

State Commission on Judicial Conduct

PO Box 12265
Austin, TX 78711-2265

512/463-5533

For SCJC use only.

*If you are filing a complaint about more than one judge,
please use a separate form for each judge.*

Please note that faxed complaints will **NOT be accepted**

Your name: _____

Mailing Address: _____

City, State Zip: _____

Date of Birth: _____ TX Driver's License: _____

Social Security #: _____

Your Phones: Day (____) _____

Cell/Other (____) _____

Judge: _____

Court Number: _____

City and County: _____

Evening (____) _____

Best time to call you: _____ A.M./ P.M.

If your complaint involves a court case, please provide the following information:

Cause Number: _____ Status of your case: Pending Concluded On appeal

Your attorney: _____ Opposing Attorney: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Phone Number(s): _____ Phone Number(s): _____

PLEASE FILL IN ALL INFORMATION AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number(s): _____ Phone Number(s): _____

What did this person witness? _____ What did this person witness? _____

If you are submitting documents, please provide copies, not originals.

*I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. Please note – the Commission will do its best to maintain your confidentiality, **if you so request.** However, it may not be possible for us to pursue our investigation without revealing your identity at some point. If it is necessary to reveal your identity directly to the judge, we will advise you before proceeding.*

I request that my identity be kept confidential. Yes _____ No _____

Signature: _____ Date: _____

How did you hear about the State Commission on Judicial Conduct? (please select one) State Bar of Texas

Another State agency News media Attorney Friend Other: _____

