

VIRGIN ISLANDS COMMISSION ON JUDICIAL CONDUCT

161 B Crown Bay
St. Thomas, VI 00802
(340) 774-2237

COMPLAINT FORM

This form is designed to provide the Commission with information required to make an initial evaluation of your complaint.

PLEASE NOTE: COMPLAINT FORM MUST BE TYPED OR LEGIBLY HAND PRINTED, DATED AND SIGNED BEFORE IT WILL BE CONSIDERED.

I. Person Making Complaint

Mr. Ms. Mrs.

(Last) (First) (Middle)

Address _____

Phone Number(s): (Day) () _____ (Evening) () _____

.....

II. Judge Against Whom Complaint is Made

(Last) (First) (Middle)

Supreme Court Superior Court Other (specify): _____

This complaint alleges Judicial Misconduct Judicial Disability

Please note that the Commission only has authority to investigate allegations of judicial misconduct or permanent disability by persons holding judicial positions. The Commission has no jurisdiction over and does not consider complaints against Federal Judges, lawyers, police, court personnel, or Prosecuting Attorneys. The Commission does not act as an appellate court and cannot review, reverse or modify a legal decision made by a judge in the course of a court proceeding. For example, the Commission does not investigate claims that a judge wrongfully excluded evidence; imposed an improper sentence, awarded custody to the wrong party; incorrectly awarded alimony or child support; incorrectly resolved a legal issue or believed perjured testimony.

IV. Additional Information (if available)

a. If your complaint arises out of a court case, please answer the following questions:

1. What is the name and number of the case?

Case name: _____ Case No. _____

2. What kind of case is it?

civil criminal domestic relations probate
 small claims traffic other (specify) _____

3. What is your relationship to the case?

plaintiff /petitioner defendant/ respondent
 attorney for _____ : _____
 witness for _____ : _____
 other (specify) _____

b. If you were represented by an attorney in this matter at the time of the judge's conduct, please identify the attorney:

Name _____

Address _____

Phone: () _____ Mobile: () _____ Other: () _____

c. List and attach copies of any relevant documents which you believe support your claim that the judge has engaged in judicial misconduct or has a disability. (Note: Retain a copy for your records as these documents shall become the property of the Commission and may not be returned.)

d. Identify, if you can, any other witnesses to the conduct about which you complain:

Name: _____ Name: _____

Address: _____ Address: _____

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

If additional space is required, attach, number, and sign additional pages.

V. Affirmation.

Under penalty of perjury, I declare that I have examined and understand this complaint form and to the best of my knowledge and belief, the above information is true, correct and complete and submitted of my own free will. In filing this Complaint, I understand that the Commission's Rules provide that all proceedings of the Commission, including complaints filed with the Commission, shall be kept confidential prior to the filing of formal charges. I further understand that this rule of confidentiality attaches and becomes effective upon the filing of this Complaint and that any violation could result in a citation for contempt by the Supreme Court of the Virgin Islands.

(Date)

(Complainant's Signature)

(Note: Only signed complaints will be considered.)

Please return this form and direct all future communications to:

Virgin Islands Commission on Judicial Conduct

P.O. Box 336

St. Croix, VI 00841

(340) 693-4127