

STATE COMMISSION ON JUDICIAL CONDUCT

PO Box 12265
 Austin, TX 78711-2265
www.scjc.texas.gov Tel. (512) 463-5533 · Toll Free: (877) 228-5750

For SCJC use only

SWORN COMPLAINT FORM

- *If you are filing a complaint about more than one judge, please use a **separate form** for each judge.*
- *Complaints are not accepted against courts – you must specifically name the judge against whom you are complaining.*
- *Complaints must be mailed. Send the completed form and any additional pages or supporting information to the SCJC.*

Complaints will NOT be accepted by email, fax, or online.

Note: Please be sure to fill out each section completely. Do not leave any section blank. If you do not know the answer, write “I don’t know.” If the question is not applicable, write “Not Applicable” or “NA.” **Deficient complaints will be returned.**

Section 1	Identity of Complainant Your Name: _____ Mailing Address: _____ City, State Zip: _____	Date of Birth: _____ Your Phones: Day _____ Email Address: _____
Section 2	Identity of Respondent Judge Judge: _____ Court Number: _____ City and County: _____	
Section 3	Identity of Attorney(s) Involved Were / are you pro se (<i>represent yourself</i>)? <input type="checkbox"/> represented by counsel? <input type="checkbox"/> Comment: _____	
Section 3	Your Attorney: _____ Address: _____ City/Zip: _____ Phone Number: _____ Email Address: _____	Opposing Attorney: _____ Address: _____ City/Zip: _____ Phone Number: _____ Email Address: _____
Section 3	Previous Attorney(s) Name(s) and Contact Information: _____ _____	
Section 4	Nature of Complaint If your complaint involves a court case (i.e., criminal, small claims, civil, family law, traffic, probate, etc.), answer the following questions: 1. Name of court: _____ 2. Case Number: _____ 3. Title of suit (for example, State v. Jones or Jones v. Jones): _____ 4. If you are not a party to this suit, what is your connection with it? Explain briefly. _____	
Section 5	Identity of Witnesses Name(s) and Contact Information	What did they witness? (Focus on the judge’s conduct, not rulings.) <i>You may continue on separate sheets of paper if not enough room.</i>

Judge: _____

Your name: _____

Details of Complaint

Please Tell the Commission what the judge did that you believe to be misconduct. Please focus on the **judge's conduct**, and **not the judge's rulings**. (Rarely is a judge's ruling subject to discipline by the Commission.) If more space is needed, attach additional sheets, but please limit your complaint to no more than 20 pages. Your complaint should be as specific as possible.

Date(s) of Alleged Misconduct of Judge:

Factual Details of your complaint against the Judge:

You may continue on separate sheets of paper if not enough room.

Section 6

Judge: _____

Your name: _____

Factual Details of your complaint against the Judge (*continued*):

Section 6 (continued)

Section 7	<p>Confidentiality</p> <p><i>* I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. *</i></p> <p>Please note - the Commission will do its best to maintain your confidentiality, however, it may not be possible for the Commission to pursue an investigation if you request that your identity be kept confidential from the judge. Even if we do not contact the judge during the course of our investigation, there is a risk that one or more of the witnesses contacted by our agency will disclose the investigation and your identity to the judge.</p> <p style="text-align: center;">I request that my identity be kept confidential. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Section 8	<p>Additional Instructions</p> <p><u>Affidavit</u></p> <p>The State Commission on Judicial Conduct requires that complainants file a sworn complaint. The affidavits are attached.</p> <p>Two types of affidavits (choose one):</p> <ol style="list-style-type: none"> 1. Affidavit Based on Personal Knowledge - (Complete this affidavit if the misconduct alleged is within your direct personal knowledge.) 2. Affidavit Based on Information and Belief - (Complete this affidavit if the misconduct alleged is not within your direct personal knowledge but is based on reasonable belief.) This can include misconduct that you did not directly witness. <p>*** Failure to complete and submit an affidavit will cause your complaint to be noncompliant and returned. ***</p> <hr/> <p>Submission of supporting documents:</p> <ul style="list-style-type: none"> • In order for the Commission to comply with the statutory deadlines, additional information/documentation that you would like to include as part of your complaint submission should be received in this office within thirty (30) days after submission of your complaint. Please limit your additional information and/or evidence to twenty-five (25) pages. • Please note that submission of documents/evidence in support of the underlying matter in litigation, (e.g., employment records, medical records, etc.) is seldom helpful and is discouraged. (In fact, submission of irrelevant material can actually slow down the investigation of your complaint.) • Instead of submitting voluminous information, it is recommended that you detail, in your complaint, the information you possess that is available upon request. • If you wish to supplement your complaint, please reference the material with your CJC number (that will be provided to you) so that it is routed to the accurate file. • Please focus your complaint on supporting information on the judge's conduct instead of the judge's rulings. <p><i>If you are submitting documents, please provide copies, not originals. Originals will not be returned.</i></p> <hr/> <p><u>Anonymous Submissions:</u></p> <p>Anonymous submissions will be presented to the Commission which has the discretion to initiate a complaint based on the anonymous report.</p>

Judge: _____

Your name: _____

Affidavit Based on Personal Knowledge - (Complete this affidavit if the misconduct alleged is within your direct personal knowledge.)

Please completely fill out this form.

***** Failure to complete this form properly will cause your complaint to be noncompliant and returned. *****

I, _____, Complainant, swear that I have knowledge of the facts alleged in this complaint. I declare that the foregoing is true and correct and that the information contained in this complaint is true and correct.

Signature of Complainant (Declarant)

Please complete **EITHER** the notary section **OR** the Unsworn Declaration section.

NOTARY SECTION

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

UNSWORN DECLARATION SECTION

My name is _____ and my date of birth is _____

My address is _____
(STREET) (CITY) (STATE) (ZIP) (COUNTRY)

Executed in _____ County, State of _____, on the _____ of _____, of 20_____

Signature of Complainant (Declarant)

Section 9

Judge: _____

Your name: _____

Affidavit Based on Information and Belief - (Complete this affidavit if the misconduct alleged is not within your direct personal knowledge but is based on reasonable belief.)

Please completely fill out this form.

***** Failure to complete this form properly will cause your complaint to be noncompliant and returned. *****

I, _____, Complainant, swear or affirm that I have knowledge of the facts alleged in this complaint. I swear that I have reason to believe and do believe that misconduct alleged in this complaint has occurred. The source of my information and believe is (state below):

Signature of Complainant (Declarant)

Please complete **EITHER** the notary section **OR** the Unsworn Declaration section.

NOTARY SECTION

Section 10

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____

day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

UNSWORN DECLARATION SECTION

My name is _____ and my date of birth is _____

My address is _____
(STREET) (CITY) (STATE) (ZIP) (COUNTRY)

Executed in _____ County, State of _____, on the _____

of _____, of 20_____

Signature of Complainant (Declarant)