



PLEASE KEEP A COPY OF YOUR COMPLAINT AND ANY ATTACHMENTS THAT YOU SUBMIT. WE DO NOT RETURN YOUR DOCUMENTS TO YOU. DO NOT STAPLE.

THE JUDICIARY COMMISSION OF LOUISIANA
OFFICE OF SPECIAL COUNSEL
601 ST. CHARLES AVENUE
NEW ORLEANS, LOUISIANA 70130-3481
Telephone: (504) 568-8299
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JUDICIAL MISCONDUCT COMPLAINT – ONE JUDGE PER COMPLAINT FORM. A SEPARATE FORM MUST BE COMPLETED FOR EACH JUDGE

PART A: INFORMATION ABOUT YOU – PLEASE KEEP CURRENT

1. FULL NAME: (Mr. , Mrs. , Ms.)

TELEPHONE: area code ()

2. HOME ADDRESS:

CITY: STATE: ZIP: PARISH:

3. EMPLOYER:

WORK ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: area code ()

4. NAME OF PERSON WHO CAN ALWAYS REACH YOU:

ADDRESS & TELEPHONE:

5. YOUR STATUS:
- State/Parish/City Employee
 - Litigant
 - Citizen
 - Attorney
 - Elected Public Official
 - Judge
 - Other

PART B: INFORMATION ABOUT THE JUDGE

1. NAME OF JUDGE:

2. TYPE:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Magistrate
	<input type="checkbox"/> La. Supreme Court	<input type="checkbox"/> Hearing Officer
	<input type="checkbox"/> Court of Appeal	<input type="checkbox"/> Other
	<input type="checkbox"/> District	
	<input type="checkbox"/> City or Parish	
	<input type="checkbox"/> Justice of the Peace	
	<input type="checkbox"/> Mayor's Court	

3. PARISH:

4. CASE TITLE and NUMBER (if applicable):

PART C: EXPLANATION OF YOUR COMPLAINT

State in detail why you think this judge has done something improper or has failed to do something which this judge should have done.¹ Include the names and addresses of all persons who know something about your complaint. Attach *copies* of any pleadings, judgments, or any other relevant documents that pertain to your complaint. **Please retain a copy of all information sent to our office for your personal file.** Attach additional 8 ½” x 11” sheets of paper if you need more space for your explanation.

¹ The Judiciary Commission of Louisiana does not have the authority to order a judge to change his/her judgment. If you are dissatisfied with your judgment, consult an attorney regarding filing a writ or appeal.

LIST ALL DOCUMENTS ATTACHED: _____

DATE OF SIGNING: _____

COMPLAINANT

COMPLAINANT

RETURN THIS FORM TO:

The Judiciary Commission of Louisiana
Office of Special Counsel
601 St. Charles Avenue
New Orleans, Louisiana 70130

osc@lasc.org (E-mail only 10 pages or less)