

# REQUEST FOR INVESTIGATION

*Return to:*

Your Name (Please type or print in ink)

Address

City/State/Zip

Telephone



**Indiana Supreme Court Disciplinary Commission**  
251 N. Illinois Street, Suite 1650  
Indianapolis, IN 46204  
Phone (317) 232-1807  
TDD for Deaf (317) 233-6111

**I wish to submit the following Request for Investigation and information concerning the following attorney:**

Attorney's Name

Attorney's Address

Date Employed

Purpose for Employing

Cause Number of Case

Court

Agreed Attorney's Fee

Total Fees Paid

**Nature of complaint against the attorney (use additional pages if necessary; do not write on the back). Please be specific as to dates, names, and events. Include copies (not originals) of documents that support your complaint:**

In filing this Request for Investigation, I understand that the attorney will receive a copy; that I am immune from civil suit for statements I make to the Commission; and that nothing herein limits me from consulting with an attorney about my legal rights. I agree to cooperate with the Commission and to testify at any hearing that may be held.

**VERIFICATION**

I swear or affirm, under the penalties for perjury, that the foregoing statements are true.

\_\_\_\_\_  
**Signature (only original signatures accepted)**

\_\_\_\_\_  
**Date**

Date Filed (Office use only) \_\_\_\_\_