



STATE OF NEW MEXICO  
JUDICIAL STANDARDS COMMISSION

111 Lomas Blvd. NW, Suite 220  
Albuquerque, New Mexico 87102-2368  
(505) 222-9353  
www.nmjsc.org

FOR JSC USE ONLY  
REV 6/20

## COMPLAINT AGAINST A JUDGE

No \_\_\_\_\_

**INSTRUCTIONS:** Please read the accompanying informational brochure regarding the Commission's jurisdiction, function and procedures before you complete this form. Please print or type your information on this form. If you are asserting allegations about more than one judge, please complete a separate complaint for each judge.

Do not change or modify this form. Do not submit letters, statements, histories, or personal stories as a substitute for using this form as directed, but please provide such supporting documents with this form if they support your written allegations.

All materials that you file with the Commission will become part of the Commission's confidential files and **will not be returned or copied to you**. Therefore, please only provide **copies of your supporting documents** with your **original, signed and verified complaint form**. After you complete your complaint, it must be verified (notarized) before we can file it. Verification means you sign the complaint and swear before a notary public that the information in your complaint and the attachments you are providing are true and correct. The Commission cannot accept faxed or e-mailed complaints. Failure to follow the complaint instructions may cause your complaint to be returned to you. You will be advised in writing of the outcome of your complaint, subject to the limits of confidentiality.

**IMPORTANT NOTICE:** The Judicial Standards Commission has no authority to intervene in your court case or change a judge's decision or order. The Commission has no authority to remove the judge from your case. Commission staff cannot give you any legal advice or opinions. The Commission and its staff cannot respond to requests for information regarding your complaint or any proceeding before it.

The Commission only has jurisdiction over currently serving justices, judges, magistrates, and court-appointed commissioners, hearing officers, and special masters while acting in a judicial capacity. **"Judge" as used on this form also means "court-appointed commissioners, hearing officers, and special masters while acting in a judicial capacity."** The Commission does not have jurisdiction over federal judges, judicial candidates who are not already sitting judges, as well as Workers' Compensation Administration judges, or other such administrative law judges or hearing officers of the Executive or Legislative Branches of New Mexico State Government.

### YOUR CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

### JUDGE'S INFORMATION:

Judge's Name: \_\_\_\_\_

The court is located in: City: \_\_\_\_\_ County: \_\_\_\_\_

Court Level (check one):     Supreme Court     Court of Appeals     District Court  
 Metropolitan Court     Magistrate Court     Municipal Court     Probate Court

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

<b>Case Number (all letters and numbers):</b> _____	<b>Case Status:</b> <input type="checkbox"/> Ongoing <input type="checkbox"/> Concluded <input type="checkbox"/> On Appeal
<b>Your Attorney:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____	<b>Opposing Attorney:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____ Party Represented: _____
Other Attorney Involved: _____ Address: _____ City, State, Zip: _____ Phone: _____ Party Represented: _____	Other Attorney Involved: _____ Address: _____ City, State, Zip: _____ Phone: _____ Party Represented: _____

**YOUR ALLEGATIONS:**

In the following section, please state the specific facts and circumstances that you believe amount to judicial misconduct or disability. Please be sure to provide all relevant details, names, dates, places, and witnesses. Each allegation that you state should be factual and specific, but as brief and to the point as you can state it. In the subsections provided for each allegation, please provide the following information:

- (A) Names, addresses and daytime telephone numbers of any attorneys involved in the proceeding at issue;
- (B) Names, addresses and daytime telephone numbers of witnesses who can offer support for each allegation; and
- (C) A list of the documents and materials that you are submitting with this complaint to support each of your allegations. Be sure to label and number each document and make specific reference to the exhibit number. For example: "Exhibit 1, letter from my attorney dated 9/2/19. Exhibit 2, Court Order dated 10/28/19."

Please note that you will not present your complaint to the Commission in person. Personal interviews are not usually necessary for our initial review and investigation of your complaint. Please also note that Commission attorneys do not represent you in any matter before the Commission. If we need further information from you, we will contact you by phone or mail.

We have provided pages for three allegations. If you have more allegations, please make copies of the "Additional Allegations" page for any further allegations you wish to make.









Please sign this form in the presence of a notary public. Do not change or substitute this verification form.

**VERIFICATION**

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ (print or type your name), swear and affirm under penalties of perjury and/or contempt that I have read the foregoing complaint and all supporting documents/exhibits submitted with this complaint and that the information provided in the complaint and all documents and materials being provided with this complaint are true and correct to the best of my knowledge, information and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Sign here before a Notary Public*

SIGNED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.  
*printed name of complainant*

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

My commission expires: \_\_\_\_\_

(SEAL)

**Send completed form by US Mail to: NM JUDICIAL STANDARDS COMMISSION  
111 LOMAS BLVD NW STE 220  
ALBUQUERQUE NM 87102-2368**

**HOW DID YOU HEAR ABOUT THE JUDICIAL STANDARDS COMMISSION?**

- ATTORNEY    FRIEND OR FAMILY    ATTORNEY DISCIPLINARY BOARD    INTERNET  
 STATE BAR    NEWS MEDIA    COURT STAFF    OTHER: \_\_\_\_\_

If you have any questions or need assistance completing this form, please call the Commission's staff at (505) 222-9353.  
Office hours are 7:00AM - 4:00PM Monday through Friday.