

COMMONWEALTH OF KENTUCKY
JUDICIAL CONDUCT COMMISSION

P. O. Box 4266
Frankfort, KY 40604
Phone (502)564-1231
FAX (502)564-1233
www.courts.ky.gov

FOR INTERNAL USE ONLY

JCC Case Number: _____

Meeting Date(s): _____

COMPLAINT FORM

The Commission's preliminary investigation shall be confidential under Rule 4.130 of the Rules of the Kentucky Supreme Court.

Please be advised that the Commission only has authority over Commonwealth of Kentucky judges, trial commissioners, domestic relations commissioners, master commissioners and attorneys who are candidates for judicial office.

The Commission does not have authority to review a case for judicial error or to direct a different result in the case. Those functions are to be handled through the appeals process available through the state's appellate courts. If you seek to change the outcome of your case, discuss this with an attorney without delay.

In addition, allegations stemming from a judge's rulings or exercise of judicial discretion do not provide a basis for action by the Commission. Personal dissatisfaction alone cannot be grounds for an investigation.

Please type or print legibly. NOTE: This form can be filled in online then printed OR printed and then filled out.

I. COMPLAINANT INFORMATION:

Mr. Mrs. Ms.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street, No., Route) (City, State) (Zip)

Home Phone: () _____ Cell Phone: () _____

II. COMPLAINT AGAINST:

Please check the box next to the appropriate judicial office:

District Judge	<input type="checkbox"/>	Court of Appeals Judge	<input type="checkbox"/>	Domestic Relations Commissioner	<input type="checkbox"/>
Circuit Judge	<input type="checkbox"/>	Supreme Court Justice	<input type="checkbox"/>	Trial Commissioner	<input type="checkbox"/>
Family Court Judge	<input type="checkbox"/>	Master Commissioner	<input type="checkbox"/>	Attorney Running for Judicial Office	<input type="checkbox"/>

Name: _____
(Last) (First) (Middle)

Address: _____
(Street, No., Route) (City, State) (Zip)

III. ADDITIONAL INFORMATION:

a) If your complaint arises out of a court case, please answer the following:

1. Case Name: _____

Case County: _____ Case No: _____

2. What kind of case is it?

Criminal _____ Civil _____ Family _____ Juvenile _____ Other _____
(Please specify)

3. What is your relationship to the case?

Plaintiff/Petitioner _____ Defendant/Respondent _____ Attorney _____ Witness _____
Other _____

b) When and where did the alleged judicial misconduct occur?

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

c) If you were represented by an attorney in this case, please identify the attorney:

Name: _____

Address: _____ (Street, No., Route) _____ (City, State) _____ (Zip)

Phone: () _____

d) Identify any other attorney(s) who represented any party in the case:

Name: _____

Represented: _____

Name: _____

Represented: _____

IV. ALLEGATIONS AND STATEMENT OF FACTS:

Please state the facts and circumstances you believe constitute judicial misconduct or disability. Include any details, names, dates, places, addresses, and telephone numbers to assist the Commission in its evaluation and investigation of this complaint. Attach any documents or recordings of court proceedings pertaining to this complaint.

IV. ALLEGATIONS AND STATEMENT OF FACTS (continued):

Lined area for writing the allegations and statement of facts, consisting of approximately 20 horizontal lines.

If additional space is required, please attach and number additional one-sided 8½” X 11” pages as needed.

V. I certify that the allegations and statements of facts set forth above are true and correct to the best of my knowledge, information, and belief and are made of my own free will.

(Date)

(Complainant's Signature)