

**Judicial Council for the District of Columbia Circuit
Complaint of Judicial Misconduct or Disability**

Mail this form to: Clerk, United States Court of Appeals for the
District of Columbia Circuit
United States Courthouse
333 Constitution Avenue, N.W.
Washington, D.C. 20001-2866

Mark envelope "Complaint of Misconduct" or "Complaint of Disability." Do not put the name of the judge or magistrate on the envelope.

See Rule 2 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 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 following information:

Lawyer's Name: _____
Address: _____
Telephone: ()

Docket number(s) of any appeals of above case(s) to the District of Columbia Circuit Court of Appeals: _____

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: _____
Your Lawyer's Name: _____
Address: _____
Telephone: () _____
Court to which any appeal has been taken: _____
Docket number of the appeal: _____
Present status of the appeal: _____

5. The statute which governs the procedure for these complaints generally provides for confidentiality until such time as the complaint is finally processed.
6. 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 rule 2(d). Do not use more than 5 pages (5 sides). Most complaints do not require that much.
7. 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 D.C. 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)
Executed on _____
(Date)

Sworn and subscribed
to before me _____
(Date)

(Notary Public)
My commission expires: