yes _____ No

If yes, please describe and attach copies of letterhead, business cards, or other supporting documents.

PLEASE COMPLETE BOTH SIDES

Additional Information, Continued

If your complaint involves a legal proceeding, please answer the following, if known:

Name of Court: _____

Party Names: _____

Case Number: _____

County: _____

Is the case active? _____ Yes _____ No

If you are not a party to this case, please briefly explain your connection to the case:

Have you filed a complaint with any other federal, state or local agency? _____ Yes _____ No

If yes, please list:

Please list names, addresses and telephone numbers for any persons who may have additional information.

Have you hired an attorney to take legal action against the person or business? _____ Yes _____ No

If yes, please list the attorney's name, address, and phone number:

Description of Complaint

Describe your complaint. Please provide dates and specific facts regarding what happened and attach copies of relevant documents, including contracts, written agreements for legal services, business cards, correspondence, or other documentation.

Documentation

Please provide copies of ALL documents relevant to this transaction, including advertising material, contracts, warranty information, receipts, letters, checks (front and back), photographs, bills, and invoices, etc. Failure to provide ALL relevant documents may cause unnecessary delay in the handling of your request.

_____ Documents Enclosed

_____ Nothing to Attach

Verification

I am: _____ Over Age 60 _____ Partially Disabled _____ Totally Disabled _____ Illiterate _____ Non-English Speaking
_____ A Veteran or Surviving Spouse _____ A Member of the Military _____ An Immediate Family Member of a Member of the Military

In filing this request, I understand and agree that the Attorney General and his staff are not my private attorneys, but instead represent the State of Kansas in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas law limits the period of time during which I may file any private legal action (s). I further understand and agree that the contents of this request may be forwarded to the business or person the request is direct against, may be forwarded to other appropriate agencies, and will become accessible to others under the Kansas Open Records Act. I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Kansas Attorney General's Office. Finally, I declare and verify under penalty of perjury and the laws of Kansas that all of the foregoing is true and correct to the best of my knowledge.

Signature of Complainant (Required)

Date