TRANSMITTAL INFORMATION
For All Notary Filings

Name of person filing document

Address

City    State    Zip Code

Daytime phone number    Fax number    Email address

Mailing Address: P.O. Box 94125, Baton Rouge, LA 70804-9125
Physical Address: 8585 Archives Ave., Baton Rouge, LA 70809
www.sos.la.gov
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

______________________________ ________________________ 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#