

JUDICIAL COUNCIL OF THE THIRD CIRCUIT

COMPLAINT FORM

JUDICIAL MISCONDUCT OR DISABILITY

1. COMPLAINANT:

Full name: _____

Address: _____

Daytime Telephone Number: (____) _____ - _____

2. JUDGE OR MAGISTRATE COMPLAINED ABOUT:

Full name: _____

Court: _____

3. RELATED COURT ACTION:

(A) Does this complaint concern the behavior of the judge or magistrate in a particular lawsuit or lawsuits?

Yes () No () (Check one)

(B) If your answer to (A) is yes, give the following information about each lawsuit (use additional paper if there is more than one):

Court: _____

Docket number in trial court: _____

Docket number of any appeal: _____

Nature of complaint or proceeding:

Disposition of complaint or proceeding (for example, was it dismissed or is it pending?):

What was your involvement in the lawsuit (check one):

Party () Lawyer () Neither ()

- (C) If your answer to (A) is yes, give the following information about each lawyer who represented you:

Full name: _____

Address: _____

Telephone Number: (____) ____ - _____

4. OTHER ACTIONS AGAINST THE JUDGE OR MAGISTRATE COMPLAINED ABOUT:

- (A) Have you filed any other complaints or initiated any other proceedings (including lawsuits) against the judge or magistrate whose conduct is the subject of this complaint?

Yes () No () (Check one)

- (B) If your answer to (A) is yes, give the following information about each action (use the reverse side if there is more than one):

Docket Number: _____

Court: _____

Present Status:

Docket Number of Appeal, if any: _____

Court to which Appealed: _____

Present Status of Appeal:

(C) If your answer to (A) is yes, give the following information about each lawyer who represented you:

Full name: _____

Address: _____

Daytime Telephone Number: (____) ____ - _____

5. ON SEPARATE SHEETS OF PAPER, NOT LARGER THAN THE PAPER THIS FORM IS PRINTED ON, DESCRIBE THE CONDUCT OR THE EVIDENCE OF DISABILITY THAT IS THE SUBJECT OF THIS COMPLAINT. SEE RULE 2 (B) AND 2 (D). DO NOT USE MORE THAN 5 PAGES (5 SIDES). MOST COMPLAINTS DO NOT REQUIRE THAT MUCH.

Signed this _____ day of _____, 19__

Signature of Complainant

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Complainant

Signature of Attorney (if any)