

COMPLAINT FORM
JUDICIAL COUNCIL OF THE NINTH CIRCUIT
COMPLAINT OF JUDICIAL MISCONDUCT AND DISABILITY

*MAIL THIS FORM TO THE CLERK, UNITED STATES COURT OF APPEALS, P.O. BOX 193939,
SAN FRANCISCO, CA 94119-3939. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR
"JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE NAME OF THE JUDGE ON THE ENVELOPE.*

SEE RULE 2(e) FOR THE NUMBER OF COPIES REQUIRED FOR FILING.

1. **Complainant's name:**

Address:

Daytime telephone: ()

2. **Name of judge complained about:**

Court:

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

Yes No

If "yes" give the following information about each lawsuit (use 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 Ninth Circuit:

4. Have you filed any lawsuits against the judge? Yes No

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

Court:

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 appeal:

5. **Statement of Facts:** On separate sheets of paper, not larger than the paper this form is printed on, describe the facts and evidence that support your charges of misconduct or disability. *See* Rules 1(c) (proper grounds for a complaint; does not include merits of judges' decisions), 2(b) (content of the statement of facts) and 2(d) (attachment of supporting materials). Do not use more than 5 pages (5 sides). Most complaints do not require that much.

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.

9 I swear (affirm) that:

9 I declare under penalty of perjury that:

I have read rules 1 and 2 of the Rules of the Judicial Council of the Ninth Circuit Governing Complaints of Judicial Misconduct or Disability, and the statements made in this complaint are true and correct to the best of my knowledge.

(Signature)

Executed on _____
(Date)

Sworn and subscribed to before me _____
(Date)

(Signature of Notary Public)

My commission expires: _____