

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 () _____ Evening () _____

I have information of possible misconduct or disability on the part of
_____, of the _____ Court in
(name of Judge or Industrial Commissioner)
_____, Idaho.
(City) (County)

STATEMENT OF FACTS

1. When and where did this happen?
Date(s): _____ Time: _____ Location: _____

2. If your 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: _____

b) What kind of case is it?
 criminal domestic relations small claims probate
 civil juvenile other (specify) _____

c) What is your relationship to 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 of the judge or industrial commissioner, please identify the attorney:
Name: _____
Address: _____
Phone: () _____

e) Identify any other attorney(s) who represented you or any person involved in the case:
Name of attorney: _____
Address: _____
Phone: () _____
Represented: _____

f) If this complaint relates to a trial or other court proceeding, has it been or will it be appealed?
_____ Yes _____ No _____ Not applicable

3. List documents that help support your information that the judge or industrial commissioner has engaged in misconduct or has a disability, noting which ones you have attached:

