

ATTORNEY GRIEVANCE COMMISSION OF MARYLAND

Return Form to:

Office of Bar Counsel
200 Harry S. Truman Parkway, Suite 300
Annapolis, MD 21401

Phone: 410-514-7051 (Annapolis-Baltimore)

May 8, 2017

(Date)

RECEIVED

1. Your Name: Mr. Mrs. Ms. Miss Doctor Honorable

Marlena

C

(Middle)

Jareaux

(Last)

MAY 09 2017

10400 Shaker Drive #174
(Street)

**Attorney Grievance
Commission**

Simpsonville

Howard

MD

21150

(City) (County) (State) (Zip Code)

Telephone Number(s): Business: _____ Home: ~~000 000 0000~~

2. Attorney against whom you wish to file a complaint:

Darlyn Rose McLaughlin

(Full Name)

P.O. Box 96; Westminster MD 21158

(Address)

Telephone Number(s): 443-896-6543

3. Did you employ the attorney? Yes No

If yes, give the approximate date you employed the attorney and the amount, if any, paid to him or her.

(Amount Paid) _____ (Date) _____

4. If your answer to No. 3 above is "No", what is your connection with the attorney?

opposing counsel in multiple cases

5. Nature of complaint against the attorney (state in full detail: use separate piece of paper, if necessary). If you employed the attorney, state what you employed him/her to do. Further information may be requested.

see attached for complaint and list of associated case numbers - there are several of them.

6. If you have made a complaint about this same matter to any Official or Agency, state the (their) name(s), and the approximate date you reported it:

7. If your complaint is about a law suit, please furnish the following information, if available:

Name of Court **Howard County Circuit** Title of Suit **Proctor obo Proceaux Properties LLC**

Number of Suit **13C11085869** Approximate Date Suit was filed **3/2011**

8. If you are or have been represented by any other attorney with regard to this matter, state the name and address of the other attorney:

Jade A Blum 808 Landmark Dr #223 Glen Burnie, MD 21061

Signature:  (MUST be signed)

Revised 5/13/2015

Handwritten notes:
#2 US BK Court
CIR 12-14534
#3 District Ct
Balt City
7979-12
#4 COSA appeal
00772
#5 13G-14 - Sept. 2015
para. 2 term

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1. Your Name: Mr. Mrs. Ms. Miss Doctor Honorable

Marlena C (Last) **Jareaux**

(First) _____ (Middle) _____

10400 Shaker Drive #174 (Street) **Attorney Grievance Commission**

Simpsonville **Howard** **MD** **21150**
(City) (County) (State) (Zip Code)

Telephone Number(s): Business: _____ Home: ~~301-894-XXXX~~ ~~XXXX~~

2. Attorney against whom you wish to file a complaint:

David Shapiro

(Full Name) _____

1101 St Paul Street #405; Baltimore, MD 21202
(Address) _____

Telephone Number(s): **4105769100**

3. Did you employ the attorney? Yes No
If yes, give the approximate date you employed the attorney and the amount, if any, paid to him or her.

(Amount Paid) _____ (Date) _____

4. If your answer to No. 3 above is "No", what is your connection with the attorney?

opposing counsel in a case

5. Nature of complaint against the attorney (state in full detail: use separate piece of paper, if necessary). If you employed the attorney, state what you employed him/her to do. Further information may be requested.

see attached for complaint about two attorneys working on one case.

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