

JUDICIAL COUNCIL OF THE THIRD CIRCUIT

COMPLAINT FORM

JUDICIAL MISCONDUCT OR DISABILITY

1. COMPLAINANT:

Full name:

GEORGE SASSOWER

Address:

10 Stewart Place  
White Plains, N.Y.  
10603

Daytime Telephone Number:

914 681-7196

2. JUDGE OR MAGISTRATE COMPLAINED ABOUT:

Full name:

William H. John, Jr.

Court:

U.S. Dist. Court: E.D. Pa.

3. RELATED COURT ACTION:

(A) Does this complaint concern the behavior of the judge or magistrate in a particular lawsuit or lawsuits?

Yes () No () (Check one)

(B) If your answer to (A) is yes, give the following information about each lawsuit (use additional paper if there is more than one):

Court:

U.S. Dist. Ct. E.D. Pa.

Docket number in trial court:

96-7588

Docket number of any appeal:

? ~~mailed~~ Mailed 3/28/97

Nature of complaint or proceeding:

Grand Jury Inquiry etc.

Disposition of complaint or proceeding (for example, was it dismissed or is it pending?):

Dismissed

What was your involvement in the lawsuit (check one):

Party (  ) Lawyer (  ) Neither (  )

- (C) If your answer to (A) is yes, give the following information about each lawyer who represented you:

Full name: Pro. Se.

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (      )      -     

**4. OTHER ACTIONS AGAINST THE JUDGE OR MAGISTRATE COMPLAINED ABOUT:**

- (A) Have you filed any other complaints or initiated any other proceedings (including lawsuits) against the judge or magistrate whose conduct is the subject of this complaint?

Yes (  ) No (  ) (Check one)

- (B) If your answer to (A) is yes, give the following information about each action (use the reverse side if there is more than one):

Docket Number: \_\_\_\_\_

Court: \_\_\_\_\_

Present Status: \_\_\_\_\_

Docket Number of Appeal, if any: \_\_\_\_\_

Court to which Appealed: \_\_\_\_\_

Present Status of Appeal:

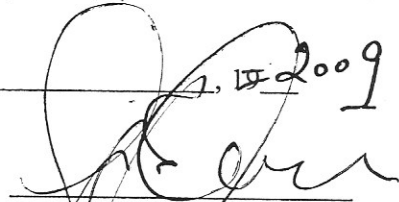
(C) If your answer to (A) is yes, give the following information about each lawyer who represented you:

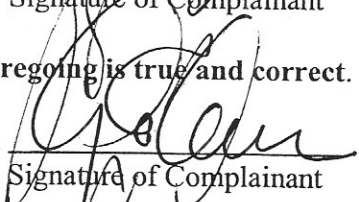
Full name: \_\_\_\_\_ *N/A.*

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

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**5. ON SEPARATE SHEETS OF PAPER, NOT LARGER THAN THE PAPER THIS FORM IS PRINTED ON, DESCRIBE THE CONDUCT OR THE EVIDENCE OF DISABILITY THAT IS THE SUBJECT OF THIS COMPLAINT. SEE RULE 2 (B) AND 2 (D). DO NOT USE MORE THAN 5 PAGES (5 SIDES). MOST COMPLAINTS DO NOT REQUIRE THAT MUCH.**

Signed this 16 day of June, 2009  
  
\_\_\_\_\_  
Signature of Complainant

I declare under penalty of perjury that the foregoing is true and correct.  
  
\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of Attorney (if any)