

JUDICIAL COUNCIL OF THE 8<sup>TH</sup> CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

COMPLAINT FORM

MAIL THIS FORM TO THE CLERK, UNITED STATES COURT OF APPEALS, 111 S. 10<sup>TH</sup> STREET, ROOM 24.329, ST. LOUIS, MO 63102. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE NAME OF THE JUDGE OR MAGISTRATE ON THE ENVELOPE.

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

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

Daytime telephone: ( ) - \_\_\_\_\_

2. Judge or magistrate complained about:

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

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

3. Does the complaint concern the behavior of the judge or magistrate in a particular lawsuit or law suits?

[ ] 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 number of any appeals to the \_\_\_\_th 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 of your lawyer:

Court to which any appeal has been taken:

Docket number of the appeal:

Present status of appeal:

5. On separate sheets of paper, not larger than 8 ½ by 11 “, 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 five (5) pages, single-sided only. 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-----

(a) I have read Rules 1 and 2 of the Rules Governing Complaints of Judicial Misconduct and Disability, and

(b) 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: \_\_\_\_\_