

<b>MAIL TO:</b>  WV Judicial Investigation Commission City Center East – Suite 1200 A 4700 MacCorkle Avenue, SE Charleston, West Virginia 25304 304-558-0169	<b>FOR JIC OFFICIAL USE ONLY</b>  <b>Complaint No.:</b> _____  <b>Judicial Officer:</b> _____  <b>Date Filed:</b> _____
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**BEFORE THE JUDICIAL INVESTIGATION COMMISSION  
OF WEST VIRGINIA**

**COMPLAINT**

Use this form to give the Judicial Investigation Commission enough information to evaluate your complaint. Read the enclosed brochure explaining the Commission’s function, jurisdiction and procedures. The complaint must be **TYPED** or legibly **HAND-PRINTED** in blue or black ink only. **DO NOT** use pencil. The Complaint **MUST** be submitted with the attached Affidavit, which must be signed by you and **NOTARIZED**. **PLEASE NOTE: The Commission has no authority to change the outcome of any case. Your complaint of judicial misconduct is a matter totally separate and independent of your litigation and will have no effect on any legal decision or on appeal.**

**I. Person Making Complaint:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**II. Judicial Officer Complained Of:**

**Name:** \_\_\_\_\_

**The Court is located in:** \_\_\_\_\_ (County).

- Court Level:**       Supreme Court       Circuit Court       Family Court  
 Magistrate Court       Mental Hygiene       Juvenile Referee  
 Special Commissioner       Special Family Court Judge

**III. Additional Information:**

A) If your information arises out of a court case, please answer these questions:

1) If you know, what is the name and number of the case?

Case Name: \_\_\_\_\_

Case No: \_\_\_\_\_

b) What kind of case is it?

Civil       Criminal       Domestic       Abuse & Neglect

Juvenile       Probate       Guardianship/Conservatorship

Other (specify) \_\_\_\_\_

c) What is your role in the case?

Plaintiff/Petitioner       Defendant/Respondent

Attorney for \_\_\_\_\_

Witness for \_\_\_\_\_

Other (specify): \_\_\_\_\_

d) If you were represented by an attorney in this matter at the time of the conduct complained of please identify him/her:

Name of Attorney: \_\_\_\_\_

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

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





**V. Documentation:**

List the documents or other items that you have attached to help support your claim that the judicial officer has engaged in misconduct. Please keep attachments to a minimum and only submit those documents or items which actually support your contentions. **DO NOT** attach the entire file. **Note: DO NOT** send original documents. These documents cannot be returned to you. You should retain a copy for your records.

1.

2.

3.

4.

5.

6.

OTHER:

**VI. Witnesses:**

Identify, if you can, any witnesses to the alleged conduct of the judicial officer and if known, their address and phone number.

**Witness 1:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Witness 2:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Witness 3:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Witness 4:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

In filing this complaint, I accept and understand that:

- Rule 2.4 of the WV Rules Judicial Disciplinary Procedure provides that the details of complaints filed or investigations conducted by the Office of Disciplinary Counsel **shall be confidential**. The details/investigation remain(s) confidential unless the judicial officer has been admonished by the Judicial Investigation Commission or a Statement of Charges has been issued.
- The Rule of Confidentiality attaches and becomes effective upon the filing of this complaint.
- The judicial officer who is the subject of your complaint has a right to see your complaint and respond to it. By filing this complaint, you consent to any such disclosure.
- I must complete and sign the attached affidavit before a notary public.

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_, ss:

This day personally appeared before the undersigned authority, a Notary Public in and for the State and County aforesaid,

\_\_\_\_\_  
(Name of Complainant)

who, swears or affirms that the statements contained in the foregoing Complaint are true except as to those stated to be upon information, and as to those statements, he believes them to be true.

\_\_\_\_\_  
Complainant

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.

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