

# REQUEST FOR INVESTIGATION

*Return to:*

\_\_\_\_\_  
Your Name (Please type or print in ink)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip  
( \_\_\_\_\_ ) \_\_\_\_\_ Te  
Telephone



**Indiana Supreme Court Disciplinary Commission**  
115 West Washington Street, Suite 1060 S.  
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. I further understand that I am immune from civil suit for statements I make without malice to the Commission. However, this immunity may be lost if I make the same statements to others. 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)

(version 8.4.00)