

JUDICIAL COUNCIL OF THE FIRST CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

Mail this form to the Clerk, United States Court of Appeals for the First Circuit, United States Courthouse, Suite 2500, 1 Courthouse Way, Boston, Massachusetts 02210. Mark the envelope JUDICIAL MISCONDUCT COMPLAINT or JUDICIAL DISABILITY COMPLAINT. Do not put the name of the judge or magistrate on the envelope.

See Rule 2(e) 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 the 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 name, address and telephone number of your lawyer:

Docket numbers of any appeals to the First Circuit: _____

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: _____

Name, address and telephone number of your lawyer: _____

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 2(d). Do not use more than 5 pages (5 sides).

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 Judicial Council of the First 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: _____

Date executed: _____

Sworn and subscribed to before me

Date: _____

Notary Public: _____

My commission expires: _____