

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA**

TEMPORARY JUDGE PROGRAM



**COMPLAINT FORM
(Temporary Judge)**

Complainant's Contact Information:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Case Information:

Court Location: _____ Case No: _____

Hearing Date: _____ Approximate time of Hearing: _____

Type of Case: ☐ Civil ☐ Small Claims ☐ Traffic
 ☐ Unlawful Detainer ☐ Other _____

Nature of Complaint:

Findings:

Recommendation:

SUBMIT THIS FORM TO:

Superior Court of California, County of Santa Clara
Attn: Temporary Judge Administrator
191 North First St.
San Jose, CA 95113