

United States District Court  
Northern District of Indiana

COMPLAINT FORM OF ATTORNEY MISCONDUCT

Mail this completed form to Clerk, United States District Court, 204 South Main Street, South Bend, Indiana 46601. Mark the envelope "Attorney Misconduct Complaint." **Do not** put the name of the attorney on the envelope. A separate complaint should be completed for each attorney complained about. (Please type or print in ink.)

1. Your Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

2. Attorney complained about

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

3. Does this complaint concern the misconduct of an attorney in a particular lawsuit or lawsuits?  Yes  No

If "Yes," give the following information about each lawsuit (use additional sheets of paper the same size as this complaint form if there is more than one)

Court \_\_\_\_\_

Docket Number \_\_\_\_\_

4. Are (were) you a party or attorney in the lawsuit?  Party  Attorney  Neither

If a party, give the name, address and telephone number of your attorney if different from attorney complained about in this form.

Name \_\_\_\_\_

Address \_\_\_\_\_



I declare under penalty of perjury that —

1. I have read Local Rule 83.6 of the Local Rules of this court
2. I verify under penalty of perjury that the foregoing is true and correct.
3. I agree to cooperate with the Grievance Committee and to testify at any hearing that may be held.

Signature \_\_\_\_\_

Executed on \_\_\_\_\_