



Office of the Judicial Oversight Commission

Saint Regis Mohawk Tribe

412 State Route 37, Akwesasne, New York 13655

Phone: 518-358-2272

Fax: 518-358-4295

COMPLAINT FILED

COMPLAINANT

Last Name	First Name	Date of Birth
Address		Telephone (Res) Telephone (Cell)
City		Telephone (Office)
E-mail		Fax ()

I WOULD LIKE TO COMPLAIN ABOUT THE CONDUCT OF THE FOLLOWING JUDGE(S) OF THE SAINT REGIS MOHAWK TRIBAL COURT

1 Name
2 Name
3 Name
4 Name

DATE AND HOUR OF THE EVENT THAT GIVE RISE TO THE COMPLAINT

Year	Month	Day	Hour	Generally the time limit for filing a complaint is 2 years from the date of the event or the awareness of the event from which the complaint arose.

PLACE(S) OF EVENT(S) complete address, if available

1
2
3
4

Number of Judicial files (if applicable)

1
2
3
4

Complainants Name

Date filed

WITNESSES

1 Name	Last Name	Telephone ()
Address		
2 Name	Last Name	Telephone ()
Address		
3 Name	Last Name	Telephone ()
Address		
4 Name	Last Name	Telephone ()
Address		

I believe that the Judge is guilty of misconduct in office, persistent failure to perform his or her duties, habitual intemperance and conduct on or off the bench which is prejudicial to the administration of justice. The judge's mental or physical disability prevents him or her from the proper performance of the Judge's judicial duties, or has violated the Code of Judicial Conduct of the Saint Regis Mohawk Tribe.

I affirm under the penalty of perjury that the statements and facts provide are true and correct to the best of my knowledge.

Complainant Signature Date

State of New York
County of Franklin

Before me came _____ on this _____
Day of _____ in the year _____.

Notary Public Seal

Complainants Name

Date filed