STATE OF IDAHO

IDAHO JUDICIAL COUNCIL P.O. Box 1397 Boise, Idaho 83701 (208) 334-5213 Website: www.judicialcouncil.idaho.gov

COMPLAINT FORM

No. _____

This form is designed to provide the Judicial Council with information required to make an initial evaluation of your complaint, and to begin an investigation of the allegations you make. Please read the accompanying materials on the Judicial Council's function and procedures before you complete this form.

PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION

Name:			
	(Please type or print)		
Address:			
Telephone:	Daytime ()		
I have information	ion of possible misconduct or disability on the p	part of	
(name of Judge	, of the or Industrial Commissioner)		_Court in
			, Idaho.
	(City) ,,	(County)	-
	STATEMENT OF FA	<u>CTS</u>	
1. When a	nd where did this happen?		
Date(s)	: Time: L	ocation:	
2. If your	r information arises out of a court case, please answer these questions:		
a)	What is the name and number of the case?		
	Case Name:	Case No:	
COMPLAIN	Γ FORM - 1.		

b)	What kind of case is it?					
	□ criminal	\Box domestic relations \Box small claims \Box probate				
	□ civil	□ juvenile □ other (specify)				
c)	What is your	What is your relationship to the case?				
	□ plaintiff/pe	etitioner 🗆 defendant/respondent				
	□ attorney fo	pr				
	□ witness for	r				
	□ other (spec	cify):				
d)	If you were represented by an attorney in this matter at the time of the conduct of the j or industrial commissioner, please identify the attorney:					
	Name:					
	Address:					
	Phone:	()				
e)	Identify any o	other attorney(s) who represented you or any person involved in the case:				
	Name of attor	rney:				
	Address:					
	Phone:	()				
	Represented:					
f)	If this compla	int relates to a trial or other court proceeding, has it been or will it be appealed				
	Yes	No Not applicable				
	ocuments that h	nelp support your information that the judge or industrial commissioner ha ct or has a disability, noting which ones you have attached:				

COMPLAINT FORM - 2.

3.

4. Identify, if you can, any other witnesses to the conduct of the judge or industrial commissioner:

Name:		
Address:		
Phone:	()

SUPPORTING FACTS:

Please state specific facts to support your allegation(s) of judicial misconduct. Include all pertinent dates, and name(s) of persons present, if known. Attach any documents which may support your position. Attach additional sheets if the space provided below is not sufficient.



COMPLAINT FORM - 3.

VERIFICATION

STATE OF)	
~ ^) ss.	
County of)	
		, being first duly sworn upon oath, deposes and
says:		
	That he/she is the Complainant in	the above matter, that he/she has read the foregoing
Complaint, kno	ows the contents thereof, and verily bel	ieves the facts therein stated to be true.

(Signature)

SUBSCRIBED AND SWORN TO Before me this _____ day of ______, 20___.

Notary Public for	
Residing at	
Commission Expires:	

Please return this completed form to:

David W. Cantrill Executive Director Idaho Judicial Council P.O. Box 1397 Boise, Idaho 83701

COMPLAINT FORM - 4.