

JUDICIAL COUNCIL OF THE FIRST CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

Mail this form to the Clerk, United States Court of Appeals for the First Circuit, United States Courthouse, Suite 2500, 1 Courthouse Way, Boston, Massachusetts 02210. Mark the envelope JUDICIAL MISCONDUCT COMPLAINT or JUDICIAL DISABILITY COMPLAINT. Do not put the name of the judge or magistrate on the envelope.

See Rule 2(e) for the number of copies required.

1. Complainant's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime telephone: (     )

2. Judge or magistrate complained about:

Name: \_\_\_\_\_

Court: \_\_\_\_\_

3. Does this complaint concern the behavior of the judge or magistrate in a particular lawsuit or lawsuits?

Yes                       No

If yes, give the following information about each lawsuit (use the reverse side if there is more than one):

Court: \_\_\_\_\_

Docket number: \_\_\_\_\_

Are (were) you a party or lawyer in the lawsuit?

Party                       Lawyer                       Neither

If a party, give the name, address and telephone number of your lawyer:

\_\_\_\_\_  
\_\_\_\_\_

Docket numbers of any appeals to the First Circuit: \_\_\_\_\_

4. Have you filed any lawsuits against the judge or magistrate?

[ ] Yes [ ] No

If yes, give the following information about each lawsuit (use the reverse side if there is more than one):

Court: \_\_\_\_\_

Docket number: \_\_\_\_\_

Present status of suit: \_\_\_\_\_

Name, address and telephone number of your lawyer: \_\_\_\_\_

\_\_\_\_\_

Court to which any appeal has been taken: \_\_\_\_\_

Docket number of the appeal: \_\_\_\_\_

Present status of the appeal: \_\_\_\_\_

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).

6. You should either

- (1) check the first box below and sign this form in the presence of a notary public; or
- (2) check the second box and sign the form. You do not need a notary public if you check the second box.

[ ] I swear (affirm) that –

[ ] I declare under penalty of perjury that –

- (1) I have read Rules 1 and 2 of the Rules of the Judicial Council of the First Circuit Governing Complaints of Judicial Misconduct or Disability; and
- (2) The statements made in this complaint are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date executed: \_\_\_\_\_

Sworn and subscribed to before me

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_