

FLORIDA JUDICIAL QUALIFICATIONS COMMISSION

Post Office Box 14106
Tallahassee, FL 32317
(850) 488-1581

COMPLAINT FORM

This form is designed to provide the Commission with information required to make an initial evaluation of your complaint.

PLEASE NOTE: COMPLAINT FORM MUST BE TYPED OR LEGIBLY HAND PRINTED, DATED AND SIGNED BEFORE IT WILL BE CONSIDERED.

(Note: This form can be typed into here, then printed, or print it out and fill it in by hand.)

I. Person Making Complaint

Name _____
Mr. (Last) (First) (Middle)

Ms.
Mrs.

Address _____

Telephone Number(s): (Day) _____ (Evening) _____

II. Judge Against Whom Complaint is Made

Name _____
(Last) (First) (Middle)

Address _____

Supreme Court _____

District Court
of Appeal _____

Circuit Court _____

County Court _____

III. Statement of Facts

Please provide in as much detail as possible the information which you have knowledge which you believe constitutes judicial misconduct or disability. Include names, dates, places, addresses and telephone numbers which may assist the Commission.

IV. Additional Information (if available)

a. If your complaint arises out of a court case, please answer the following questions:

1. What is the name and number of the case?

Case name: _____ Case No. _____

2. What kind of case is it?

civil criminal domestic relations probate

small claims traffic other (specify)

3. What is your relationship to the case?

plaintiff/petitioner defendant/respondent

attorney for _____: _____

witness for _____: _____

other (specify)

b. If you were represented by an attorney in this matter at the time of the judge's conduct, please identify the attorney:

Name _____

Address _____

Phone _____

c. List and attach copies of any relevant documents which you believe support your claim that the judge has engaged in judicial misconduct or has a disability. (Note: Retain a copy for your records as these documents shall become the property of the Commission and may not be returned.)

d. Identify, if you can, any other witnesses to the conduct about which you complain:

Name(s): _____

Addresses: _____

Phone Numbers: _____

IN FILING THIS COMPLAINT, I UNDERSTAND THE COMMISSION'S RULES PROVIDE THAT ALL PROCEEDINGS OF THE COMMISSION, INCLUDING COMPLAINTS FILED WITH THE COMMISSION, SHALL BE KEPT CONFIDENTIAL PRIOR TO THE FILING OF FORMAL CHARGES. I FURTHER UNDERSTAND THAT THIS RULE OF CONFIDENTIALITY ATTACHES AND BECOMES EFFECTIVE UPON THE FILING OF THIS COMPLAINT AND THAT ANY VIOLATION COULD RESULT IN A CITATION FOR CONTEMPT BY THE COMMISSION.

- V. Under penalty of perjury, I declare that I have examined and understand this complaint form and to the best of my knowledge and belief, the above information is true, correct and complete and submitted of my own free will.

(Date)

(Complainant's Signature)

(Note: Only signed complaints will be considered.)

Please note that the Commission only has authority to investigate allegations of judicial misconduct or permanent disability by persons holding state judicial positions. The Commission has no jurisdiction over and does not consider complaints against Federal Judges, magistrates, lawyers, police, court personnel, or State Attorneys. The Commission does not act as an appellate court and cannot review, reverse or modify a legal decision made by a judge in the course of a court proceeding. For example, the Commission does not investigate claims that a judge wrongfully excluded evidence; imposed an improper sentence, awarded custody to the wrong party; incorrectly awarded alimony or child support; incorrectly resolved a legal issue or believed perjured testimony.

Please return this form and direct all future communications to:

Florida Judicial Qualifications Commission
Post Office Box 14106
Tallahassee, FL 32317