

JUDICIAL COUNCIL OF THE FIRST CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

Mail this form to the Clerk, United States Court of Appeals for the First Circuit, United States Courthouse, Suite 2500, 1 Courthouse Way, Boston, Massachusetts 02210. Mark the envelope JUDICIAL MISCONDUCT COMPLAINT or JUDICIAL DISABILITY COMPLAINT. Do not put the name of the judge or magistrate on the envelope.

See Rule 2(e) for the number of copies required.

1. Complainant's name: _____

Address: _____

Daytime telephone: ()

2. Judge or magistrate complained about:

Name: _____

Court: _____

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

[] 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 numbers of any appeals to the First Circuit: _____