

CENTER *for* JUDICIAL ACCOUNTABILITY, INC.

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Box 69, Gedney Station  
White Plains, New York 10605

May 26, 1995

District Attorney of New York County  
Special Prosecutions Bureau  
1 Hogan Place, Room 750  
New York, New York 10013

ATT: Steven Nachman, Assistant District Attorney  
Walk-In Complaint Room

RE: Sassower v. Commission on Judicial Conduct of the State of New York  
Index # 95-109141

Dear Mr. Nachman:

You will recall that on Tuesday, May 23rd, your office would not permit the approximately twenty members of our organization who came to file criminal complaints with the Special Prosecutions Bureau against the Commission on Judicial Conduct to do so.

Although they were peaceable, they were not only denied entry to the seventh floor -- even one by one -- but, despite my repeated requests, you refused to give me complaint forms to bring down to them so that they could fill them out in the lobby.

It was only after tremendous delay and insistence on my part -- and with an officer from the lobby beside me -- that finally you agreed to provide us with copies of the District Attorney's complaint form.

However, as we struggled to fill out the forms in the lobby and outside, we found it additionally difficult because the form used by the Special Prosecutions Bureau has been photocopied many generations from the original. Additionally, there appeared to be traces of writing already entered on the first four lines of the copied form.

I, myself, found the same difficulty with the complaint form on Friday, May 19th, when I filled out the form.

Our members also found it embarrassing that the Manhattan D.A.'s office should be using such a shoddy-looking form.

Consequently, as an aid to our members and to others who come to the Special Prosecutions Bureau to file complaints, we have taken the initiative to retype your complaint form. It has been exactly reproduced, with the exception of the addition of a line at the bottom of the first page for

"Complainant's signature" -- since our members felt that complaints should properly be signed by those who have filed them.

In a spirit of public service and cooperation, such retyped original is enclosed herewith for use by the District Attorney's office. A brochure about CJA is also enclosed.

Yours for a quality judiciary,

A handwritten signature in black ink, reading "Elena Ruth Sassower". The signature is written in a cursive style with a large, sweeping flourish at the end.

ELENA RUTH SASSOWER, Coordinator  
Center for Judicial Accountability, Inc.

Enclosures

cc: Assistant District Attorney Thomas Wornam

\_\_\_\_\_, 19\_\_\_\_  
(DATE)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_

BUSINESS NAME AND ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
BUSINESS TELEPHONE NUMBER

NAME, ADDRESS AND HOME TELEPHONE NUMBER OF PERSON YOU ARE COMPLAINING ABOUT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

DO YOU HAVE A LAWYER REPRESENTING YOU IN THIS MATTER?

[ ] YES [ ] NO

IF YES, LAWYER'S NAME, ADDRESS AND TELEPHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

BRIFELY DESCRIBE YOUR PROBLEM OR COMPLAINT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT'S SIGNATURE \_\_\_\_\_

DOES THIS OTHER PERSON HAVE A LAWYER REPRESENTING HIM/HER?

YES             NO

IF YES, LAWYER'S NAME, ADDRESS AND TELEPHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

HAVE YOU SUED THE PERSON YOU ARE COMPLAINING ABOUT?

YES             NO

HAS THE PERSON YOU ARE COMPLAINING ABOUT SUED YOU?

YES             NO

HAVE YOU SPOKEN TO THE POLICE ABOUT THIS MATTER?

YES             NO

IF YES, PLEASE GIVE DATE, PRECINCT AND NAME OF POLICE OFFICER(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRECINCT

\_\_\_\_\_  
NAME OF POLICE OFFICER(S)

HAVE YOU COMPLAINED TO ANY OTHER AGENCY ABOUT THIS MATTER?

YES             NO

IF YES, WHAT AGENCY?

\_\_\_\_\_  
NAME OF AGENCY

\_\_\_\_\_  
PERSON YOU SPOKE TO

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

HAVE YOU SPOKEN TO ANY DISTRICT ATTORNEY ABOUT THIS MATTER BEFORE?

YES             NO

IF YES, PLEASE GIVE DATE AND NAME OF ASSISTANT DISTRICT ATTORNEY SPOKEN TO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF ASSISTANT DISTRICT ATTORNEY

HAS THIS PERSON YOU ARE COMPLAINING ABOUT STARTED CRIMINAL PROCEEDINGS ABOUT YOU?

YES             NO

HAVE YOU OR THE PERSON YOU ARE COMPLAINING ABOUT TAKEN OR TRIED TO TAKE THIS MATTER TO A DISPUTE RESOLUTION CENTER (IMCR)?

YES             NO