

**BAR COUNCIL OF THE STATE OF ANDHRA PRADESH ::
HYDERABAD.**

From: _____ To _____

N.Renuka, B.Com.,LL.B.,
Secretary,
Bar Council of Andhra Pradesh,
High Court Premises,
HYDERABAD – 500 066.

R.O.C.No. Dc _____ of 2016 . Dt. - -2016 .

Sir/ Madam,

Ref:- Your Complaint / letter dt. .

* * *

With reference to the complaint/ letter referred above, this is to inform you that a complaint against an advocate shall be filed in a verified petition manner by the complainant. It shall be filed along with the enclosures, if any, in three copies. (If there are more than one advocate- respondents , as many additional copies + Rs.100/- extra for each respondent). Along with the complaint an amount of Rs.1500/- to be sent towards complaint and process fee. The said amount of Rs.1500/- can be sent either by way of demand draft obtained in favour of **“BAR COUNCIL OF ANDHRA PRADESH”** . The complaint copies and the enclosures to the complaint shall be legible copies and shall be in English.

Yours faithfully,

Secretary, Bar Council

(P.T.O)

{ COMPLAINT FORMAT / Model }

BAR COUNCIL OF THE STATE OF THE STATE OF ANDHRA PRADESH ;;
HYDERABAD.

S.R. No. of 200

COMPLAINT CASE NO. OF 200

Between :

(Name of the Complainant /s with full & clear address) Complainant.
Phone No. / e-mail)
- A N D -

(Name of the Advocate / s with full & clear address
along with State Roll No. & Phone/ cell No., e-mail, if any)
.... Respondent.

PETITION FILED UNDER SEC. 35 OF THE ADVOCATES ACT, 1961

(Describe the brief facts of the case para wise)

XX XX XX XX XX XX XX
XX XX XX XX XX XX
XX XX XX XX XX XX XX

Place :

Date : PETITIONER.

Verification :

I, (S/o, W/o, D/o)

Petitioner herein, do hereby solemnly affirm and stated that the contents of the para (s) to of the petition are quite true and correct to the best of my knowledge, belief and information. Hence, verified and signed on this theDay of, at

PETITIONER.

Enclosures : -

- 1.....
- 2.....
- 3.....

→ (Note : Don't fill up this Complaint format. This is meant for guidance only.)