

**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