

JUDICIAL COUNCIL OF THE SECOND CIRCUIT

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

INSTRUCTIONS:

- (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 SASSOWER  
Address: 283 SANDWICH AVENUE  
WHITE PLAINS, NEW YORK 10606  
Daytime telephone (with area code): [914] 997-1677

2. Judge or magistrate judge complained about:  
Name: US Circuit Judge Dennis Jacobs  
Court: US COURT of Appeals for the Second Circuit

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: US DISTRICT COURT: SOUTHERN DISTRICT NY

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.

#

5. You should attach a statement of facts on which your complaint is based, see Rule 2(b), and

EITHER

- (1) check the box and sign the form. You do not need a notary public if you check this box.

I declare under penalty of perjury that:

- (i) I have read rules 1 and 2 of the Rules of the Judicial Council of the Second Circuit Governing Complaints of Judicial Misconduct or Disability, and  
(ii) The statements made in this complaint and attached statement of facts are true and correct to the best of my knowledge.

*Doris L. Sassone*  
(signature)

Executed on 11/5/97  
(date)

OR

- (2) check the box below and sign this form in the presence of a Notary Public;

I swear (afirm) that --

- (i) I have read rules 1 and 2 of the Rules of the Judicial Council of the Second Circuit Governing Complaints of Judicial Misconduct or Disability, and  
(ii) The statements made in this complaint and attached statement of facts are true and correct to the best of my knowledge.

\_\_\_\_\_  
(signature)

Executed on \_\_\_\_\_  
(date)

Sworn and subscribed to before  
me \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires: