

INDIANA SUPREME COURT DISCIPLINARY COMMISSION Request for Investigation

 ${\color{red} Email completed forms to:} \quad {\color{red} \underline{DCGrievance@courts.in.gov}}$

Or email them to: 251 N. Illinois Street, Ste. 1600

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 your complaint.

GRIEVANT'S INFORMA	ATION (Who i	s filing this co	mplaint?	?)				
Name								
Address						Apartment/l	Jnit #	
City			State			Zip Code		
Home Phone Number			1	Work Phone Number				
Email address								
ATTORNEY INFORMAT	TION							
Name of Attorney								
Address of Attorney								
Phone Number of Attorney								
CASE INFORMATION								
Cause number of the ca	Cause number of the case			Court for the case				
Date employed			Reason for em		ing			
Agreed Attorney Fees				Total fees paid	Total fees paid			
I understand that the proceeding or to che agents and to testiff complaint and that against me based of Commission or in the Therefore, I am not Commission.	Ise additional a copy of the opies later.) Ities of perjury the Indiana Supplement any decipy, if asked, cor Indiana Suprenthe content the course of the immune from	that the foregoreme Court Dission reached becerning the manner Court Admit of my allegation e Commission civil suit for an	oing reproduction of any attention of attent	resentations are true. Commission does not have in filing this complaint, and in my complaint. I und Discipline Rule 23, Sectorney misconduct to the pation or hearing procedions I make public or white	ave author agree to derstand ion 25, pextent thures und ch I com	ority to intervene o cooperate with that the attorne provides that I am nose allegations aler Ind. Admission	on my be the Comy will recome immune are made and Dis	ehalf in any mission and its eive a copy of my from civil suit to the cipline Rule 23.
(Electronic signature	e is acceptable	: i.e., the indica	itor /s/ fo	llowed by the person's n	ame)			
/s/ Signature				 Date				