

OFFICE OF CHIEF TRIAL COUNSEL

845 S Figueroa Street, Los Angeles, CA 90017

Tel: 213-765-1000

Attorney Misconduct Complaint Form

Your Conta	ct Informatio	n						
First Name: Darryl				Middle Name: Gerard				
Last Name: Cotton								
Address: 6176 Federal Blvd								
City:	san Diego			State: CA			Zip: 92114	
Email: indagrodarryl@gmail.com								
Home Phone: NONE Work:		none		200	Cell: 619.954.4447			
Attorney's Information								
First Name: Rishi				Middle Name			e: S	
Last Name: Bhatt								
Address: 4747 Executive Drive Suite 700								
City:				ate: CA			Zip: 92121	
Email: rbhatt@ftblaw.com				CA Bar License #: 312407				
Home Phone: unknown				Work Phone: 858.737.3100				
Cell Phone: unknown				Website: ftblaw.com				
Have you or a member of your family complained to the State Bar about this attorney previously? YES NO Did you hire this attorney?								
XXX YE		NO						
Enter the approximate date you hired the attorney and the amount paid (if any) to the attorney.								
Date: 04-04-18				Amount Paid: 80,000.00				

What is your connection to this attorney? Explain briefly.
Bhatt supervised Demian and Witt's actions on my case.
Attorney's Information Statement of Complaint
Include with your submission, a statement of what the attorney did or did not do that is the basis of
your complaint. Please state the facts as you understand them. Do not include opinions or arguments
If you hired the attorney(s), state what you hired the attorney(s) to do. Additional information may be requested.
Bhatt was approsed in emails of both the billing irregularities and the fat that Demian and
vill ridd worked to sabatoge my case. As an attorney. Bhatt had a responsibility to me to
protect me and my rights in this case and to notify the court that there had been a breach of his attorneys duties to the court. Bhatt was asked to do so and he chose not to.
and to do on and he choose not to.

Related Court Case Information (If knows	n)			
Name of Court: San Diego Superior Court	Case Name: Larry Geraci v Darryl Cotton			
Case Number: 37-2017-00010073	Approx. date case was filed: 03/21/2017			
Size of law firm complained about: Guessing a				
If you are not a party to this case, what is your co				
I am a party.				
Translation Information				
Not Applicable				
The State Bar accepts complaints in over 200 lang	uages If you need translation comisses to			
communicate with the State Bar, please let us kno	by by completing this section of the complaint form			
we will communicate with you through a translat	ion service in the language of your choice. Do you			
need translation services?				
☐ YES ☐ NO				
Please state the language in which you need form	al translation:			
,	a distriction.			
The State Bar's mission is to protect complainants rega	rdless of their immigration status. Complainants			
who are unable to complete this form due to disability may obtain help by calling the complaint line at 800-84	, language restrictions, or other circumstances			
Attestation	-3-9053.			
Attestation				
By checking this box I certify that all informa	ation on this form is true and correct. I			
understand that the content of my complain	nt can be disclosed to the attorney. I			
	privilege and any other applicable privilege			
between myself and the attorney to the ext prosecution of the allegations.	ent necessary for the investigation and			
1				
Signature:	Date: 02/06/2020			
1/ ////	Date: 02/00/2020			