YOUR CONTACT INFORMATION

**(Note: Anonymous complaints are not accepted and will be returned)**

* Name: Provide your first and last name.
* Address: Please provide complete mailing address for all communications. You must provide your mailing address; the Commission is unable to respond by e-mail.
* Home Phone: Please provide a home phone number where you can be reached.
* Cell Phone: Please provide a cell phone where you can be reached.
* E-mail Address: Please provide an e-mail address only if submitting through JSC on-line complaint submittal.

JUDGE INFORMATION

* Name of Judge: Please provide the name of the judge you are complaining about. If you are complaining about more than one judge you must fill out a separate complaint form for each judge.
* Name of Court: Please provide the name of the court of the judge you are complaining about.
* Court Location: Please provide the City and County of the court of the judge you are complaining about.
* Court Level: Please check the box that corresponds with the court level applicable to the judge.

CASE INFORMATION

* Case Number: Please provide your case number including all letters (if applicable.)

ATTORNEY INFORMATION

* Attorney Name: There are 2 fields for attorney names. Please provide names of your attorney and opposing attorney if applicable.
* Phone Number: There are 2 fields for attorney phone numbers. Please provide the phone numbers of your attorney and the opposing attorney (if known.)

WITNESS INFORMATION

* Witness Name: There are 2 fields for witness names. Please provide names of any witnesses to your allegations. You may provide additional witness information on the allegations section if needed.
* Phone Number: There are 2 fields for witness phone numbers. Please provide the phone numbers for the witness’s name listed above.

ALLEGATION NUMBER 1

* Please provide a concise written statement(s) of allegation number 1.

ALLEGATION NUMBER 2

* Please provide a concise written statement(s) of allegation number 2.

ALLEGATION NUMBER 3

* Please provide a concise written statement(s) of allegation number 3.

AFFIRMATIONS

**(Note: These are mandatory fields and must be checked)**

[ ]  **Mandatory Field**-Please check the box. I affirm, under penalty of perjury that the forgoing representation are true.

[ ]  **Mandatory Field**- Please check the box. I understand that the NM Judicial Standards Commission does not have authority to intervene on my behalf in any proceeding or to change any decision reached by a court. In filing this complaint, I agree to cooperate with the Commission and its staff and to testify, if asked, concerning the matters raised in my complaint.

SIGNATURE

**(Note: These are mandatory fields, the complaint form must be signed and dated)**

(Electronic signature is acceptable: i.e., the indicator /s/ followed by the person’s name)

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

SUPPORTING DOCUMENTATION

You may provide supporting documentation to the Commission to support your allegations. Documentation may include documents, videos, audio recordings or any other evidence you want to provide the Commission to support your 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**. Please only provide copies of your supporting documents.

Complaints will not be accepted by phone or in person unless a special accommodation is needed due to a disability. Please do not appear at the Commission office without a prior appointment.

Accommodations for Disabilities and Language: If you have a disability and require an accommodation, or if you are having issues accessing our website, please contact the Commission office at (505) 222-9353.