

The Bar Association of Luzerne County

This Form is for Reporting the Unauthorized Practice of Law to the W-BLLA Unauthorized Practice Committee, the President Judge of the Court of Common Pleas of Luzerne County, the Luzerne County District Attorney, and the Pennsylvania Bar Association Unauthorized Practice Committee.

Your Information:

NAME	
STREET ADDRESS	
CITY	STATE
5-DIGIT ZIP CODE	COUNTY
BEST PHONE NUMBER	ALTERNATIVE PHONE NUMBER
EMAIL	AGE
EMAIL laint Information:	AGE
	AGE
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DESCRIPTION OF THE SERVICE PROVIDED (OR TO BE PROVIDED):

DATE	:
AMOU	NT PAID: \$
FORM	OF PAYMENT (IF APPLICABLE):
С	REDIT CARD ATM/DEBIT CARD PREPAID CARD OTHER
DID Y	OU SIGN A WRITTEN CONTRACT FOR THE SERVICE:
	OU SIGN A WRITTEN CONTRACT FOR THE SERVICE:

PLEASE EXPLAIN YOUR COMPLAINT: Try to be brief, but be sure to tell **WHAT** happened, **WHEN** it happened and **WHERE** it happened. Be specific about any oral statements the Individual and/or business made to you, **ESPECIALLY** those that influenced you to deal with the person or company, including how you heard about that person or company. Describe events in the order in which they happened.

ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL FOR THE BAR ASSOCIATION TO BE MADE AWARE OF:

HAVE YOU SUBMITTED A FORMAL COMPLAINT TO THE PENNSYLVANIA ATTORNEY GENERAL'S OFFICE?	YES NO

IF YES, THE DATE THAT YOU SUBMITTED IT:

This Form will be sent to the W-BLLA Unauthorized Practice Committee, the President Judge of the Court of Common Pleas of Luzerne County, the Luzerne County District Attorney, and the Pennsylvania Bar Association Unauthorized Practice Committee.

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YOUR SIGNATURE

DATE

Please include copies of all documents regarding your problem. Be sure to send COPIES, not originals.