

INDIANA SUPREME COURT DISCIPLINARY COMMISSION Request for Investigation

Email completed form to: DCGrievance@courts.in.gov

Or mail to: 251 N. Illinois Street, Ste. 500 Indianapolis, Indiana 46204

Any attachments to this form must be saved as a part of a single PDF document. Please visit "How to lock a fillable form" to learn how to correctly save your completed form. A blank template page is provided at the end of this form for a detailed statement of your basis for this complaint against the attorney. Include copies (not originals) of documents that support your complaint. If you are unable to scan, please list

all documents you have	to support you	r complaint.						
GRIEVANT'S INFORMA	TION (Who i	s filing this co	mplaint?	?)				
Name								
Address						Apartment/Unit #		
City			State					
Home Phone Number				Work Phone Number	/ork Phone Number			
Email address								
ATTORNEY INFORMAT	ION							
Name of Attorney	Name of Attorney							
Address of Attorney								
Phone Number of Attorney								
CASE INFORMATION								
Cause number of the case				Court for the case				
Date employed				Reason for employing	Reason for employing			
Agreed Attorney Fees				Total fees paid	Total fees paid			
attorney. If necessary, u sworn to be true. Keep a provide you with any co	se additional a copy of the pies later.) ties of perjury	paper, or any complaint and that the foreg	other for dany att	rage, please state in full of the prim as long as the inform achments for your person esentations are true. Commission does not have	ation is o	complete, and	d the con	nplaint is able to
proceeding or to cha agents and to testify complaint and that I against me based or Commission or in th Therefore, I am not i Commission.	ange any deci	sion reached by cerning the ma me Court Admi of my allegatio e Commission' civil suit for an	y a court. atters rais ission and ns of atto is investig y allegati	In filing this complaint, I a ed in my complaint. I unde d Discipline Rule 23, Section orney misconduct to the ex lation or hearing procedure ons I make public or which	gree to co erstand th n 25, prov tent thos es under l n I commu	ooperate with at the attorne vides that I am e allegations a Ind. Admission	the Com y will recon immune are made n and Diso	mission and its eive a copy of m from civil suit to the cipline Rule 23.
le l								
/S/ Signature				Date				