



THE ADVOCATES COMPLAINTS COMMISSION

HELP FORM

SUMMARY OF A COMPLAINT AGAINST AN ADVOCATE

(Please complete in Block/Capital letters)

Fill out all spaces on this form. When providing documents to the Advocates Complaints Commission, please send copies only. All documents received, whether originals or copies, become the property of the Commission and are subject to future destruction.

The Advocates Complaints Commission will review and evaluate your complaint to determine whether investigation and prosecution is appropriate. You will be notified of our decision in writing. Thank you for your cooperation.

Section One – Personal Details

1. (a) Your full name: Surname: MANGO
 First name: ERICK Other: OTIENO
 (b) Title (Please state if Mr/Mrs/Miss/Other)
 (c) Personal identification (e.g. identity card/passport/driving licence) number: 20656845
2. Your postal address
 P.O. BOX 184-40400 SUNA, MIGORI
3. Physical address: Town: MIGORI
 County: MIGORI Sub-County: SUNA EAST
 Division: KAKRAO Location: UPPER KAKRAO
 Sub location: CHAMKOMBE
4. Your Telephone number(s):
 Mobile: 0723047863 Office: 0764087863
 Home:
5. Email address: ERICKMANGO2006@YAHOO.COM
6. Are you making this complaint on behalf of another person such as a client or relative? Yes No
7. If yes, please tell us :
 (a) Complainant's full name and postal address.....

 (b) Reason for complaining on behalf of someone else

.....
.....
(c) Are you authorised to make this complaint on behalf of this person?

- If yes please attach written authorization.
- No, Seek written authorization.

Section 2 – The Advocate about Whom You Are Complaining

8. The Advocate's Surname: ① OWADE v. ② MUDEYI
First name: v. ② ALBERT Other name:

..... v. ② OKUMU
(a) The name of the Advocate's firm, if applicable

① OWADE & CO. ADVOCATES v. ② MUDEYI OKUMU & COMPANY ADVOCATES

(b) Number of advocates in the law firm Sole Practitioner 2-10 Above 11 Unknown

(c) Advocate's Postal Address ① P.O. BOX 1119-40400 SUNA, KENYA Postcode: ② P.O. BOX
40400

(d) Town MIGORI

(e) Advocate's Physical Address:
Building ① COSADE BUILDING OPP STADIUM v. ② DPP KCB AFYA CENTRE BLDG
Street ① LAW COURTS RD. Town MIGORI
② LAW COURTS RD

(f) Telephone numbers:
Office ① +254-5920231 Mobile ① 0733615017
② 0722433266

(g) Email address.....

9. Describe your relationship to the advocate who is the subject of your complaint:

- I am a client I am an opposing advocate
- I am a former client other.....
- I am an opposing party

10. If you are a client state;

Date of first contact with advocate ① JUNE 2012 v. ② DEC 2015
Date of last contact with advocate ① JAN 11, 2016 v. ② JUNE 2016

11. If the advocate you are complaining about is acting for you, please answer these questions:

(a) Have you already raised your complaint in writing either with the advocate himself or a senior partner in the law firm?

Yes No
(i) If so, who?

(ii) If yes, enclose copies of all relevant correspondence: Enclosed Not Enclosed

(iii) If no, please briefly advise why you have not raised the matter in writing OUR MEETINGS WERE IN PERSON IN THEIR MIGORI-TOWN VICINITY OFFICES WHERE OWADE TORE THE CONTRACT AND BOTH SAID THEY WONT CONTACT FOR ME ANYMORE

(iv) What is the advocate's file reference number? ① ② P.105/3687/98

(b) When did you first raise your complaint with your advocate(s) ① JAN 2014 v: ② MAY 2016

(c) Have the advocates told you they will no longer act for you? Yes No

(d) When was the last time you were in contact with the advocate and what occurred at that time. ① JAN 11, 2016 :- MUDEYI TORE CONTRACT-FORM; DEMANDED 15000/- FOR P3 AND ABSTRACT, 3000/- FOR AKIDIVA HOSP EXAM; REFUSED WITH X-RAY CLAIMING MISPLACEMENT; COERCED SIGNING AFFIDAVIT CASE-FILE RETURNED!

② JUNE 2016 :- SHORT-TEMPERED, ARROGANT MUDEYI WITHOUT A CONTRACT DEMANDS FEES TO MAKE FOLLOW-UPS; THEN TO RETURN CASE-FILE AFTER BREACH

(e) If finalised, have you received a fee note/invoice/bill of costs? Yes No
(Attach copy if available)

(f) Did you have a written fee agreement duly executed between you and your advocate(s) : Yes No (Attach copy of the agreement)

(g) If there was no written fee agreement, please explain your understanding regarding payment to your advocate of fees, expenses, costs, etc. MY UNDERSTANDING IS THAT THE NORM IN PERSONAL-INJURY ACCIDENT ACTIONS/CASES AN ADVOCATE'S LEGAL SERVICES FEES IS PAID AS A PERCENTAGE OF THE CLIENTS MONETARY-DAMAGES AWARDED AFTER THE LAWYER WINS OR SETTLES THE CASE. THAT MUCH WE CONSENTED WITH MUDEYI THOUGH OWADE TORE THE CONTRACT-FORM THAT PROBABLY CONTAINED THE FEE AGREEMENT.

(h) Have you paid any fee to your advocate(s): Yes No

(i) If so, how much have you paid?

(ii) Were you issued with receipts? Yes No (Please attach copy of receipts)

(i) Has the advocate taken you to court for unpaid legal fees? Yes No I do not know

If yes, when did the advocate commence the legal proceedings?

Please note, generally the ACC cannot handle a complaint if the advocate has commenced legal proceedings to recover the unpaid costs.

12. Have you instructed a new advocate to act for you in the same matter? Yes No

If yes, please give brief particulars of your new advocate(s) as we may need to contact him/them, at no charge to you:

(a) Surname: Middle name:
Other name

(b) The name of the new advocate's law firm:

(c) The new advocates contacts:

- (i) Postal Address.....Postcode.....
- (ii) Physical Address:
 Building.....
 Street..... Town.....
- (iii) Telephone number:
 Office
- Mobile.....
- (iv) Email address.....

13. When did you instruct your new advocate(s).....

14. Can we contact your new advocate(s) to discuss your complaint? Yes No

Section Three – The Kind of Work Involved
(You must complete this section)

15. (a) Briefly state what kind of legal work you instructed your advocate(s) to do:
 TO DISCHARGE THEIR CONSTITUTIONAL-AND-STATUTORY MANDATED PROFESSIONAL DUTIES AND UNDERTAKE TO PROSECUTE MY KIHARA-CONSTRUCTION ACCIDENT TO ITS LOGICAL CONCLUSION INCLUDING IMPOUNDBING VEHICLE KAS 535K AND ARRESTING THE DRIVER FOR VIOLATING THE TRAFFIC ACT CAP 403 SECTIONS 42, 47, 73, 55(1) AS READ TOGETHER WITH THE TRAFFIC AMENDMENT ACT NO. 2, SECTIONS 43 AND 58(1); AND ALSO TO PROCESS MY GENERAL, SPECIAL AND PUNITIVE DAMAGES ACCRUING FROM THE PERSONAL-INJURIES AND LOSSES SUSTAINED THEREOF ACCORDINGLY WITH THE MOTOR VEHICLE 3RD-PARTY RISK INSURANCE ACT CAP 405 AS READ TOGETHER WITH THE EVIDENCE ACT CAP 80 SEC. 134.

(b) What is the status of the legal work done so far?
 BOTH UNSCRUPULOUS LAWYERS' PROFESSIONAL MISCONDUCTS BREACH-OF-DUTY OBSTRUCTED THE COURSE OF LAW AND DEFEATED JUSTICE AS PLANNED SINCE EVEN AFTER THEIR FRUSTRATIONS CONSTRAINED ME TO SUBSEQUENTLY SEEK LEGAL REMEDIES ELSEWHERE WITH MIGORI JUDICIARY TO LSK, ACC C/O DAG, IPOA, ODP, CAJ/OJO AND NOW BACK TO THE ACC C/O DAG, IT'S BEEN MARRED WITH POLITICAL LEGAL ABUSE PREJUDICIAL DELAYS DESIGNED TO EXONERATE THE ACCIDENT CRIMINAL, SABOTAGE MY BROAD LAWSUIT AND SHIELD THE EXECUTIVE FROM PROSECUTION.

(c) If a suit has been filed, please give particulars of the suit, including suit number, the court, parties involved, the stage it has reached etc. Also attach copies of any relevant court documents in your possession

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Section Four – Further Information about the Work Involved

16. The name of the deceased?
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17. Date of death.....

18. The name(s) and address (es) of those dealing with the deceased's affairs (i.e. executor, administrators).....
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.....

19. Are you a beneficiary of the estate Yes No

20. Names and addresses of other beneficiaries
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21. If the matter relates to a road accident, the following questions must be answered in full. Attach photocopy of police abstract:

(a) Name(s) and address (es) of the person(s) injured or killed

ERICK OTIENO MANGO
P.O. BOX 184 SUNA, MIGORI.
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(b) Names and address (es) of insured/defendant, if any

KIYARA WAWERU CONSTRUCTION
P.O. BOX 294
NAIROBI
.....

FOR VEHICLE KAS 535K MITSUBISHI FH

(c) Name and address (es) of insurer(s)

AMACD INSURANCE COMPANY
TRANSNATIONAL PLAZA, 2ND FLOOR, MAMA NGINA STREET,
P.O. BOX 61599-00200,
NAIROBI, KENYA.

(d) Insurance policy number. AM5/080/0712121/2010/05

(e) Insurance number..... claim

(f) Amount of compensation awarded/settlement:
Kshs.....

(g) Amount paid to you or beneficiary:
Kshs.....

NOTE: Please attach copies of all the relevant documents to support your complaint and a list of these documents.

- ① → MIGORI POLICE STATION PS FOR KAS-535K
 - ② → M.P.S. HALF-FILLED ABSTRACT L OF 03 28/14/06/2012 AND 0312/17/09/2012
 - ③ → IPOA PDF ON M.P.S. COMPLAINTS FEEDBACK
 - ④ → M.P.S. FULLY-PROCESSED ABSTRACT BY MUDUYI ADVOCATES BEFORE REFECTING
 - ⑤ → NET DRAFT-PRINT AFTER OCS TORE P3 17/12/2019
- Section Five – What exactly is Your Complaint? 27TH APRIL 2016

22. Please say briefly what you are dissatisfied with and why, and/or what you think

the advocate did wrong or what he failed to do. I'M GRIEVOUSLY HARMED BY BOTH LAWYERS' CONTINUOUS-VIOLATIONS-OF-THE-LAW PROFESSIONAL-MISCONDUCTS' AGGRAVATED-DISCIPLINARY-OFFENCES SERIES-OF-CRIMES VIOLATING CONSTITUTIONAL-AND-STATUTORY ADVOCATE-CLIENT PROVISIONS UNREASONABLY, DISGRACEFULLY AND CORRUPTLY IN FAILING TO HONOR THEIR PROFESSIONAL UNDERTAKINGS CONTRARY TO THE ADVOCATES ACT CAP 16, LOK ACT CAP 18 SEC. 4 & 5 AND THE ADVOCATES CODE OF STDS OF PROFESSIONAL PRACTICE AND ETHICAL CONDUCT AS READ TOGETHER WITH CAP 63 P.C. SEC 116, 117, 175(1)(2), 267, 268(1), 275, 391, 392, 393, 394, 395, 396, 397, 31, 32, 127, 128, 128A, 130, 20(1), 21, WHICH COST ME DAMAGE-LOSSES HAD THEY TAKEN THE ACCIDENT CASE TO TERM. THEY'RE PERSONALLY-&-JOINTLY LIABLE FOR THE TORTS IN BREACH-OF-DUTY, NEGLIGENCE AND NUISANCE AS RELATES TO LOSS OF MITIGATION AND BARGAIN PLUS WASTAGE OF EXPENDITURE WITH REGARDS TO PERSONAL INJURY INCLUDING EMOTIONAL DISTRESS, PAIN AND SUFFERING. THE POLITICAL LEGAL ABUSE WAS CITED BY THE ODPP-MIGORI AND EVIDENCED IN THE USA SANCTION OF EX-AS AMOS WAKO, HIS WIFE AND SON; AS FAR AS CRIMINAL CONSPIRACIES GO! ODPP-MIGORI CITED DEFENCE OF THE ACCUSED IN FACILITATING THE PLAINTIFF.

Section Six – Setting Your Complaint

23. Please say what you would like done to put things right;

Have my documents/file returned to me

If so, please specify the documents you want returned

- ① MISORI DISTRICT HOSPITAL X-RAY OF FRACTURED ARM
- ② AKEDIVA HOSPITAL MEDICAL EXAM REPORT


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- Improve my communication with the advocate
- Improve the service provided with the advocate
- Receive an apology
- Resolve my dispute about fees
- Resolve my dispute with the advocate

Other: ① PROSECUTE THEM AS CITED IN THE COMPLAINTS FOR THE VIOLATED STATUTES AND ARTICLES PLUS MY FUNDAMENTAL RIGHTS ACCORDINGLY WITH ARTICLE 50, ADVOCATES ACT SEC 31, 57(1)-(4), 60(4)(a)(c), 77, 85(1), 57(1)-(4), 60(4)(a-e), 61,

② - PROSECUTE MY ACCIDENT CASE TO TERM AND RECOVER GENERAL, ACTUAL, PUNITIVE AND SPECIAL DAMAGES INCLUDING FOR THE LAWYERS NEGLIGENCE, BREACH, WAIVER, LOSSES OF MITIGATION, BARGAIN, EXPENDITURE ARTICLE 159(2)(d)

DECLARATION: I declare that the information I have provided above is true and accurate to the best of my knowledge. I understand that all information that I submit can be disclosed to the advocate.

Signed.....  Date: 18TH AUGUST 2022

Send the completed form together with photocopied attachments to:
 The Secretary
 The Advocates Complaints Commission
 Cooperative Bank House, 20th Floor
 Haile Selassie Avenue.
 P O Box 48048 – 00100, Nairobi
 Tel. +254-20-2224029
 Email: acc@ag.go.ke

NB: → DUE TO THE BRIEF NATURE OF THE HELP-FORM FULL DETAILS OF THE SUBMISSIONS WILL BE FOUND ON THE EMAIL THREAD OF THE ACC C/O OAG WHICH WILL BE COMPREHENSIVELY FINALIZED SUBJECT TO RESOURCES