

**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](mailto: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](http://www.jud.ct.gov/ADA).

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

Name	Telephone	E-mail address
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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
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Address

**3. Information about the Relevant Proceeding.**

Name of case	Docket Number
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Judicial District	Address of court
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**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.

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Name of item #1

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Summary

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Name of item #2

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Summary

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Name of item #3

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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.

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Name (First, Middle, Last)

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Summary

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Name (First, Middle, Last)

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Summary

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Name (First, Middle, Last)

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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:

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**8. Sign and date this complaint below.**

Signed under penalties of false statement	Signature of Complainant or Legal Representative	Date Signed
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