



# PRACTICE *of* LAW BOARD

Established by Washington Supreme Court  
Administered by the WSBA

## UNAUTHORIZED PRACTICE OF LAW (UPL) COMPLAINT FORM

- If you believe that you are the victim of a crime or fraud, you should contact the local police. If you need legal assistance or advice, you should contact a lawyer.
- This complaint form, attachments, and all documents in this process are public documents and may be provided to others as part of a public records request.
- The Washington State Bar Association will communicate with you by email unless you request otherwise.
- If you need assistance with this complaint, please call or email the Washington State Bar Association at (206) 733-5941 or [UPL@wsba.org](mailto:UPL@wsba.org).

## ABOUT YOU

Name (First, Middle, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am a:

- ☐ Lawyer
- ☐ Individual not licensed to practice law
- ☐ Other: \_\_\_\_\_

## THE PERSON YOU ARE COMPLAINING ABOUT (RESPONDENT)

Name (First, Middle, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

This person is or identifies as a:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Disbarred Lawyer    | <input type="checkbox"/> Paralegal    |
| <input type="checkbox"/> Notario             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Out-of-State Lawyer |                                       |

Please include any websites, URLs, business license numbers, other business names, or other identifying information you have:

What did the respondent (person not authorized to practice law in Washington) do? Check all that apply.

- ☐ Gave legal advice
- ☐ Selected, drafted or completed legal forms, documents, or agreements
- ☐ Appeared in court or in a formal administrative proceeding
- ☐ Negotiated legal rights or responsibilities for another person
- ☐ Offered to provide legal services

Please explain:

Was there a fee for the legal services?

☐ No

☐ Yes. Who paid the fee? \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Attach copies of any fee agreements, receipts, invoices, billing statements, or other documents showing payment.

#### **OTHER REPORTS MADE BY YOU**

Have you contacted a law enforcement agency, prosecuting attorney, the Attorney General's Office, or other agency about this complaint?

☐ Yes

☐ No

If yes, which agency did you contact?

**I affirm that I have read this complaint and the facts stated in the complaint are, to the best of my knowledge, true. I understand that this complaint form and all attachments may be made public or sent to other enforcement agencies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email your complaint to: [UPL@wsba.org](mailto:UPL@wsba.org).