UNAUTHORIZED PRACTICE OF LAW COMPLAINT FORM

Please carefully review this inquiry/complaint form once you have included all information. False statements may subject you to civil liability. More information may be found on the Alabama State Bar's website at www.alabar.org.

	yer(s) or Out of State Lawyer(s):
City:	State:
Zip Code:	Telephone Number(s):
documents, includir	plaint. Please provide dates, specific facts regarding what happened and copies of all grancelled checks. Failure to include this information may delay the processing of your use a separate sheet and attach it to this form.

Your name:			
Your email address:			
Your address:			
City:	State:	Zip:	
Telephone Numbers:	(h)		
	(w)		
	(c)		
Signature:			
Date:		_	

Return completed form and supporting documents to the Alabama State Bar
Unauthorized Practice of Law Committee
P. O. Box 671
Montgomery, AL 36101
or
upl@alabar.org