



Received

(date)

(name)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

COMPLAINT AGAINST TEMPORARY JUDGE
(California Rules of Court, Rule 10.746)

Contact Information

Complainant Name: _____

Address: _____

Telephone No.: _____

E-mail Address: _____

Case Information

Program Area: Small Claims Traffic Family Law Probate

Case Number: _____

Case Title: _____

Date of Hearing Before
Temporary Judge: _____

Department No.: _____

Type of Hearing: _____

Name of Temporary Judge: _____

Statement of Complaint

Please provide a written statement that outlines the concerns you have with the Temporary Judge

Please attach additional pages if necessary.

***Please return this form to the Temporary Judge Program Administrator at the Gordon D. Schaber
Sacramento County Courthouse, 720 Ninth Street, Room 611, Sacramento, CA 95814.***

Complaint Against Temporary Judge