JUDICIAL COUNCIL OF THE DISTRICT OF COLUMBIA CIRCUIT COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

E. Barrett Prettyman U.S. Courthouse 333 Constitution Avenue, N.W. Washington, D.C. 20001-2866 202-216-7340

This form should be completed and mailed to the above address to the attention of the "Circuit Executive". The envelope should be marked "JUDICIAL MISCONDUCT COMPLAINT" or "JUDICIAL DISABILITY COMPLAINT". Do not put the name of the judge on the envelope.

The "Rules for Judicial-Conduct and Judicial-Disability Proceedings", adopted by the Judicial Conference of the United States, contain information on what to include in a complaint (Rule 6), where to file a complaint (Rule 7), and other important matters. Your complaint (this form and the statement of facts) should be typewritten and must be legible. Only the original form and up to a five page statement of facts should be submitted. No copies are required.

Name of Complainar	nt:		
Address:			
Telephone:	() _		
Name(s) of Judge(s)	complained	about:	
Court:			
Does this complaint concern the behavior of the judge(s) in a particular lawsuit or lawsuits?			
	Yes	O No	
If "yes" give the follo	wing informa	ation about each lawsuit (use reverse side if more than one):	
Court:			
Case number:			
Are (were) you a party or lawyer in the lawsuit?			
O Party O	Lawyer	Neither	
If you are (were) a party and have (had) a lawyer, give the lawyer's name, address, and telephone numbers			
If you are (were) a pa	rty and have	(had) a lawyer, give the lawyer's name, address, and telephone number	

4.	Have you filed any lawsuits a				
	If "yes" give the following inf	ormation about each lawsuit (use the reverse side if more than	one)		
	Court:				
	Case number:		_		
	Present status of lawsuit:		_		
	Your lawyer's name:		_		
	Address:		-		
	Telephone:		_		
	Court to which any appeal has been taken in the lawsuit against the judge:				
	Docket number of the appear	l:	_		
	Present status of the appeal:		_		
5.	misconduct or disability is bawhen and where it happened the complaint alleges judicia	tach a brief statement of the specific facts on which the claim of sed on up to five single-sided pages (8.5 x 11"). Include what had, and any information that would help an investigator check the disability, also include any additional facts that form the basis wrther information on what to include in your statement of fact	ippened, ne facts. If of that		
Decla	ration and Signature:				
	I declare under penalty of pe correct to the best of my kno	rjury that the statements made in this complaint are true and wledge.			
	Signature:	Date:			