JUDICIAL COUNCIL OF THE SEVENTH CIRCUIT
COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

COMPLAINT FORM

[It is to be two pages, printed on one-side only.]

MAIL THIS COMPLETED FORM TO THE CLERK, UNITED STATES COURT OF APPEALS, 219 SOUTH DEARBORN STREET, CHICAGO, ILLINOIS 60604. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE NAME OF THE JUDGE ON THE ENVELOPE.

SEE RULE 2(e) FOR THE NUMBER OF COPIES REQUIRED.

1.) Complainant's name:_____

Address:_____

_____

Daytime telephone:_____

2.) Judge complained about:

Name:_____

Court:_____

3.) Does this complaint concern the behavior of the judge in a particular lawsuit or lawsuits? (Complaints may not be directly related to the merits of a decision or procedural ruling.)

[ ] 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:

List docket numbers of any appeals to the Seventh Circuit:

4.) Describe the conduct or evidence of disability that is the subject of this complaint. See Rule 2(b) and (d). If you need more space, use sheets of paper the same size as the complaint form.

I declare under penalty of perjury that –

(1) I have read Rules 1 and 2 of the Judicial Council of the Seventh 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: