

**COMPLAINT AGAINST GUARDIAN AD LITEM/
ATTORNEY FOR MINOR CHILD**

JD-FM-276 New 9-19
P.B. 25-61A(b)(3)

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



**Read the *Instructions*, form JD-FM-276A, for this complaint before filling it out.
Complaints that are not filled out correctly will be returned to you.**

After filling out this complaint, send it by e-mail to GALApprovedList@jud.ct.gov
OR mail the original and three copies by certified mail, return receipt requested to:

GAL Approved List
P.O. Box 273
Glastonbury, CT 06033-0273

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

1. Complainant's (person making complaint against guardian ad litem or attorney) Information.

| | | |
|---------|-----------|----------------|
| Name | Telephone | E-mail address |
| Address | | |

2. Information about the guardian ad litem or attorney you are making a complaint against.

| | | | |
|---------|-------------------------|-----------|----------------|
| Name | Juris Number (If known) | Telephone | E-mail address |
| Address | | | |

3. Information about the Relevant Proceeding.

| | |
|-------------------|------------------|
| Name of case | Docket Number |
| Judicial District | Address of court |

4. Your relationship to the Relevant Proceeding listed in #3.

I am:

- A party
- An attorney-at-law who has filed an appearance for a party
- A person who has been appointed as a guardian ad litem or attorney for a minor child
- A licensed mental health professional who is directly involved
- A Judge

FOR OFFICE USE ONLY

File Date: _____

Complaint Number: _____

Referred to: _____

5. List any materials in support of your complaint that you wish to make the Committee aware of. Do NOT include any listed materials with this Complaint. Briefly explain how each item supports the allegations in this Complaint. Attach additional sheets if necessary. As part of its investigation, a Probable Cause Panel made up of Committee Members may request any materials that you list here. By listing any materials in this section, you agree to provide the Probable Cause Panel with 5 copies of any materials that they request.

Name of item #1

Summary

Name of item #2

Summary

Name of item #3

Summary

6. List any witnesses with knowledge about the information in your Complaint that you wish to make the Committee aware of. Include a brief summary of what you expect each witness would say in support of the allegations in this Complaint. Attach additional sheets if necessary.

Name (First, Middle, Last)

Summary

Name (First, Middle, Last)

Summary

Name (First, Middle, Last)

Summary

7. Give the details of your complaint in the order that they happened.

Please be certain to include dates for the conduct being complained of. Attach additional sheets if necessary.

Details:

8. Sign and date this complaint below.

Signed under penalties
of false statement

Signature of Complainant or Legal Representative

Date Signed