

COMMONWEALTH OF VIRGINIA

Virginia Indigent Defense Commission
Attn: Standards of Practice Enforcement Attorney
1604 Santa Rosa Road, Suite 109
Richmond, Virginia 23229
Telephone (804)662-7249, ext. 39

COMPLAINT FORM

Your Name (First, Middle, Last)		Home Phone Number
_____		_____
Street Address		Work/Cell Phone Number
_____		_____
City	State	Zip Code
_____	_____	_____

(List the information regarding the attorney against whom you are filing the complaint)

Attorney Name (First, Middle, Last)		Office Telephone Number
_____		_____
Firm Name (If Applicable)		

Street Address		

City	State	Zip Code
_____	_____	_____
Was this attorney court appointed? _____		
In what County or City was your case heard? _____		
Was this a juvenile, general district or circuit court case? _____		
When did your case end? _____		
If the case resulted in a conviction, was the case appealed? _____		

State your Concern	Please write neatly, giving detailed information about the events surrounding your concern as well as the names of any witnesses to the violation(s) cited. Please include copies of any court orders or other court papers you may have in your possession regarding your court case. Make sure that you include the specific violation of the Standards of Practice which you are complaining about. Refer to the website at www.indigentdefense.virginia.gov to view the Standards of Practice.
_____	_____
_____	_____
_____	_____
_____	_____

