

COMPLAINANT INTERVIEW SHEET – PLEASE PRINT

DATE: August 6, 2021

COMPLAINT NO. _____

COMPLAINANT(S): [Person(s) Making Complaint]

NAME(S) & DATE(S) OF BIRTH: Elena Sassower/Director - Center for Judicial Accountability, Inc. (CJA)

(DOB: May 8, 1956)

ADDRESS: 10 Stewart Place, Apartment 2D-E, White Plains, New York 10603

PHONE: HOME() BUSINESS(914) 421-1200 CELL(646) 220-7987

E-MAIL ADDRESS: elena@judgewatch.org

NATURE OF COMPLAINT:(State in a few words, for example:Assault, Harassment, Identity Theft,etc.

publiccorruption, involving fraud and larceny

When (Date and time): current & on-going

Where: Albany County & Nassau County

DEFENDANT(S): [Person(s) Complaint is Against]

NAME AND DATE OF BIRTH: Nassau County state legislators

ADDRESS: _____

PHONE:HOME() BUSINESS() CELL()

NAME AND DATE OF BIRTH: _____

ADDRESS: _____

PHONE:HOME() BUSINESS() CELL()

WERE YOU RECOMMENDED TO APPEAR AT THE DISTRICT ATTORNEY’S OFFICE BY A
POLICE OFFICER? (Yes or No) no Name: _____ Precinct: _____

OR BY AN ATTORNEY? (Yes or No) Name, address and phone number of Attorney:

no

WAS ANY COMPLAINT MADE AGAINST YOU IN THIS MATTER WHICH REQUIRES YOU TO APPEAR
IN COURT? (Yes or No)no Court: _____ Appearance Date: _____

WITNESSES:

NAME & DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

WHAT WITNESS SAW & HEARD: _____

NAME & DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

WHAT WITNESS SAW & HEARD: _____

DEPOSITION

DATE: August 6, 2021 **COMPLAINT NO.:** _____

COMPLAINANT: Elena Sassower, Director -- Center for Judicial Accountability, Inc.

DEFENDANT: Nassau County state legislators

DETAILS OF COMPLAINT

see e-mail of today's date -- & its attached signed June 10, 2020 corruption complaint in support of grand jury inquiry, pursuant to Article I, Section 6 of the New York State Constitution, of Nassau County state legislators for "wilful misconduct in office", including fraud and larceny with respect to their OWN legislative salaries & the Legislature's OWN budget.

Any false statements herein are punishable
as a Class A Misdemeanor pursuant to Section
210.45 of the Penal Law of the State of New York

Page No. 2



Signature of Complainant

August 6, 2021

**Note: Number each page and sign the bottom of each page
Do not write on the back of this page**

Are you related in any way to the defendant?

Yes No

If the answer is yes, describe the relationship _____

Have you ever been married to the defendant?

Yes No

If the answer is yes, state the date and the manner in which the marriage was legally terminated _____

Do you have a child or children where you allege that the defendant is a biological parent?

Yes No

If the answer is yes, was paternity established?

Yes No

If paternity was not established, describe the reasons why _____

Any false statements herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York



Signature of Complainant

August 6, 2021

Note: Please do not write under Signature Line

When appearing in person please submit complaint form with any related paperwork and photo identification. Please remain seated – you will be personally interviewed by a member of our legal staff.

District Attorney's Office
Criminal Complaint Unit
272 Old Country Road
Mineola, NY 11501
Phone: (516) 571-3505