

# CENTER for JUDICIAL ACCOUNTABILITY, INC.

P.O. Box 69, Gedney Station  
White Plains, New York 10605-0069

Tel. (914) 421-1200  
Fax (914) 428-4994

E-Mail: [judgewatch@aol.com](mailto:judgewatch@aol.com)  
Web site: [www.judgewatch.org](http://www.judgewatch.org)

TO: NEW YORK STATE ATTORNEY GENERAL  
NEW YORK DISTRICT ATTORNEY  
U.S. ATTORNEY/SOUTHERN DISTRICT OF NEW YORK  
NEW YORK STATE ETHICS COMMISSION

FROM: Elena Ruth Sassower, Coordinator

RE: Your Duty to Ensure Independent Investigation: *Elena Ruth Sassower, Coordinator of the Center for Judicial Accountability, Inc., acting pro bono publico v. Commission on Judicial Conduct of the State of New York* (NY Co. #99-108551)

DATE: MARCH 17, 2000

Enclosed are copies of CJA's further correspondence in the above-entitled Article 78 proceeding – to which you are each indicated recipients:

- (1) CJA's March 3, 2000 letter to Chief Judge Judith Kaye<sup>1</sup>, transmitting to her a copy of the file in *Elena Ruth Sassower v. Commission*, including its physically-incorporated copies of the files of *Doris L. Sassower v. Commission* (NY Co. #95-109141) and *Michael Mantell v. Commission* (NY Co. #99-108655) and requesting (at p. 2), *inter alia*, that she appoint a Special Inspector General to investigate the corruption of the New York State Commission on Judicial Conduct and the subversion of the judicial process by the State Attorney General and judges of Supreme Court/New York County in these three Article 78 proceedings, of which the Commission is the *direct* beneficiary;
- (2) CJA's March 3, 2000 letter to the Commission on Judicial Conduct, constituting a judicial misconduct complaint against Acting Supreme Court Justice William Wetzel and Administrative Judge Stephen Crane for official misconduct in *Elena Ruth Sassower v. Commission*, of which the Commission is the *direct* beneficiary, AND calling upon it (at pp. 3-4), by reason of its conflict of interest, to take steps to ensure that the complaint is *independently* determined;

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<sup>1</sup> See fn. 58 (at p. 32) of CJA's February 23, 2000 letter to Governor Pataki.

March 17, 2000

- (3) CJA's letter of this date to the Thomas Wornam, Deputy Chief of the Special Prosecutions Bureau of the Manhattan District Attorney, regarding his wilful disregard of conflict of interest rules in connection with CJA's October 21, 1999 criminal complaint<sup>2</sup>;
- (4) CJA's letter of this date to Andrew Dember, Chief of the Public Corruption Unit of the U.S. Attorney for the Southern District of New York, regarding his wilful disregard of conflict of interest rules in connection with CJA's October 21, 1999 criminal complaint<sup>3</sup>;
- (5) CJA's letter of this date to Andrew Weissmann, Deputy Chief of the Criminal Division of the U.S. Attorney for the Eastern District of New York, regarding his inaction on CJA's September 7, 1999 criminal complaint<sup>4</sup> and disregard of conflict of interest rules.

In the absence of your response to CJA's fact-specific showing that each of you suffers from disqualifying conflicts of interest – record reference for which was provided by CJA's February 25, 2000 memorandum to you – **demand is made that you meet your duty to ensure governmental integrity by:**

- (a) **referring for investigation CJA's *uninvestigated* criminal and ethics complaints to the Public Integrity Section of the U.S. Justice Department's Criminal Division, as CJA long ago requested you to do; and/or**

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<sup>2</sup> CJA's October 21, 1999 criminal complaint to the Manhattan District Attorney is annexed as Exhibit "G" to petitioner Elena Ruth Sassower's November 5, 1999 letter to Justice Kapnick.

<sup>3</sup> CJA's October 21, 1999 criminal complaint to the U.S. Attorney for the Southern District of New York is annexed as Exhibit "H" to petitioner Elena Ruth Sassower's November 5, 1999 letter to Justice Kapnick.

<sup>4</sup> CJA's September 7, 1999 criminal complaint to the U.S. Attorney for the Eastern District of New York is annexed as Exhibit "H" to petitioner Elena Ruth Sassower's September 24, 1999 reply affidavit in support of her omnibus motion. Free-standing copies of the September 7, 1999 complaint were mailed, certified/return receipt, to Attorney General Spitzer [Z-509-073-640], and the NYS Ethics Commission [Z-509-073-638], in addition to Governor Pataki [Z-509-073-639].

March 17, 2000

**(b) joining in CJA's requests to Chief Judge Kaye for appointment of a Special Inspector General and to Governor Pataki for appointment of a Special Prosecutor or investigative commission<sup>5</sup>.**

Please advise forthwith.

Yours for a quality judiciary  
and governmental integrity,



ELENA RUTH SASSOWER, Coordinator  
Center for Judicial Accountability, Inc. (CJA)

cc: Governor George Pataki  
Chief Judge Judith Kaye  
New York State Commission on Judicial Conduct  
U.S. Attorney for the Eastern District of New York  
Association of the Bar of the City of New York  
Media

Enclosures

Z 294 568 951

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *Governor George Pataki  
Att. James McQuire*

Street & Number  
*Re Capitol*

Post Office, State, & ZIP Code  
*Albany NY 12224*

Postage \$ *3.20*

Certified Fee *40*

Special Delivery Fee *40*

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered *1.25*

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ *1.85*

Postmark or Date

**RETURN RECEIPT REQUESTED**

**ALBANY NY 12224 MAR 23 2000**

PS Form 3800, April 1995

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SENDER:

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- Complete items 3, 4a, and 4b.
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3. Article Addressed to:  
*Governor George Pataki  
Att. James McQuire  
Re Capitol  
Albany, NY 12224*

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6. Signature: (Addressee or Agent)  
*X [Signature]*

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
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4b. Service Type  
 Registered  Certified  
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 Return Receipt for Merchandise  COD

7. Date of Delivery  
*3/27/00*

8. Addressee's Address (Only if requested and fee is paid)

102595-98-B-0229 Domestic Return Receipt

PS Form 3811, December 1994

Z 294 568 952

US Postal Service  
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Sent to *Chief Judge Judith Kaye*

Street & Number  
*230 Park Ave Suite 826*

Post Office, State, & ZIP Code  
*NY NY 10169-0007*

Postage \$ *3.20*

Certified Fee *40*

Special Delivery Fee *40*

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered *1.25*

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ *1.85*

Postmark or Date

**RETURN RECEIPT REQUESTED**

**ALBANY NY 12224 MAR 23 2000**

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230 Park Avenue  
Suite 826  
NY, NY 10169-0007*

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6. Signature: (Addressee or Agent)  
*X [Signature]*

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- Consult postmaster for fee.

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*Z 294 568 952*

4b. Service Type  
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 Return Receipt for Merchandise  COD

7. Date of Delivery  
*3/24/00*

8. Addressee's Address (Only if requested and fee is paid)

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Z 294 568 741

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to: *Attorney General Spitzer*  
*ATT: Nocenti, Pope, Casey*

Street & Number  
*120 Broadway floor*

Post Office, State, & ZIP Code  
*NYC 10271*

Postage \$ *3.00*

Certified Fee *2.85*

Special Delivery Fee

Restricted Delivery Fee

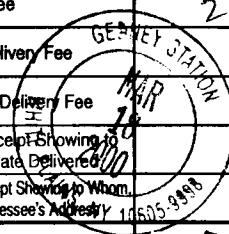
Return Receipt Showing to Whom & Date Delivered  
*10/10/00*

Return Receipt Showing to Whom, Date, & Addressee's Address  
*10/23/00*

TOTAL Postage & Fees \$ *5.85*

Postmark or Date  
*MS*

PS Form 3800, April 1995



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**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*Attorney General Spitzer*  
*ATT: Nocenti, Pope,*  
*Casey*  
*120 Broadway 23 floor*  
*NYC 10271*

4a. Article Number  
*Z 294 568 941*

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
*3/23/2000*

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*X*

8. Addressee's Address (Only if requested and fee is paid)

Z 294 568 953

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to: *NYS Commission on*  
*Judicial Conduct*

Street & Number  
*801 Second Ave 130 floor*

Post Office, State, & ZIP Code  
*NY NY 10017*

Postage \$ *3.20*

Certified Fee *1.40*

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered  
*1.25*

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ *5.85*

Postmark or Date  
*02 MAR 24 10 50 AM '00*

PS Form 3800, April 1995



IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*NYS Commission on*  
*Judicial Conduct*  
*801 Second Avenue*  
*130 floor*  
*NY NY 10017*  
*Att: Gerald Stern, Administrator*

4a. Article Number  
*Z 294 568 953*

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
*3/24/00*

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Return Receipt Service

Z 509 073 748

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *Manhattan D.A. Morgerday*  
*Att: Thomas Watson*

Street & Number  
*1 Hogan Place*

Post Office, State, & ZIP Code  
*Ny, Ny 10013*

Postage \$ *3.20*

Certified Fee *2.65*

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ *5.85*

Postmark or Date

*SN*

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Manhattan D.A. Morgerday*  
*Att: Thomas Watson*  
*Special Prosecutors*  
*1 Hogan Place*  
*Ny Ny*

4a. Article Number

*2509 073 748*

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

*MAR 21 RECD*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X*

102595-97-B-0179 Domestic Return Receipt

PS Form 3811, December 1994

Z 509 073 747

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *Andrew Denser, Chief*  
*Public Corruption Unit*

Street & Number  
*1 Saint Andrews Plaza*

Post Office, State, & ZIP Code  
*Ny Ny 10007*

Postage \$ *3.20*

Certified Fee *2.65*

Special Delivery Fee

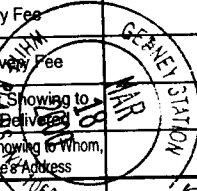
Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ *5.85*

Postmark or Date



*SN*

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Andrew Denser, Chief*  
*Public Corruption Unit*  
*US Attorney SDNY*  
*One Saint Andrews Plaza*  
*Ny, Ny 10007*

4a. Article Number

*2509 073 747*

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

*3/21*

5. Received By: (Print Name)

*John P. Turano*

6. Signature: (Addressee or Agent)

*X*

8. Addressee's Address (Only if requested and fee is paid)

102595-97-B-0179 Domestic Return Receipt

PS Form 3811, December 1994

Z 294 568 949

US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>NYS ETHICS COMMISSION</i>	
Street & Number <i>39 Columbia Street</i>	
Post Office, State, & ZIP Code <i>Albany, NY 12207-2717</i>	
Postage	\$ <i>3.20</i>
Certified Fee	\$ <i>1.40</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.25</i>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <i>5.85</i>
Postmark or Date	

ATT: Walter Azres

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: <i>NYS Ethics Commission 39 Columbia Street Albany, NY 12207-2717 ATT: Walter Azres</i>	
4a. Article Number <i>Z-294-568-949</i>	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery <i>3-27-00</i>	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) <i>X New Hamilton</i>	
6. Signature (Addressee or Agent) <i>X New Hamilton</i>	

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 509 073 744

US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>ANDREW WEISSMAN Deputy Chief, Civil Div. - EDNY</i>	
Street & Number <i>1 REPERAT PLAZA Room 158</i>	
Post Office, State, & ZIP Code <i>BROOKLYN NY 11201</i>	
Postage	\$ <i>6.90</i>
Certified Fee	<i>265</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <i>9.55</i>
Postmark or Date	<i>3/27</i>

PS Form 3800, April 1995

