

**COMPLAINT FORM**

**JUDICIAL COUNCIL OF THE SECOND CIRCUIT**

**COMPLAINT AGAINST JUDICIAL OFFICER**

**UNDER 28 U.S.C. § 351 et. seq.**

**INSTRUCTIONS:**

- (a) All questions on this form must be answered.
- (b) A separate complaint form must be filled out for each judicial officer complained against.
- (c) Submit the correct number of copies of this form and the statement of facts.  
For a complaint against:

- a court of appeals judge -- original and 3 copies
- a district court judge or magistrate judge -- original and 4 copies
- a bankruptcy judge -- original and 5 copies

(For further information see Rule 2(e)).

- (d) Service on the judicial officer will be made by the Clerk's Office. (For further information See Rule 3(a)(1)).
- (e) Mail this form, the statement of facts and the appropriate number of copies to the Clerk, United States Court of Appeals, Thurgood Marshall U.S. Courthouse, 40 Foley Square, New York, NY 10007.

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

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

\_\_\_\_\_

Daytime Telephone No. (include area code): \_\_\_\_\_

2. Judge or magistrate judge complained about:

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

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

3. Does this complaint concern the behavior of the judge or magistrate 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):

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

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

Docket numbers of any appeals to the Second Circuit:

\_\_\_\_\_

Did a lawyer represent you?

Yes       No

If "yes" give the name, address, and telephone number of your lawyer:

4. Have you previously filed any complaints of judicial misconduct or disability against any judge or magistrate judge?

Yes       No

If "Yes," give the docket number of each complaint.

5. You should attach a statement of facts on which your complaint is based, see rule 2(b), and

EITHER

- (1) check the box and sign the form. You do not need a notary public if you check this box.

[ ] I declare under penalty of perjury that:

- (i) I have read rules 1 and 2 of the Rules of the Judicial Council of the Second Circuit Governing Complaints of Judicial Misconduct or Disability, and
- (2) The statements made in this complaint and attached statement of facts are true and correct to the best of my knowledge.

\_\_\_\_\_  
(signature)

Executed on \_\_\_\_\_  
(date)

OR

- (2) check the box below and sign this form in the presence of a notary public;

[ ] I swear (affirm) that--

- (i) I have read rules 1 and 2 of the Rules of the Judicial Council of the Second Circuit Governing Complaints of Judicial Misconduct or Disability, and

(3) The statements made in this complaint and attached statement of facts are true and correct to the best of my knowledge.

\_\_\_\_\_  
(signature)

Executed on \_\_\_\_\_  
(date)

Sworn and subscribed to before me  
this \_\_\_\_ day of \_\_\_\_\_ 200\_.

\_\_\_\_\_  
(Notary Public)

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