

State Commission on Judicial Conduct

PO Box 12265
Austin, TX 78711-2265
Tel. (512) 463-5533 · Toll Free: (877) 228-5750

For SCJC use only.

Complaint Form

- If you are filing a complaint about more than one judge, please use a separate form for each judge.
- You may complete this form online before printing.
- Send the completed form and any additional pages or related documents to SCJC.

* Indicates required fields. Please note that faxed complaints will **NOT** be accepted.

*Your name: _____

*Judge: _____

*Mailing Address: _____

*Court Number: _____

*City, State Zip: _____

*City and County: _____

*Date of Birth: _____

Your Phones: Day (____) _____

Evening (____) _____

Cell/Other (____) _____

Best time to call you: _____ A.M. P.M.

If your complaint involves a court case, please provide the following information:

Cause Number: _____ Status of your case: Pending Concluded On appeal

Your attorney: _____ Opposing Attorney: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Phone Number(s): _____ Phone Number(s): _____

PLEASE FILL IN ALL INFORMATION AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number(s): _____

Phone Number(s): _____

What did this person witness?

What did this person witness?

If you are submitting documents, please provide copies, not originals.

I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. Please note - the Commission will do its best to maintain your confidentiality, **if you so request**. However, it may not be possible for us to pursue our investigation without revealing your identity at some point. If it is necessary to reveal your identity directly to the judge, we will advise you before proceeding.

*I request that my identity be kept confidential. Yes No

*Signature: _____

*Date: _____

How did you hear about the State Commission on Judicial Conduct? (please select one) State Bar of Texas

Another State agency News media Attorney Friend Other: _____

Details of Complaint

Please type or print the factual details of your complaint in the space provided below. **Please include the date(s) of the alleged misconduct.** If more space is needed, attach additional sheets. Please sign and date each additional sheet. Your complaint should be as specific as possible, PLEASE DO NOT CITE CASE LAW IN YOUR COMPLAINT.

*Date(s) of Alleged Misconduct of Judge: _____

*Factual Details of your complaint against Judge:

*Printed Name: _____

*Signature: _____

*Date: _____