

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT
141 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 773-2140
www.ctd.uscourts.gov

ROBIN D. TABORA
CLERK

DINAH MILTON KINNEY
CHIEF DEPUTY

INSTRUCTIONS FOR FILING A COMPLAINT AGAINST AN ATTORNEY

Rev. 3/13/09

When submitting a complaint against an attorney admitted in the United States District Court for the District of Connecticut, pursuant to Rule 83.2 of the Local Rules of Civil Procedure, the papers **must contain the following information** before the complaint will be filed:

1. Your complete name legibly printed on the first and last pages;
2. Your complete address and telephone number on the first page and under your signature;
3. Name, address and telephone number of each attorney about whom you are complaining [**separate complaint should be completed for each attorney complained about**];
4. Nature of your complaint [explain, in chronological order, the details of your complaint];
5. If the complaint concerns the actions of an attorney in a case pending before this court, supply the name of the case, docket number and presiding judge;

Please be sure you want to file your complaint in federal court and the attorney you are complaining about is admitted in federal court. If the attorney is not admitted here please direct your papers to the Statewide Grievance Committee, 287 Main St., 2nd Floor, Suite Two, East Hartford, Connecticut, 06118-1885.

6. Attach a verification in the form provided, declaring to the best of your knowledge and belief that the statements made in the complaint are true and correct;
7. **The complaint must be double-spaced on 8-1/2" by 11" paper, with a left margin of at least 1" free of all printed or written material, and should be legibly typed or handwritten;**
8. Sign and date your complaint in **BLUE** ink so we can verify the original. You must print or type your name and address immediately underneath your signature;
9. **REQUIRED COPIES:**
 - a. **IF YOU HAVE A COMPUTER AND CAN GENERATE ELECTRONIC (PDF) DOCUMENTS, ONE ORIGINAL IN PAPER AND AN ELECTRONIC VERSION ON COMPUTER DISK, IN PDF FORM;**
 - b. **IF YOU DO NOT HAVE A COMPUTER OR IF YOU CANNOT GENERATE ELECTRONIC DOCUMENTS, ONE ORIGINAL IN PAPER PLUS ONE (1) COPY FOR EACH ATTORNEY COMPLAINED ABOUT;**
10. **FILE ALL COMPLAINTS AT 141 CHURCH STREET, NEW HAVEN, CONNECTICUT, 06510, TO THE ATTENTION OF JOANNE PESTA, DEPUTY CLERK.**

VERIFICATION

PLEASE READ THIS FORM CAREFULLY.
CHOOSE ONLY ONE FORM OF VERIFICATION.

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- (1) Check this box and sign the form. **YOU DO NOT NEED A NOTARY PUBLIC IF YOU CHECK THIS BOX.**
- [] I declare under penalty of perjury that:
- (a) I have read Rule 83.2 of the Local Civil Rules of the United States District Court for the District of Connecticut, governing complaints against attorneys, and
- (b) The statements made in this complaint (including attachments [if appropriate]) are true and correct to the best of my knowledge.

Executed on _____ (Date) _____ (Signature)

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- (2) Check this box and **SIGN THE FORM IN THE PRESENCE OF A NOTARY PUBLIC.**
- [] I swear (affirm) that:
- (a) I have read Rule 83.2 of the Local Civil Rules of the United States District Court for the District of Connecticut, governing complaints against attorneys, and
- (b) The statements made in this complaint (including attachments [if appropriate]) are true and correct to the best of my knowledge.

Executed on _____ (Date) _____ (Signature)

Sworn and subscribed to before me on _____.

My commission expires on: _____

(Notary Public Signature) _____ (Seal)