

NEBRASKA COMMISSION ON JUDICIAL QUALIFICATIONS

Complaint or Request Form

CONFIDENTIAL

TO: Commission on Judicial Qualifications

FROM: _____

DATE: _____

Please consider this form to be: (select one)

_____ A complaint against a judge of the State of Nebraska regarding his or her acts, activities, or qualifications.

_____ A request that the Commission consider the qualifications of a judge of the State of Nebraska.

1. Name of the Judge: _____

2. Name of Court: _____

3. City: _____

4. Date of incident: _____

5. Time of incident: _____

(If not a specific incident, dates and times of the activity that cause the complaint or request.)

6. Location of incident: _____

7. The information you provide in this statement should be based on facts and not on personal conjecture.

This complaint or request is being filed against Judge _____ because:

(Attach additional pages if necessary.)

8. Please list all known witnesses' names, addresses, and phone numbers:

(Attach additional pages if necessary.)

Dated this _____ day of _____, _____.

Signature

Type or Print Full Name

Street Address

City, State, Zip

Office Phone: _____ Home: _____

ANY OTHER PERSON DESIRING TO SIGN THIS COMPLAINT OR REQUEST SHOULD ATTACH A SIGNATURE BLOCK SIMILAR TO THE ABOVE FORMAT.

Please mail in an envelope marked CONFIDENTIAL to:

Commission on Judicial Qualifications
ATTN: Secretary
Nebraska Supreme Court
P.O. Box 98910
Lincoln, NE 68509

The Commission on Judicial Qualifications shall follow the provisions of Nebraska Revised Statutes, Sections 24-715 through 24-728, in the disposition of this complaint or request.