



STATE OF MARYLAND  
COMMISSION ON JUDICIAL DISABILITIES  
P.O. BOX 340  
LINTHICUM HEIGHTS, MARYLAND 21090  
410-694-9380  
[www.mdcourts.gov/cjd](http://www.mdcourts.gov/cjd)

## **COMPLAINT FORM**

CJD CASE NO.

(For Office Use Only)

**INSTRUCTIONS:** This form is designed to provide the Commission with the information necessary to evaluate your complaint and to determine whether to initiate an investigation into alleged sanctionable conduct, impairment, and/or disability. Prior to completing this form, please read these instructions carefully and review the Code of Judicial Conduct and other governing law (available on the Commission's website under Rules/Statutes Governing the Commission).

**PLEASE USE A SEPARATE FORM FOR EACH JUDGE.**

This form must be typed or legibly hand printed, dated, affirmed, and signed before it will be considered. You must complete all required fields. You may include copies of relevant printed materials that support your complaint. Do not submit original documents or any flash drives, CDs, DVDs, or other physical devices used to store data. Submitted materials will not be returned to you and physical devices will not be reviewed or opened.

The Commission has jurisdiction over judges of the Supreme Court of Maryland, Appellate Court of Maryland, Circuit Courts, District Courts, and Orphans' Courts. The Commission does not have jurisdiction over retired judges who no longer preside over cases, magistrates, commissioners, hearing officers, clerks of court and other court personnel, administrative law judges, or federal judges.

All complaints, investigations, records, files, reports, and proceedings before the Judicial Inquiry Board and Commission are required by law to be confidential except in certain limited circumstances. The Commission is precluded from providing any information regarding the status of your complaint. You will be notified in writing of the Commission's decision. All decisions of the Commission are final and not subject to reconsideration, appeal, or other review.

**The Commission does not have the authority to change, modify, or reverse a judge's decision in a case nor does the Commission have the authority to remove a judge from a case. Filing a complaint with the Commission is not an appeal or a substitute for an appeal and has no effect on your legal rights. The appellate process is subject to strict deadlines and you should obtain legal advice as to your appellate rights and remedies. The Commission is not permitted to provide you with any legal advice or opinions.**

Please mail the completed form and any supporting materials to the Commission on Judicial Disabilities, P.O. Box 340, Linthicum Heights, Maryland 21090. You may also complete and submit this form online through the Commission's website. The Commission cannot accept complaints by telephone, fax, or email. Once your form is submitted, it cannot be withdrawn.

**COMPLAINANT INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Preferred Title and Pronoun:

- Ms.
- Mr.
- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other \_\_\_\_\_

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number \_\_\_\_\_

**JUDGE INFORMATION**

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

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: \_\_\_\_\_

**CASE INFORMATION**

If your complaint is related to a court proceeding, please provide the information requested below. If not, please write NONE and proceed to the next section.

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

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

Case Type:

- Civil
- Criminal
- Family/Domestic
- Juvenile
- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other \_\_\_\_\_

Date(s) of Hearing(s) or Other Proceeding(s): \_\_\_\_\_

Case Status:

- Pending
- Concluded
- Appealed

Relationship to the case:

- Plaintiff/Petitioner/Appellant
- Defendant/Respondent/Appellee
- Attorney for \_\_\_\_\_
- Witness for \_\_\_\_\_
- Relative/Friend of \_\_\_\_\_
- Other \_\_\_\_\_

**ATTORNEY INFORMATION**

If you were represented by an attorney, please provide the information requested below. If not, please proceed to the next section.

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

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

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

Email: \_\_\_\_\_

**WITNESS INFORMATION**

Please provide the names and contact information for any witnesses to the judge's alleged sanctionable conduct, impairment, and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

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

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

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

Email: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

**STATEMENT OF FACTS**

Please provide a detailed summary of your complaint. Please include specific facts, names, dates, locations, and other information that support your allegations that the judge engaged in sanctionable conduct and/or suffers from an impairment and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

## **SUPPORTING MATERIALS**

Please submit copies of any relevant printed materials that support your complaint. Submitted materials will not be returned to you. Do not submit original documents or any flash drives, CDs, DVDs, or other physical devices used to store data. You do not need to submit copies of transcripts or recordings of court proceedings as the Commission will access such information independently, if necessary.

I understand that:

- The Commission on Judicial Disabilities does not have authority to change, modify, or reverse a judge's decision in a case;
- The Commission on Judicial Disabilities does not have the authority to remove a judge from a case; and
- Filing this complaint is not an appeal or a substitute for an appeal.

I solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF YOUR COMPLAINT.**

**Printed forms can be mailed to:**

**Electronic forms can be submitted at:**

Commission on Judicial Disabilities  
P.O. Box 340  
Linthicum Heights, Maryland 21090

[www.mdcourts.gov/cjd/complaint](http://www.mdcourts.gov/cjd/complaint)

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