

## New York State Commission on Judicial Conduct Complaint Form

M.I.

Ms.	
* Indicates required field	
Name *	
Elena	Sassower
Phone Number 1	
914-421-1200	
Phone Number 2	
646-220-7987	
Email	
elena@judgewatch.org	
Address Line 1	
Box 8101	
Address line 2	
City	
White Plains	
State	
New York	
Zip	
10602	
Are you or were you rep	resented by a lawyer?
○ Yes	
○ No	
Lawyer's Name	
Lawyer Straine	

Lawyer's City		
Lawyer's State		
New York		
Lawyer's Zip		
Complaint Infor	rmation:	
Judge's Name		
Angela	Mazzarelli	
Judge's Court		
Appellate Division, 1st Dept.		
Judge's County		
Manhattan		
Date(s) of Incidents(s)		
Name of Case (if applicab		
mack trainings of case (in	аррисале)	
	_	
names of witnesses; who tone of voice; etc. *	said what to whom, and in	wha
members: (1) Appellate Divi Angela M. Mazzarelli; (2) Ap Department Justice Robert J	aint vs the Commission's 4 judge sion, First Department Justice pellate Division, Second I. Miller; (3) Court of Claims rt Justice Fernando M. Camacho	
Commission s dismissal of C misconduct complaint, as p Policy Manual §2.12; and (2)	elief: (1) Reconsideration of the CJA's February 7, 2021 judicial rovided for by the Commission' Determination of CJA's April 26, miting complaint", consistent wit inual §2.1.	
I will additionally e-mail it to	o you.	
website, here: http://www.j	ct complaint is posted on CJA's judgewatch.org/web- ov-24-21-complaint-vs-judge-	

Today's Date

Thank you.

Elena Sassower, Director

SUBMIT

You can upload up to four files under 20 MB each...

Upload File

Browse... 11–24–21–complaint-to-cic.pdf

Max file size: 20MB

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Max file size: 20MB

Upload File

Browse... 11–24–21–complaint-form.pdf

Max file size: 20MB

Judiciary Law § 44 requires that all complaints be signed and in writing. I understand that by clicking "I agree" below I am electronically signing this complaint, which has the same legal effect as my handwritten signature \*

I agree

Print (this will not submit your form)