

WISCONSIN JUDICIAL COMMISSION

110 East Main Street, Suite 700

Madison, WI 53703

Phone: (608) 266-7637

Fax: (608) 266-8647

**REQUEST FOR INVESTIGATION FORM
(Instructions)**

Please read the following instructions carefully before completing your Request for Investigation Form.

1. Print or type all information legibly. If you are typing the form, please do not use a font smaller than 10 points. If you are completing the form by hand, please use black or blue ink, only.
2. You may use additional sheets of paper, if necessary, to explain the responses you provide on the form.
3. Provide as much information about the alleged misconduct or disability as you can, including relevant dates, times, and places. Please identify known witnesses and provide their contact information, if known. Specifically describe the factual basis for your allegations and identify how the alleged actions violate the Code of Judicial Conduct (Supreme Court Rule 60).
4. Attach copies of any pertinent documents or evidence in your possession that support your assertions, including transcripts or recordings of proceedings, and clearly explain which documents you believe contain evidence of the alleged misconduct or disability and why. **Do not send originals. Provide the Commission with copies of only those documents or evidence that are directly relevant to your claims of misconduct.**
5. **Please sign and date the form using one of the two signature lines provided as to any election of confidentiality.**

ANY UNSIGNED FORMS WILL BE RETURNED FOR SIGNATURE.

6. Make a copy of your completed and signed Request for Investigation form for your files.
7. Please send your completed and signed form to the Wisconsin Judicial Commission at the above address.

WISCONSIN JUDICIAL COMMISSION
110 East Main Street, Suite 700
Madison, WI 53703
(608) 266-7637

REQUEST FOR INVESTIGATION

Name: _____

Address: _____

Phone: () _____

I have information regarding possible misconduct or disability on the part of
_____, of the _____ Court in
(name of judicial official)
_____, Wisconsin.
(city) (county)

STATEMENT OF FACTS

1. When and where did this happen?

Date(s): _____ Time: _____ Location: _____

2. If your information arises from a court case, please answer these questions:

a) What is the name and number of the case?

Case name: _____ Case no.: _____

b) What kind of case is it?

criminal domestic relations small claims probate

civil juvenile other (specify): _____

c) What is your relationship to the case?

plaintiff/petitioner defendant/respondent

attorney for _____

witness for _____

other (specify): _____

d) If you were represented by an attorney who witnessed the alleged judicial misconduct, please identify that attorney:

Name of attorney: _____

Address: _____

Phone: () _____

e) Identify, if you are able, any other witnesses to the alleged judicial misconduct:

Name(s): _____

Addresses: _____

Phone: () _____ () _____

3. List documents that support your information that the judicial official engaged in misconduct or has a disability, noting which ones you have attached.

4. Specify below the details of what the judicial official did that you believe constitutes judicial misconduct or amounts to evidence of disability. (Please type or print legibly; attach additional paper, if necessary.)

STATE LAW PROVIDES THAT THE JUDICIAL COMMISSION'S PROCEEDINGS CONCERNING THIS REQUEST FOR INVESTIGATION ARE CONFIDENTIAL, PURSUANT TO WIS. STAT. § 757.93, UNLESS THE COMMISSION FILES A PETITION OR FORMAL COMPLAINT IN THE WISCONSIN SUPREME COURT.

PLEASE SELECT OPTION ONE OR OPTION TWO FOR SIGNATURE.

(This form will be returned for completion if neither line has been signed.)

OPTION ONE: I REQUEST THAT THE COMMISSION NOT DISCLOSE MY IDENTITY TO THE JUDICIAL OFFICIAL(S) NAMED IN THIS REQUEST (OR OTHERS), IN THE EVENT THE JUDICIAL OFFICIAL(S) WAIVE(S) CONFIDENTIALITY PRIOR TO SUCH A COMMISSION FILING.

Signature: _____ Date: _____

OPTION TWO: I DO NOT OBJECT TO DISCLOSURE OF MY IDENTITY TO THE JUDICIAL OFFICIAL(S) NAMED IN THIS REQUEST (OR OTHERS), IN THE EVENT THE JUDICIAL OFFICIAL(S) WAIVE(S) CONFIDENTIALITY PRIOR TO SUCH A COMMISSION FILING.

Signature: _____ Date: _____