

# REQUEST FOR INVESTIGATION

\_\_\_\_\_  
Your Name (Please type or print in ink)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone



**Return to:**

**Indiana Supreme Court Disciplinary Commission**  
**30 South Meridian Street, Suite 850**  
**Indianapolis, IN 46204-3520**  
**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)