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: MUNENE
   First name: ERIC Other: MATE
   (b) Title (Please state if Mr/Mrs/Miss/Other) .....
   (c) Personal identification (e.g. identity card/passport/driving licence) number 25156201
2. Your postal address P.O BOX 21802-00100
3. Physical address: KAREN Town.....
   County NAIROBI Sub-County LANG'ATA
   Division LANG'ATA Location KAREN
   Sub location KAREN
4. Your Telephone number(s):
   Mobile 0722 920 389 Office 0722 920 389
   Home 0722 920 389
5. Email address. ericmunene@gmail.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 ERIC MUNENE
   P.O BOX 27584-00100 NAIROBI
   (b) Reason for complaining on behalf of someone else Upon client's request/instructions.

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(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: .....ABONGO.....

First name: .....AMBROSE.....Other name: .....OCHUKA.....

(a) The name of the Advocate's firm, if applicable

.....AMBROSE OCHUKA & CO. ADVOCATES.....

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

(c) Advocate's Postal Address .....72528..... Postcode: .....00100.....

(d) Town ...NAIROBI.....

(e) Advocate's ✓ Physical Address:

Building...KRISHNA CENTRE, 6TH FLOOR, SUITE G07

Street..WOODVALE GROOVE.....Town ...NAIROBI.....

(f) Telephone numbers:

Office..254 707 600 077..Mobile...254 707 600 077...

(g) Email address....ochukafl@gmail.com.....

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.....1st September 2025.....

Date of last contact with advocate.....May 2026.....

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? .....To the named Advocate.....

(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.....N/A.....

(iv) What is the advocate's file reference number? ~~OA.X7.142.2026~~ N/A OA.X7.142.2026

(b) When did you first raise your complaint with your advocate(s).....14th May, 2026 formally via a letter, previously vide phone calls.

(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.....
.....
.....
.....

(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.....N/A.....
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.....

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

(i) If so, how much have you paid? .....N/A.....

(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? .....N/A.....

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: .....MURANGO.....Middle name....MURIMI.....
Other name ..PARNWEL.....

(b) The name of the new advocate's law firm: .....MURIMI MURANGO & ASSOCIATES.....

(c) The new advocates contacts:

(i) Postal Address...27584.....Postcode.....00100.....
(ii) Physical Address: NAIROBI
Building...FINANCE HOUSE, 7TH FLOOR...
Street...LOITA STREET..... Town.....NAIROBI.....
(iii) Telephone number:
Office .....
Mobile..254 722 939 876.....
(iv) Email address.murimimuranyoadvocates@gmail.com

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

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

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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:

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TO ASSIT IN THE RECOVERY OF SUMS OWED TO ME
AMOUNTING TO KSHS. 11,000,000/= FROM ONE PINTO KIDIGE
OMONGE.
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(b) What is the status of the legal work done so far?

THE MONIES WERE NOT RECOVERED.
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(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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N/A
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Section Four – Further Information about the Work Involved

16. The name of the deceased?
.....N/A.....

17. Date of death.....N/A.....

18. The name(s) and address (es) of those dealing with the deceased's affairs (i.e. executor, administrators).....
.....N/A.....
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19. Are you a beneficiary of the estate ☐ Yes ☐ No

20. Names and addresses of other beneficiaries
.....N/A.....
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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
.....N/A.....
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(b) Names and address (es) of insured/defendant, if any
.....N/A.....
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(c) Name and address (es) of insurer(s)

N/A

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(d) Insurance policy number..... N/A .....

(e) Insurance claim number..... N/A .....

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

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

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

Section Five – What exactly is Your Complaint?

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.....

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1. MR. AMBROSE OCHUKA, ADVOCATE UNDERTOOK TO ASSIST/ FACILITATE MR. ERIC MUNENE TO RECOVER THE SUM OF KSHS. 11,000,000/= FROM ONE MR. PINTO KIDIGE OMONGE.
2. MR. ERIC MUNENE ADVANCED THE SUM OF KSHS. 2,900,000/= TO MR. AMBROSE OCHUKA TOWARDS REALIZATION / RECOVERY OF THE DEBT OWED TO HIM BY PINTO KIDIGE OMONGE.
3. THE SAID SUM PAID TO COUNSEL, KSHS. 2,900,000/=, HAS NOT BEEN RETURNED TO MR. ERIC MUNENE & THE DEBT WAS NEVER RECOVERED.

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.
HAVE THE SUM OF KSHS. 2,900,000/= RETURNED TO MR. ERIC MONENE BY MR. AMBROSE OCHUKA, ADVOCATE.

- ☐ 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.....

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.....19th August, 2026.....

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, 251915
Fax 315317
Email: acc@ag.go.ke