



## **Live Scan Vendor Complaint Form**

Live Scan vendors are contracted through the California Department of Justice (DOJ). As part of DOJ procedures, in-state-attorneys are required to comply with the fingerprinting requirement by submitting their fingerprints through an approved California Live Scan vendor. The State Bar receives notification from the DOJ on the outcome of the fingerprints processed by Live Scan vendors.

Live Scan vendors are not under the authority of the State Bar of California. The State Bar has no oversight over the vendors, nor can the State Bar endorse, recommend, or penalize any Live Scan vendor.

Complaints regarding Live Scan vendors may be sent to the State Bar to be submitted to the DOJ. Reporting vendor complaints to the State Bar will assist State Bar staff in determining whether attorney fingerprints were not successfully submitted to the DOJ due to a vendor error or mistake, resulting in a rejection. This is important in order to ensure an attorney is not penalized for non-compliance.

If you recently submitted your fingerprints through a DOJ contracted Live Scan vendor and have had a negative experience, complete this form. Please provide the information requested below and email the completed form along with the requested attachments to [FingerprintRequirements@calbar.ca.gov](mailto:FingerprintRequirements@calbar.ca.gov). The State Bar will send documented complaints directly to the DOJ.

### **(1) Your contact information:**

Name:

License number:

Address 1:

Address 2:

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

Email address:

Telephone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### **(2) Live Scan vendor's contact information:**

Name:

Address 1:

Address 2:

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

Telephone number:

**(3) Date the Live Scan was submitted:**

**(4) ATI number(s):**

ATI \_\_\_\_\_ Date Received \_\_\_\_\_

ATI \_\_\_\_\_ Date Received \_\_\_\_\_

ATI \_\_\_\_\_ Date Received \_\_\_\_\_

**(5) Please describe the issue you experienced with the Live Scan vendor:**

**(6) Do you have a copy of the live scan form that was completed by the vendor? Yes or No**

**(If yes, please include the form as an attachment)**

**Signature:**

**Date:**

**If you have additional questions, please contact the State Bar's Office of Attorney Regulation & Consumer Resources at 888-800-3400 or [FingerprintRequirements@calbar.ca.gov](mailto:FingerprintRequirements@calbar.ca.gov).**