

**JUDICIAL COUNCIL OF THE SIXTH CIRCUIT
COMPLAINT OF JUDICIAL CONDUCT OR DISABILITY**

MAIL THIS FORM TO: **CIRCUIT EXECUTIVE OF THE SIXTH CIRCUIT
503 U.S. POST OFFICE & COURTHOUSE
CINCINNATI, OHIO 45202**

MARK ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR JUDICIAL DISABILITY COMPLAINT."
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 Sixth 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. 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.

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 Sixth 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: