

UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

MAIL THIS FORM TO THE CLERK, UNITED STATES COURT OF APPEALS, 1100 EAST MAIN STREET, ROOM 501, RICHMOND, VIRGINIA 23219-3517. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE NAME OF THE JUDGE ON THE ENVELOPE.

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?

Yes

No

If "yes," give the following information about each lawsuit:

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 Fourth Circuit:

4. Have you filed any lawsuits against the judge?

Yes

No

If "yes," give the following information about each lawsuit:

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 on which this form is printed, 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). 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 --

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

Executed on _____
(Date)

Sworn and subscribed to
before me _____
(Date)

(Notary Public)

My commission expires: