

COMPLAINT FORM
JUDICIAL COUNCIL OF THE
UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS
COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

This Complaint Form may be filed by mail or email. It should be typewritten, if possible, or written legibly; if this form is not completed properly, the Clerk will not accept it.

*If mailing, send this Form to: Clerk, United States Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950*

Mark the Envelope "CONFIDENTIAL: Complaint of Misconduct" or "CONFIDENTIAL: Complaint of Disability." Do not put the name of the Judge on the envelope.

If emailing, send this Form to: efiling@uscourts.cavc.gov. The subject line of the email should be "CONFIDENTIAL: Complaint of Misconduct" or "CONFIDENTIAL: Complaint of Disability." Do not put the name of the Judge in the subject line.

1. Complainant's name: _____

Address: _____

Telephone: _____ Email address: _____

2. Name of Judge complained about: _____

3. Does this complaint concern the conduct of the Judge in a particular case(s)? [] Yes [] No

If "yes," complete the following about each case (use reverse side if more than one):

Docket number: _____

Are (were) you a party or lawyer in the case? [] Party [] Lawyer [] Neither

If you are (were) a party in the case, give the name, address, telephone number, and email address of your representative, if any:

Representative's name: _____

Address: _____

Telephone: _____ Email address: _____

Docket numbers of any appeals to the U.S. Court of Appeals for the Federal Circuit:

(see next page)

4. Have you filed any lawsuits against the Judge? [] Yes [] No

If "yes," give the following information about each case (use the reverse side if there is more than one):

Court: _____

Docket number: _____

Present status of suit: _____

Name, address, telephone number, and email address of your representative, if any:

Representative's name: _____

Address: _____

Telephone: _____ Email address: _____

Court to which any appeal has been taken: _____

Docket number of the appeal: _____

Present status of the appeal: _____

5. On separate sheets of paper, not larger than 8½" by 11", describe the conduct or the evidence of disability that is the subject of this complaint and explain why you believe this conduct is prejudicial to the effective and expeditious administration of the business of the Court. *See* U.S. VET. APP. R. GOVERNING COMPLS. JUD. MISCONDUCT & DISABILITY R. 2(b), 2(d). Do not use more than 5 pages (5 sides).

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that

(1) I have read Rules 1 and 2 of the Court's Rules Governing Complaints of Judicial Misconduct or Disability, and

(2) the statements made in this complaint are true and correct to the best of my knowledge.

(Signature)

Executed on _____
(Date)