How to File A Complaint Against A Judge

These are the instructions for filing a complaint against a judge with the Arkansas Judicial Discipline and Disability Commission. If you need more forms, you can copy the attached pages or call us at the number shown below.

- 1. You may use this form to file an official complaint against a judge. Complete the form by typing or printing all the information requested. Use separate forms if you want to file complaints against more than one judge.
- 2. Make sure you include a daytime telephone number or some other number where we can reach you to discuss your complaint. If your complaint arises out of a lawsuit, you must provide your case number and the names of the attorneys who participated in the case.
- 3. Please make sure that the complaint form is complete and accurate. You may use a separate letter or the statement of facts section to explain in your own words the circumstances that led to your complaint. Be as specific as possible in describing names, places, dates, and witnesses to the actions of the judge. List all the relevant events in chronological order. Use additional sheets, if necessary, and attach copies of any documents that support your statement. If you wish to include court documents, please do not send the originals.
- 4. Sign the complaint in the space provided. However, complaints may be anonymous. Make a copy of the complaint for your records.
- 5. Mail or fax the original complaint and the statement of facts to the Commission at the following address:

Arkansas Judicial Discipline and Disability Commission 323 Center Street Suite 1060 Little Rock, Arkansas 72201 (501) 682-1050 Fax (501) 682-1049

A complaint form may also be sent by e-mail to iddc@arkansas.gov.

The Commission does not accept complaints by telephone.

COMMISSION RECORDS ARE CONFIDENTIAL

By Arkansas Supreme Court rule and A.C.A. §16-10-404, except for final actions taken by the Commission or if the Commission finds there is probable cause requiring a formal disciplinary proceeding, all records, files, reports, and proceedings before this Commission are confidential. This confidentiality includes information written, recorded, or orally received or developed during the course of a Commission investigation. Under this rule, any information contained in this letter or received from you is to be strictly confidential. Any person who obtains any information about the Commission's work and violates this confidentiality requirement is subject to punishment for contempt of the Arkansas Supreme Court.

Contact the Arkansas Judicial Discipline and Disability Commission at (501) 682-1050 E-Mail: jddc@arkansas.gov

Arkansas Judicial Discipline & Disability Commission Tower Building - Suite # 1060 - 323 Center Street Little Rock, AR 72201

Phone: (501) 682-1050 / FAX: (501) 682-1049 Email: jddc@arkansas.gov

COMPLAINT FORM

Please type or print all information

| I hereby request an investigation of | (Judge's name) of the | | |
|--|-----------------------|-----------------------------------|--|
| Court in_ | | | |
| | | | |
| Mailing Address: | | | |
| Phone: Daytime () | Evening () | | |
| Cellular Phone () | Email address: | | |
| | STATEMENT OF FACTS | | |
| 1. State below the specific details of indicates disability. (<u>Please type or p</u> | | ou think constitutes misconduct o | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | _ | |
| | | | |
| | CONTINUE ON NEXT PAGE | | |

| LIEWIENI OF I | FACTS contin | uea | | |
|---------------|--------------|-----|------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ATTACH ADDITIONAL SHEET(S) IF NEEDED.

| 2) Did : | • | his judge?yesno pending?yesno | | | | |
|--------------|--|---|--|--|--|--|
| 3) When |) When and where did the ethical misconduct occur? | | | | | |
| Date: | Time: | Location: | | | | |
| 4) If you | r complaint arose from a | court case, please provide the following information: | | | | |
| Case Name: | · | Case Number: | | | | |
| Plaintiff's | information: | Defendant's information: | | | | |
| Name | | | | | | |
| Address | | Address | | | | |
| | one | - | | | | |
| Attorney's i | nformation (Plaintiff): | tiff): Attorney's information (Defendant): | | | | |
| Name | | | | | | |
| Address | | Address | | | | |
| | | | | | | |
| Additional A | Attorney's Information (| use additional pages if necessary): | | | | |
| Name | | Name | | | | |
| Address | | Address | | | | |
| | | Phone | | | | |
| Represented | esented Represented | | | | | |
| What type o | f case gives rise to this c | omplaint? Please check one. | | | | |
| cri | iminal;small | claims; civil; probate; | | | | |
| dom | estic (family) relations; | other (specify) | | | | |

| How are you interested in | the case? Please check one. | | | | |
|--|---|--|--|--|--|
| plaintiff / petitioner; defendant/respondent; unrelated to a case; | | | | | |
| attorney for | ;; mitness for; | | | | |
| family member of | ;other (specify) | | | | |
| 5) List documents you have attached that help support your complaint that the judge has engaged in misconduct or has a disability: | | | | | |
| 6) List documents that are not attached but will be needed by the Commission to support your complaint and may help in the Commission's investigation: | | | | | |
| clerks, court reporters, la witnesses that were present Name: | e, any other witnesses to the judge's conduct: (example: reporters, bailiffs, w enforcement officers, or other attorneys, plaintiffs, defendants or nt at the time). | | | | |
| D1 | | | | | |
| THIS REQUEST FOR INVESTIGATION APPEAL AND HAS NO EFFECT | S THAT THE JUDICIAL DISCIPLINE & DISABILITY COMMISSION'S PROCEEDINGS ON GATION ARE CONFIDENTIAL FILING A COMPLAINT IS NOT A SUBSTITUTE FOR T ON YOUR LEGAL OR APPELLATE RIGHTS. THE APPELLATE PROCESS IS SUBJECT TO USHOULD IMMEDIATELY OBTAIN LEGAL ADVICE ABOUT YOUR APPELLATE | | | | |
| . I request that the ab | bove complaint, supported by the Statement of Facts, be investigated by the | | | | |
| - | ility Commission and that appropriate action be taken. | | | | |
| I hereby swear or aj | ffirm that the above information is true and correct. | | | | |
| Signature: | Date: | | | | |