

**State of Illinois
Judicial Inquiry Board
100 West Randolph Street
Suite 14-500
Chicago, IL 60601
(312) 814-5554
(800) 227-9429
TDD (312) 814-1881
FAX (312) 814-5719**

COMPLAINT AGAINST A JUDGE

Instructions: Please type or print all information. If you wish to provide documents to support your allegations, please attach copies of those documents. **We cannot return documents.** You must designate specifically the particular words, diagrams or pictures contained in any documentation submitted which substantiates your allegations. Documentation without the required designation will not be considered. **The Board's jurisdiction extends only to active Illinois Supreme Court Justices, Appellate Court Justices, and Circuit Court Judges.** Return Complaint to the above address.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone:() _____

Evening telephone:() _____

I have information of possible misconduct or disability on the part of the following
Illinois judge:

First and Last Name of Judge: _____

City and County: _____

Court Level: Supreme Court Appellate Court Circuit Court

STATEMENT OF FACT

1. When and where did this happen?

Date(s): _____ Time: _____

Location: _____

2. If your information arises out of a court case, please answer these questions:

(a) What is the name and number of the case?

Case Name: _____

Case Number: _____

(b) What kind of case is it? (Please check one below)

Criminal

Probate

Domestic Relations

Law

Juvenile

Municipal

Small Claims

Other (specify): _____

(c) What is your relationship to 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 of the Judge, please identify the attorney:

Name: _____

Address: _____

Telephone Number:() _____

(e) Identify any other attorney(s) who represented you or any person involved in the case:

Name of Attorney: _____

Address of Attorney: _____

Telephone Number:() _____

Attorney Represented: _____

3. List *documents that help support your information that the Judge has engaged in misconduct or has a disability, noting which ones you have attached:

***NOTE: Documents will not be returned. Please send copies only. You must designate specifically the particular words, diagrams or pictures contained in any documentation submitted which substantiates your allegations. Documentation without the required designation will not be considered**

4. Identify, if you can, any other witnesses to the conduct of the Judge:

Name: _____

Address: _____

Telephone Number:() _____

