Nancy Landry Secretary of State

## STATE OF LOUISIANA SECRETARY OF STATE



Notary Division (225) 925-4704

Fax Numbers (225) 932-5359 Notary

# TRANSMITTAL INFORMATION For All Notary Filings

Name of person filing docume	nt		
Address			
City	State	Zip Code	
Paytime phone number	Fax number	Email address	
	illing Address: P.O. Box 94125, Baton hysical Address: 8585 Archives Ave., E www.sos.la.gov		



Nancy Landry Secretary of State

### COMPLAINT ALLEGING UNAUTHORIZED EXERCISE OF NOTARIAL POWERS

La. R.S. 35:601 et seq.

#### **RETURN COMPLETED FORM TO:**

Secretary of State Notary Division, P.O. Box 94125 Baton Rouge, LA 70804

Parish of \_\_\_\_\_

Before me, the undersigned authority came and appeared the undersigned complainant, who in accordance with the provisions of La. R.S. 35:603, and being duly sworn, did depose and say that

Notary ID# if known

Printed name of subject of complaint

\_\_\_\_ is in violation of the

following provision(s) of La. R.S. 601 et seq. (UNAUTHORIZED EXERCISE OF NOTARIAL POWERS)

### **Violation(s): check all that apply**

- \_\_\_\_\_ Commission or authority to exercise notary function is statutorily or judicially suspended.
- \_\_\_\_\_ Commission or authority to exercise notary function is statutorily or administratively revoked.
- \_\_\_\_\_ No longer validly commissioned.
- \_\_\_\_\_ Commission in retirement status under provisions of R.S.35:202(G)
- \_\_\_\_\_ No longer validly possessed of the office or position from which authority to exercise notarial functions were derived.
- \_\_\_\_\_ Convicted of a felony and has not been pardoned.
- \_\_\_\_\_ Not authorized by law to exercise that particular notarial function.
- \_\_\_\_\_ Violated any provision of any law governing the office of notary or the exercise of notary authority.
- \_\_\_\_\_ Abandoned his commission.
- \_\_\_\_\_ Failed to pay over money entrusted to him in his official capacity as a notary public.
- \_\_\_\_\_ Failed to satisfy any final judgment rendered against him in his official capacity as a notary public.
- \_\_\_\_\_ Not authorized to exercise notarial powers.

Complainant's statement to include details of violation(s), its nature, the dates, time(s), address(es) where violation(s) occurred and address of subject of the complaint. (attach additional page(s) if necessary):

Complainant name:	Phone:
Complainant address:	City, State, Zip:
	Signature of Complainant
Sworn to and subscribed before me this day of	, 20
Signature of notary	
Printed name of notary	La. Notary ID#