



Other

b) When and where did the alleged clerk misconduct occur?

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

c) If you are represented by an attorney, please identify the attorney:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street, No., Route) (City, State) (Zip)

Phone No.: _____

IV. ALLEGATIONS AND STATEMENT OF FACTS:

Please state the facts and circumstances you believe constitute official misconduct or improper conduct. Include any details, names, dates, places, addresses, and telephone numbers to assist the Committee in its evaluation and investigation of this complaint. Attach any documents pertaining to this complaint.

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V. I certify that the allegations and statements of facts set forth above are true and correct to the best of my knowledge, and belief and are made of my own free will.

(Complainant's Signature)

Circuit Court Clerks Conduct Commission
Supreme Court of Kentucky
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Fax (502) 564-1933
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