**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
201 North First St.
San Jose, CA 95113

Or Via email to: TJP@scscourt.org