COMMONWEALTH OF KENTUCKY JUDICIAL CONDUCT COMMISSION

P. O. Box 21868

Lexington, Kentucky 40522-1868

Phone (859)233-4128 FAX (859)233-4128

COMPLAINT

Rule 4.130 of the Rules of the Kentucky Supreme Court provides that all papers and information obtained by or on behalf of the Commission during a preliminary investigation shall be confidential.

I.	PERSO	ON OR ORGANIZATION MAKING COMPLAINT	Γ:		
	Name:	(Last)	(First)	(Middle)	
	Addre	ess:(Street, No., Route)	(City, State)	,	
	Teler	phone No.:()	-		
II.	JUDGE	E (OR COMMISSIONER) AGAINST WHOM CO	OMPLAINT IS MADE:		
	Name:	: (Last)	(First)		
	Addre	ess: (Street, No., Route)			
	Judio	cial Office Held:			
III.	IF YO	OUR COMPLAINT ARISES OUT OF A COURT	CASE, PLEASE ANSWER THE	FOLLOWING:	
	a)	Case Name:	Case No:	Case No:	
	b) If you were represented by an attorney(s) in this matter at the time of judge's conduct, please identify the attorney(s):				
		Name:	Name:		
		Address:	Address:		
		Phone: ()	Phone: ()		
	c)	Identify any other attorney(s) wh	no represented any party i	n the case:	
		Name:	Name:		
		Address:	Address:		
		Phone: ()	Phone: ()		
		Repreesented:	Represented:		

IV. ALLEGATIONS AND STATEMENT OF FACTS: Please state the facts and circumstances which you believe constitute judicial misconduct or disability. Include any details, names, dates, places, addresses, and telephone numbers which will assist the Commission in its evaluation and investigation of this complaint. Attach any documents or court tapes pertaining to this complaint. If additional space is required, continue on additional pages as needed and attach them to this complaint. I certify that the allegations and statements of fact set forth above are true and correct to the best of my knowledge, information and belief and are made of my own free will. (Date) (Complainant's Signature)