## JUDICIAL COUNCIL OF THE SECOND CIRCUIT

## COMPLAINT AGAINST JUDICIAL OFFICERS UNDER 28 U.S.C. §372(c)

<u>INSTR</u>	U	CT.	O	NS	:

- (a) All questions on this form must be answered.
- (b) A separate complaint form must be filled out for each judicial officer complained against.
- (c) Submit the correct number of copies of this form and the statement of facts. For a complaint against:
  - a court of appeals judge -- original and 3 copies
  - a district court judge or magistrate judge -- original and 4 copies
  - a bankruptcy judge -- original and 5 copies

(For further information see Rule 2(a)).

- (d) Service on the judicial officer will be made by the Clerk's Office. (For further information see Rule 3(a)(1)).
- (e) Mail this form, the statement of facts and the appropriate number of copies to the Clerk, United States Court of Appeals, United States Courthouse, 40 Foley Square, New York, New York 10007.

1.	Complainant's name: DORIS C SPRIOWER
	Address: 283 Sounduies Duenue
	- Wide Plains New york 10606
	Daytime telephone (with area code): [9/4] 997-1677

2. Judge or magistrate judge complained about:

Name: US Circuit Sudge Thomas J. Mestill
Court: US Court of Appeals for the second.
Circus

3.	Does this complaint concern the behavior of the judge or magistrate judge in a particular lawsuit or lawsuits?
	[ Yes [ ] No
	If "yes," give the following information about each lawsuit (use the reverse side if there is more than one):
	Court: 45 Disdrict Court: Southern Dismot
	Docket Number: 94 Civ 4514 (JES)
	Docket numbers of any appeals to the Second Circuit:
	# 96-7805
	Did a lawyer represent you?
	[ ] Yes [ ] No
	If "yes, give the name, address, and telephone number of your lawyer:
	not applicable
4.	Have you previously filed any complaints of judicial misconduct or disability against any judge or magistrate judge?
	[ Yes [ ] No
· .	If "yes," give the docket number of each complaint.
	# 96-8511 against then Chief Judge
	The 97-8535 apainst District Judge John E. Sprizzo
<b>5</b> .	You should attach a statement of facts on which your complaint is based, see Rule 2(b), and
	SeeaVached

**EITHER** 

(1)	check the box an this box.	d sign the form.	You do not need	a notary publ	ic if you check
	. /.				
	[ ] [	declare under pen	alty of perjury t	hat:	
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	(ii) The statem	nents made in this of the best of my leading to the best of my leading to the best of my leading to the best of th	Complaint and a	tached stateme	ent of facts are
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	•		(signature)		<u> </u>
		Executed on_	11/5/	97	
			(date	)	
<u>OR</u>					
(2)	check the box belo	ow and sign this fo	orm in the accep		
•				nce of a Nota	ry Public;
		vear (afirm) that -	-	• •	
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			(date)		
Sworn and su	bscribed to before		•		
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(Notary	Public)				
My commission	on expires:				