

STATE OF IDAHO

IDAHO JUDICIAL COUNCIL

P.O. Box 1397

Boise, Idaho 83701

(208) 334-5213

Website: www.judicialcouncil.idaho.gov

**COMPLAINT FORM**

No. \_\_\_\_\_

This form is designed to provide the Judicial Council with information required to make an initial evaluation of your complaint, and to begin an investigation of the allegations you make. Please read the accompanying materials on the Judicial Council's function and procedures before you complete this form.

**PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION**

Your Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street/ P.O. Box) (City) (State) (Zip)

Daytime telephone \_\_\_\_\_

Name of Judge \_\_\_\_\_ Court \_\_\_\_\_

Case Name and Docket Number, if applicable \_\_\_\_\_

Attorneys involved (if you wish to name them) \_\_\_\_\_

If this complaint relates to a trial or other court proceeding, has it been or will it be appealed?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

Please state briefly the general nature of your complaint. If you wish, you may refer to the Code of Judicial Conduct.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

\_\_\_\_\_ , being first duly sworn upon oath, deposes  
and says:

That he/she is the Complainant in the above matter, that he/she has read the foregoing  
Complaint, knows the contents thereof, and verily believes the facts therein stated to be true.

\_\_\_\_\_  
(Signature)

SUBSCRIBED AND SWORN TO Before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

Residing at \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Please return this completed form to:

Robert G. Hamlin  
Executive Director  
Idaho Judicial Council  
P.O. Box 1397  
Boise, Idaho 83701