MISSISSIPPI COMMISSION ON JUDICIAL PERFORMANCE

P. O. Box 668

Madison, Mississippi 39130 Office: (601) 359-1273 Fax: (601) 354-6277

Email: mailbox@mcojp.ms.gov

In accordance with Section 177A of the Mississippi Constitution of 1890, all proceedings before the Mississippi Commission on Judicial Performance are confidential unless and until the Commission files a recommendation for discipline or retirement with the Mississippi Supreme Court. Confidentiality shall attach upon the filing of the complaint and shall include all records, files, and reports of the Commission.

I.PERSON MAKING COMPLAINT:

NAME:					
	(First)		(Middle)		(Last)
ADDRESS:					
	(Street)				
	(City)	(State)	(ZIP)		
CONTACT I	NFORMATION:				
Home:		Work:		_Cell:	
Email:					
II.PERSON	AGAINST WHO	M COMPLAIN	T IS MADE:		
NAME:					
	(First)		(Middle)		(Last)
ADDRESS:					
	(Street)				
	(City)	(State)	(ZIP)		
COUNTY: _		TY	PE OF JUDGE:		
IN WHAT C	ITY WAS THIS C	OURT HELD:			· · · · · · · · · · · · · · · · · · ·

III.ADDITIONAL INFORMATION: (A)When and where did the alleged judicial misconduct occur? Date: _____ Time: ____ Location: ____ If your complaint arises out of a court case, please answer the following questions:(1) What is the case name and docket number of the case? Case Name: Case No: _____ CASE RELATIONSHIP: What is your relationship to the case? _____ Attorney for Plaintiff/ Petitioner _____ Witness for Plaintiff/ Petitioner _____ Plaintiff/ Petitioner _____ Defendant/Respondent _____ Attorney for Defendant/Respondent Witness for Defendant/Respondent ____ Citizen Public Official Law Enforcement Status of the case: If you are represented by an attorney in this matter at the time of the alleged misconduct, please identify the attorney: NAME: ______(First) (Middle) (Last) ADDRESS: _____ (Street) (State) (ZIP) (City) CONTACT INFORMATION: Home: Work: Cell: Email:

If the opposing party was represented by an attorney in this matter at the time of the claimed misconduct, please identify the attorney:

NAME:					
(First)		(Middle)		(Last)	
ADDRESS:(Street)					
(Street)					
(City)	(State)	(ZIP)			
(Oity)	(Gtate)	(211)			
CONTACT INFORMATION	N:				
Home:	Work:		Cell:		
Email:					
Identify other person(s)	who witnessed t	the alleged c	onduct.		
NAME:					
NAME:(First)		(Middle)		(Last)	
ADDRESS:					
(Street)					
(City)	(State)	(ZIP)			
	, ,	. ,			
CONTACT INFORMATION	N :				
Home:	Work:		Cell:		
Email:					
NAME:		/N 4: al all a \		(1 +)	
(First)		(Middle)		(Last)	
ADDRESS:(Street)					
(011001)					
(City)	(State)	(ZIP)			

CONTACT INFO	ORMATION:			
Home:	Work:		Cell:	
Email:				
NAME:	(First)	(Middle)		(Last)
				(Lasi)
ADDRESS:(\$	Street)			-
(City	y) (Sta	ate) (ZIP)		
CONTACT INFO	DRMATION:			
Home:	Work:		Cell:	
Email:				
disability. Includ assist the Commit transcripts and/o judicial miscondu	acts and circumstances we any details, names, date assion in its evaluation and arm any documents you belined. Documents attached ollowing disposition of you	es, places, addresses d investigation of th ieve support your cl to your complaint w	s, and telephone nut is complaint. Prova im that the judge will generally be ret	ımbers which will ride copies of has engaged in

ATTACHMENT:	
I certify that the allegations and statements of correct to the best of my knowledge, informat free will.	
(Date)	
*(Complainant's E-Signature)	

^{*}During the course of the investigation, a notarized copy of this complaint may be requested