



DISCIPLINE REFERRAL FORM

To file a discipline referral, please fill out the online form to be used by a judicial officer or court staff when reporting attorney misconduct, or violations of any provision of the Rules of Professional Conduct, pursuant to Judicial Canon 3(D)(2); or when complying with mandatory court reporting requirements pursuant to Business and Professions Code sections 6086.7, 6086.8 subdivision (a), 6101 subdivision (c), and California Rules of Court, rules 10.609 and 10.1071. For questions call 800-843-9053.

Please send completed form to the State Bar of California - Intake Unit, at the above address or fax number.

The judicial officer named below will be identified as the complainant and will be regularly apprised of the complaint status and disposition.

1. Report Submitted by/on Behalf of:

Title:		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:	Primary Phone:	Other Phone:

If you prefer to communicate by email, please provide an email address.

Will there be a point of contact other than the person referenced above?

Yes

No

Point of Contact

Enter the name and contact information of the person to contact for further information.

Title:		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:	Primary Phone:	Other Phone:

2. Attorney's Information

CA Bar License #:		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:	Work Phone:	Website:

To better achieve the State Bar's mission to protect the public, please answer the following questions:

Select whether this is a Reportable Action required under Business and Professions Code sections 6101, 6086.7, or 6086.8 or a Complaint of Other Professional Misconduct.

Reportable Action Complaint

To your knowledge, is the attorney who is the subject of the referral represented by counsel?

Yes No

Attorney's Counsel Information

If yes, enter attorney's counsel information

CA Bar License #:		
First Name:	Middle Name:	
Last Name:		
Address:		
City:	State:	Zip Code:
Email:	Work Phone:	Website:

Does this complaint involve allegations of theft?

Yes No

Does this complaint involve allegations of attorney misconduct where a person 65 years of age or older is victimized?

Yes No

Does this complaint involve allegations of attorney misconduct where a person who is incapacitated, infirm, disabled, incarcerated, an immigrant, or a minor was victimized?

Yes No

Does this complaint involve allegations that the attorney has abandoned a client?

Yes No

Reportable Actions

Please check the applicable boxes of the court decision or order containing the action being reported.

- A judgment against an attorney for fraud, misrepresentation, breach of fiduciary duty, or gross professional negligence. (Business and Professions Code, § 6086.8, subd. (a).)
- A final order of contempt against an attorney that may warrant discipline. (Business and Professions Code § 6086.7, subd. (a)(1).)
- The modification or reversal of a judgment based in whole or in part on attorney misconduct or incompetence. (Business and Professions Code, § 6086.7, subd. (a)(2).)
- The imposition of judicial sanctions, except for failure to make discovery or sanctions under \$1,000. (Business and Professions Code, § 6086.7, subd. (a)(3).)
- The imposition of a civil penalty upon an attorney pursuant to section 8620 of the Family Code regarding adoption of children with Indian tribal affiliations. (Business and Professions Code, § 6086.7, subd. (a)(4).)
- The finding of bad faith by a prosecuting attorney in withholding exculpatory evidence. (Business and Professions Code, § 6086.7, subd. (a)(5).)
- The conviction of an attorney. (Business and Professions Code, § 6101, subd. (c).)

Other Professional Misconduct

Please describe the nature of the attorney's conduct which may warrant disciplinary action. In the Attachments section, attach copies of pertinent documents such as a court decision, the order that contains the action being reported, or document filed by the attorney that is the subject of the misconduct.

Signature: _____ Date: _____