

**OFFICE OF DISCIPLINARY COUNSEL
SUPREME COURT OF THE VIRGIN ISLANDS
161B Crown Bay
St. Thomas, VI 00804
(340) 693-4127**

COMPLAINT FORM

This form is designed to provide the Disciplinary Counsel and the Board on Professional Responsibility with the information required to evaluate your complaint.

PLEASE NOTE: THIS FORM MUST BE TYPED OR LEGIBLY HAND WRITTEN, DATED AND SIGNED BEFORE IT WILL BE CONSIDERED.

I. Person Making Complaint

Mr. / Ms. / Mrs.

(Last) (First) (Middle)

Address _____

Email Address _____

Phone Number(s): (Day) _____ (Evening) _____

II. Attorney Against Whom Complaint is Made

(Last) (First) (Middle)

Address _____

Phone Number(s) _____

What is your relationship with the attorney against whom this complaint is made?

III. This Complaint alleges (Check One): Attorney Misconduct Attorney Disability

Please note that the Board on Professional Responsibility only has authority to investigate allegations of professional misconduct or disability by attorneys admitted to practice in the Virgin Islands. The Board does not act as an appellate court and cannot review, reverse or modify a legal decision made by a judge in the course of a court proceeding.

V. Additional Information (if available)

a. If your complaint arises out of a court case, please answer the following questions:

1. What is the name and number of the case?

Case name: _____ Case No. _____

2. What kind of case is it?

civil criminal domestic relations probate

small claims traffic other (specify) _____

3. What is your relationship to the case?

plaintiff /petitioner defendant/ respondent

attorney for _____

witness for _____

other (specify) _____

b. List and attach copies of any relevant documents which you believe support your claim that the attorney has engaged in misconduct or has a disability. (**Note:** Retain a copy for your records as these documents shall become the property of the Board and may not be returned.)

c. Identify, if you can, any other witnesses to the conduct about which you complain:

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

If additional space is required, attach, number, and sign additional pages.

VI. Affirmation.

Under penalty of perjury, I declare that I have examined and understand this Complaint Form and to the best of my knowledge and belief, the above information is true, correct and complete and submitted of my own free will. In filing this complaint, I understand that the Supreme Court Rules provide that "disciplinary and disability proceedings and the official record in such matters are confidential." V.I.S.C.T.R. 207.13(a). I further understand that this rule of confidentiality attaches and becomes effective upon the filing of this complaint and that any violation could result in a citation for contempt by the Supreme Court.

(Date)

(Complainant's Signature)

(Note: Only signed complaints will be considered.)

Please return this form and direct all future communications to:

Office of Disciplinary Counsel
Supreme Court of the Virgin Islands
P.O. Box 590
161 B Crown Bay
St. Thomas, VI 00804
340-693-4127