

Eleventh

JUDICIAL COUNCIL OF THE ~~FIRST~~ CIRCUIT

COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

MAIL THIS FORM TO THE CLERK, UNITED STATES COURT OF APPEALS,
~~1606 JOHN W. MCCORMACK POST OFFICE & COURTHOUSE, BOSTON,~~
~~MASSACHUSETTS 02109.~~ MARK THE ENVELOPE "JUDICIAL MISCONDUCT
COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE
NAME OF THE JUDGE OR MAGISTRATE ON THE ENVELOPE.

SEE RULE 2(e) FOR THE NUMBER OF COPIES REQUIRED.

1. Complainant's name: George Fassant

Address: 16 LAKE St.
White Plains Ny 10603

Daytime telephone: 914 949-2169

2. Judge or magistrate complained about:

Name: Chief Judge G. P. Tjoflat

Court: Circuit Ct.

3. Does this complaint concern the behavior of the judge or
magistrate 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: Circuit Ct.

Docket number: 94-4417

Are (were) you a party or lawyer in the lawsuit?

Party [] Lawyer [] Neither

If a party, give the name, address, and telephone number of your
lawyer:

910. P. Eleventh

Docket numbers of any appeals to the ~~First~~ Circuit:

94-4417

4. Have you filed any lawsuits against the judge or magistrate?

[] Yes

[X] No

If "yes," give the following information about each lawsuit (use the reverse side if there is more than one):

Court:

Docket number:

N/A

Present status of suit:

Name, address, and telephone number of your lawyer:

Court to which any appeal has been taken:

Docket number of the appeal:

N/A

Present status of appeal:

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.

6. You should either

(1) check the first box below and sign this form in the presence of a notary public; or

(2) check the second box and sign the form. You do not need a notary public if you check the second box.

[X] I swear (affirm) that--

[X] I declare under penalty of perjury that--

(1) I have read ^{All} ~~rules 1 and 2~~ ^{eleventh} of the Rules of the Judicial Council of the First Circuit Governing Complaints of Judicial Misconduct or Disability, and

(2) The statements made in this complaint are true and correct to the best of my knowledge.

(Signature) *George S. Sowell*
Executed on _____
(Date) *10/11/94*

Sworn and subscribed to before me

(Date)

(Notary Public)

My commission expires: