

State Commission on Judicial Conduct

PO Box 12265
Austin, TX 78711-2265
Tel. (512) 463-5533 · Toll Free: (877) 228-5750

For SCJC use only.

*If you are filing a complaint about more than one judge,
please use a separate form for each judge.*

Please note that faxed complaints will NOT be accepted

Your name: _____
Mailing Address: _____
City, State Zip: _____
Date of Birth: _____ TX Driver's License: _____
Social Security #: _____
Your Phones: Day (____) _____
Cell/Other (____) _____

Judge: _____
Court Number: _____
City and County: _____

Evening (____) _____
Best time to call you: _____ A.M./ P.M.

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

Cause Number: _____ Status of your case: Pending Concluded On appeal
Your attorney: _____ Opposing Attorney: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Phone Number(s): _____ Phone Number(s): _____

PLEASE FILL IN ALL INFORMATION AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)

Name: _____ Name: _____
Address: _____ Address: _____
Phone Number(s): _____ Phone Number(s): _____
What did this person witness? _____
What did this person witness? _____

If you are submitting documents, please provide copies, not originals.

*I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. Please note – the Commission will do its best to maintain your confidentiality, **if you so request.** However, it may not be possible for us to pursue our investigation without revealing your identity at some point. If it is necessary to reveal your identity directly to the judge, we will advise you before proceeding.*

I request that my identity be kept confidential. Yes _____ No _____

Signature: _____ Date: _____

How did you hear about the State Commission on Judicial Conduct? (please select one) State Bar of Texas
 Another State agency News media Attorney Friend Other: _____

