



The State Bar of California

OFFICE OF CHIEF TRIAL COUNSEL

845 S Figueroa Street, Los Angeles, CA 90017

Tel: 213-765-1000

Attorney Misconduct Complaint Form

Your Contact Information

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

Cell: 619.954.4447

Attorney's Information

First Name: Natalie

Middle Name: Trang-My

Last Name: Nguyen

Address: 2260 Avenida De La Playa

City: La Jolla

State: CA

Zip: 92037

Email: natalie@nguyenlawcorp.com

CA Bar License #: 246753

Home Phone: unknown

Work Phone: (858) 757-8577

Cell Phone: unknown

Website: www.nguyenlawcorp.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?

☐

YES

☒

NO

Enter the approximate date you hired the attorney and the amount paid (if any) to the attorney.

Date: _____

Amount Paid: _____

What is your connection to this attorney? Explain briefly.

Nguyen represented Ms. Corina Young who was a material fact witness in the above referenced case. Nguyen was not hired by Young. Nguyen was hired my atty Matt Shapiro (292542) who I have also filed a CA-BAR complaint against. Shapiro knew he was involved in an illegal plot to help his client Aaron Magagna acquire a Conditional Use Permit (CUP) for a licensed Marijuana Outlet (MO) that if granted, because of the setback/spacing regulations that the City of SD has between MO licenses, would make my CUP ineligible for the license. Shapiro represented not only Magagna but Young as well. He needed another attorney to represent Young and that atty would have to be willing to use any means necessary to keep Young from being deposed or testify at trial. Shapiro picked Nguyen for this task and she cooperated fully.

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.

On or about 01/16/19 my atty, Jacob Austin had a series of email exchanges with Nguyen that would make Young available for a deposition. Young would have testified to her relationship with Shapiro, Magagna and a political lobbyist James Bartell when it comes to maintaining illegal, unlicensed cannabis dispensaries and how Magagna was the straw person being used to acquire a competing license to mine which once granted would disqualify my application. Nguyen was a good soldier for her team. She kept telling Austin she was working on scheduling a mutually accpetable date or would atleast provide a sworn statement for our use at trial. Besides multiple promises by email and phone, that never occurred. Since Young's testimony was never provided it played a large part in evidence we were not able to bring to the jury and I lost a verdict against Geraci. After the trial it became known that Shapiro had paid for Nguyen's services. Nguyen should be disbarred for her unethical participation in this scheme.

Related Court Case Information (If known)

Name of Court: Superior Court

Case Name: Geraci v Cotton

Case Number: 37-2017-00010073

Approx. date case was filed: 03/21/17

Size of law firm complained about:

If you are not a party to this case, what is your connection with it? Explain briefly.

I am a party in the above referenced case.

Translation Information☒ Not Applicable

The State Bar accepts complaints in over 200 languages. If you need translation services to communicate with the State Bar, please let us know by completing this section of the complaint form. We will communicate with you through a translation service in the language of your choice. Do you need translation services?

☐ YES☒ NO

Please state the language in which you need formal translation:

The State Bar's mission is to protect complainants regardless of their immigration status. Complainants who are unable to complete this form due to disability, language restrictions, or other circumstances may obtain help by calling the complaint line at 800-843-9053.

Attestation

☒ By checking this box I certify that all information on this form is true and correct. I understand that the content of my complaint can be disclosed to the attorney. I understand that I waive the attorney client privilege and any other applicable privilege between myself and the attorney to the extent necessary for the investigation and prosecution of the allegations.

Signature:



Date: 02/06/2020