



MISSISSIPPI COMMISSION ON JUDICIAL PERFORMANCE



660 North Street, Suite 104
Jackson, Mississippi 39202
Office: (601) 359-1273
Fax: (601) 354-6277

Email: mailbox@judicialperformance.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: PLEASE PRINT

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (ZIP)

CONTACT NUMBER: __ Home __ Work __ Cell (____) _____ Email: _____

II. PERSON AGAINST WHOM COMPLAINT IS MADE:

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (ZIP)

JUDICIAL OFFICE HELD _____

III. ADDITIONAL INFORMATION:

(A) When and where did the alleged judicial misconduct occur?

Date: _____ Time: _____ Location: _____

(B) 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: _____

(2) What is your relationship to the case?

____ Plaintiff/ Petitioner _____ Defendant/Respondent

____ Attorney for: _____

____ Witness for: _____

____ Other (specify, i.e. relative): _____

(3) Status of the case: ____ Pending ____ Concluded ____ On Appeal

(C) If you are represented by an attorney in this matter at the time of the alleged misconduct, please identify the attorney:

Name: _____ Address: _____ Phone: () _____

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

Name: _____ Address: _____ Phone: () _____

(E) Identify other person(s) who witnessed the alleged conduct.

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

IV. ALLEGATIONS AND STATEMENT OF FACTS:

Please state the facts and circumstances which you believe constitute judicial misconduct or disability. Include any details, names, dates, places, addresses, and telephone numbers which will assist the Commission in its evaluation and investigation of this complaint. Provide copies of transcripts and/or any documents you believe support your claim that the judge has engaged in judicial misconduct. If additional space is required, attach and number additional pages. Documents attached to your complaint will generally be retained for a period of thirty (30) days following disposition of your complaint before being destroyed.

[Attach additional 8 ½ “ x 11” (Letter Size) sheets of paper as necessary]

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)

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