

STATE OF CONNECTICUT
JUDICIAL REVIEW COUNCIL

COMPLAINT FORM

COMPLAINT AGAINST A JUDGE, FAMILY SUPPORT MAGISTRATE, OR
WORKERS' COMPENSATION COMMISSIONER

This form is designed to provide the Council with information necessary to review your complaint. **PLEASE READ THE "GUIDELINES FOR COMPLETING THIS FORM" REFERENCED IN THE ACCOMPANYING BROCHURE, AND REFER TO THE ACCOMPANYING INFORMATION HANDBOOK EXPLAINING THE COUNCIL'S FUNCTION, JURISDICTION, AND PROCEDURES BEFORE ATTEMPTING TO COMPLETE THIS FORM.**

PLEASE NOTE: COMPLAINTS MUST BE TYPED OR LEGIBLY HAND PRINTED, DATED, SIGNED, AND NOTARIZED BEFORE IT WILL BE CONSIDERED. RETAIN A COPY FOR YOUR RECORDS, AS COMPLAINTS AND DOCUMENTATION SHALL BECOME THE PROPERTY OF THE COUNCIL AND CANNOT BE RETURNED.

1. Person making complaint

Name _____
(Last) (First) (Middle) (Date of Birth)

Address _____
(Street) (City) (State) (Zip)

Telephone (_____) _____ (_____) _____
(Day) (Evening)

2. Person against whom complaint is made

Name _____
(Last) (First) (Middle)

Judge _____ Family Support Magistrate _____ Workers' Compensation Commissioner _____

3. Statement of facts

Please describe, in detail, the conduct which you believe constitutes judicial misconduct, including names, dates, places, addresses, and telephone numbers that may assist the Council in processing your complaint.

If additional space is required, attach and number additional one-sided 8 1/2" x 11" pages.

PROVIDE COPIES OF TRANSCRIPTS AND/OR ANY DOCUMENTS YOU BELIEVE SUPPORT YOUR CLAIM THAT THE JUDGE, FAMILY SUPPORT MAGISTRATE, OR WORKERS' COMPENSATION COMMISSIONER HAS ENGAGED IN JUDICIAL MISCONDUCT.

4. Additional Information

(a) When and where did the alleged judicial misconduct occur?

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

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

(1) What is the name and docket number of the case?

Case Name: _____ Case No. _____

(2) What kind of case is it?

Civil _____ Criminal _____ Family _____ Juvenile _____ Other _____

(List) _____

(3) What is your relationship to the case?

_____ plaintiff/petitioner _____ defendant/respondent

_____ attorney for _____; _____

_____ witness for _____; _____

_____ other (specify, i.e. observer, relative) _____

(c) If you were represented by an attorney in this matter at the time of the claimed misconduct, please identify the attorney:

Name: _____

Address: _____

Telephone: (_____) _____

(d) If the opposing party was represented by an attorney, please identify the attorney:

Name: _____

Address: _____

Telephone: (_____) _____

(e) Identify any other witnesses to the conduct about which you complain:

Name(s): _____

Addresses: _____

Telephone: () _____

I declare, under the penalties of perjury, that, to the best of my knowledge and belief, the statements made above and on any attached pages are true and correct.

Signed _____

Subscribed and sworn to before me this _____ day of _____
Month Year

Notary Public
Commissioner of the Superior Court or
Justice of the Peace

Send your signed and notarized complaint to:

**Judicial Review Council
505 Hudson Street, Room 116
Hartford, CT 06106**