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

Telephone				
If the attorney in this complaint form was employed by you, complete the following:				
Date Employed				
Purpose for Employing				
Agreed Attorney's Fees	Total Fees Paid			
Describe your claim of misconduct that is the subject of this complaint. Please be specific as to dates, times and events. See Local Rule 83.6. If you need more space, use sheets of paper the same size as the complaint form.				

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- 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		
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Executed on		