



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

COMPLAINT AGAINST TEMPORARY JUDGE

(CRC, Rule 10.746)

CONTACT INFORMATION

Date: _____

Complainant Name: _____

Address: _____

City/State/ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

COMPLAINT INFORMATION

Name of Temporary Judge: _____

Date of Hearing Before Temporary Judge: _____

Type of Hearing: _____

Case Type: Small Claims Traffic Family Law Probate Civil Other: _____

Case Number: _____

Department Number: _____

Your relationship to the case: _____

STATEMENT OF COMPLAINT

Please provide a statement outlining the concerns you have with the Temporary Judge and reason for complaint. (Please attach additional pages if necessary.)

[Large empty box for statement of complaint]

SUBMIT THIS FORM TO: Temporary Judge Administrator
247 West Third Street, 11th Floor
San Bernardino, CA 92415 or via email: TempJudge@sb-court.org