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| COMPLAINTS MUST BE MAILED TO: WV Judicial Investigation Commission WV Judicial Tower, Suite 700 A 4700 MacCorkle Avenue, SE Charleston, West Virginia 25304 | FOR JIC OFFICIAL USE ONLY |
| | Complaint No.: _____ |
| | Judicial Officer: _____ |
| Date Filed: _____ | |

**BEFORE THE JUDICIAL INVESTIGATION COMMISSION
OF WEST VIRGINIA**

COMPLAINT

Use this form to give the Judicial Investigation Commission enough information to evaluate your complaint. Read the enclosed brochure explaining the Commission’s function, jurisdiction and procedures. The complaint must be **TYPED** or legibly **HAND-PRINTED** in blue or black ink only. **DO NOT** use pencil. The Complaint **MUST** be mailed with the attached Affidavit, which must be signed by you and **NOTARIZED**.

I. Person Making Complaint:

Name: _____

Address: _____

Telephone: Daytime: _____ **Evening:** _____

Email: _____

II. Judicial Officer Complained Of:

Name: _____

The Court is located in: _____ (County)

- Court Level:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Intermediate Court | <input type="checkbox"/> Circuit Court |
| <input type="checkbox"/> Family Court | <input type="checkbox"/> Magistrate Court | <input type="checkbox"/> Mental Hygiene |
| <input type="checkbox"/> Juvenile Referee | <input type="checkbox"/> Special Commissioner | <input type="checkbox"/> Special Family Court Judge |

III. Additional Information:

A) If you information arises out of a court case, please answer these questions:

1) If you know, what is the name and number of the case?

Case Name: _____

Case No.: _____

b) What kind of case is it?

Civil Criminal Domestic Abuse & Neglect

Juvenile Probate Guardianship / Conservatorship

Other (specify) _____

c) What is your role in the case?

Plaintiff / Petitioner Defendant / Respondent

Attorney for _____

Witness for _____

Other (specify) _____

d) If you were represented by an attorney in this matter at the time of the conduct complained of please identify him / her:

Name of Attorney: _____

e) If this complaint relates to a trial or other proceeding, has it been or will it be appealed?

Yes No Not Applicable

IV. Statement Of Facts and Canons Violated:

Completion of this section is **MANDATORY**. Please state in the order of time the specific facts and circumstances you believe amount to judicial misconduct. Be as brief and to the point, but state all relevant details including names, dates, and places. If you know them, list the Canon you believe the judicial officer may have violated.

[Empty rectangular box for additional text or attachments]

IF ADDITIONAL SPACE IS REQUIRED, YOU MAY ATTACH AND NUMBER UP TO THREE (3) ADDITIONAL PAGES, DOUBLE SPACED.

V. Documentation:

List the documents or other items that you have attached to help support your claim that the judicial officer has engaged in misconduct. Please keep attachments to a minimum and only submit those documents or items which actually support your contentions. **DO NOT** attach the entire file.

Note: DO NOT send original documents. These documents cannot be returned to you. You should retain a copy for your records.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

OTHER:

VI. Witnesses:

Identify, if you can, any witnesses to the alleged conduct of the judicial officer and if known, their address and phone number.

Witness 1:

Address:

Phone:

Witness 2:

Address:

Phone:

Witness 3:

Address:

Phone:

Witness 4:

Address:

Phone:

In filing this complaint, I accept and understand that:

- Rule 2.4 of the WV Rules of Judicial Disciplinary Procedure provide that the details of complaints filed or investigations conducted by the Office of Disciplinary Counsel **shall be confidential**. The details / investigation remain(s) confidential unless the judicial office has been admonished by the Judicial Investigation Commission or a Statement of Charges has been issued
- The Rule of Confidentiality attaches and becomes effective upon the filing of this complaint.
- The judicial officer who is the subject of your complaint has a right to see your complaint and respond to it. By filing this complaint, you consent to any such disclosure. Complaints and attachments must be mailed.
- The attached affidavit must be completed & signed before a notary public.

AFFIDAVIT

STATE OF: _____

COUNTY OF _____, ss:

This day personally appeared before the undersigned authority, a Notary Public is and for the State and County aforesaid,

(Name of Complainant)

who, swears or affirms that the statements contained in the foregoing Complaint are true except as to those state to be upon information, and as to those statements, he believes them to be true.

Complainant

Taken, subscribed, and sworn to before me this ____ day of _____, 20__.

My commission expires _____.

Notary Public