



**STATE OF FLORIDA  
JUDICIAL QUALIFICATIONS  
COMMISSION**

Post Office Box 14106  
Tallahassee, Florida 32317  
Tel: (850) 488-1581  
www.floridajqc.com

FOR JQC USE ONLY

**COMPLAINT AGAINST A JUDGE**

**INSTRUCTIONS:** This form is designed to provide the Commission with the information required to make an initial evaluation of your complaint and to begin any necessary inquiry or investigation into your allegations.

Please print or type your information onto this form. Any materials or documents that you provide to the Commission will become part of the Commission's files, and will not be returned or copied to you. The Commission will contact you if additional information or materials are needed.

After you complete this form, please sign and date the certification page, and mail it, along with any attachments, to Post Office Box 14106, Tallahassee, Florida 32317. Please be aware that the Commission cannot accept complaints by fax, email, or telephone. You will receive an acknowledgement letter when the Commission has received your complaint. The Commission meets approximately every six weeks, and reviews complaints on a first-come-first-served basis. You will be notified in writing of the outcome of your complaint, subject to the limits of confidentiality.

**IMPORTANT: The Judicial Qualifications Commission has no authority to review, reverse, or modify a judge's decision or order, and cannot intervene in any way in a court case.** Similarly, the Commission does not have the authority to remove a judge from your case. Commission staff is not permitted to provide you with any legal advice or opinions.

The Commission has jurisdiction over Justices of the Florida Supreme Court, and Judges of the District Courts of Appeal, County Courts, and Circuit Courts. The Commission does not have jurisdiction over special masters, magistrates, hearing officers (including: traffic hearing officers, worker's compensation hearing officers), administrative law judges, or federal judges.

**YOUR CONTACT INFORMATION** (Please print legibly):

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

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

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

**JUDGE'S INFORMATION:**

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

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

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

### CASE INFORMATION

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

Case Name: \_\_\_\_\_

Case Number (include all letters and numbers): \_\_\_\_\_

County: \_\_\_\_\_

*If you were represented by an attorney, please provide their contact information.*

Attorney's Name: \_\_\_\_\_

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

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

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

### WITNESS INFORMATION

In this section, provide the names and contact information for any other persons who may have witnessed the improper conduct. (Attach additional sheets if necessary).

1. Name: \_\_\_\_\_

Relationship to case: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to case: \_\_\_\_\_

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

### ADDITIONAL DOCUMENTS

Attach copies of any relevant documents which you believe support your claim that the judge has engaged in judicial misconduct or has a disability. Please do not staple or bind documents. **Retain the originals or copies of any documents submitted. All submitted materials become property of the Commission and will not be returned.**

## **STATEMENT OF FACTS**

Please provide, in as much detail as possible, the information you believe constitutes judicial misconduct or disability. Include names, dates, places, addresses, and telephone numbers which may assist the Commission. Attach additional pages as necessary.

**IN FILING THIS COMPLAINT, I UNDERSTAND THAT FLORIDA LAW REQUIRES THAT COMPLAINTS FILED WITH THE COMMISSION MUST REMAIN CONFIDENTIAL, AND THAT ALL INQUIRIES BEFORE THE COMMISSION ARE CONFIDENTIAL, UNLESS AND UNTIL PROBABLE CAUSE IS DETERMINED AND FORMAL CHARGES ARE FILED.**

UNDER THE PENALTY OF PERJURY, I declare that I have read and understand this complaint form, and the above information is true, correct, complete, and submitted of my own free will.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature

*Please note that the Commission only has authority to investigate allegations of judicial misconduct or permanent disability by persons holding state judicial positions. The Commission has no jurisdiction over, and does not consider complaints against, Federal Judges, magistrates, law enforcement, clerks, court personnel, attorneys, etc.*

***The Commission does not act as an appellate court and cannot review, reverse or modify a decision or ruling made by a judge in the course of a court proceeding.***

Please return the completed complaint form by regular US Mail, and direct all future communications, to:

Florida Judicial Qualifications Commission  
Post Office Box 14106  
Tallahassee, Florida 32317