

**UNITED STATES COURT OF INTERNATIONAL TRADE
COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY**

MAIL THIS FORM TO THE CLERK, UNITED STATES COURT OF INTERNATIONAL TRADE, ONE FEDERAL PLAZA, NEW YORK, NEW YORK 10278-0001. 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.

1. Complainant's name:

Address:

Daytime telephone:

2. Judge complained about:

Name:

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 the reverse side if there is more than one):

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 Court of Appeals for the Federal 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:

Docket number:

Present status of suit:

Name, address and telephone number of your lawyer:

Court to which any appeal has been taken in the foregoing suit:

Docket number of the appeal:

Present status of 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 Rules 2(b) and 2(d). 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.

I swear (affirm) that--

I declare under penalty of perjury that--

(1) I have read Rules 1 and 2 of the Rules of the United States Court of International Trade 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: _____