

State of Arizona
COMMISSION ON JUDICIAL CONDUCT

Disposition of Complaint 20-051

Judge:

Complainant:

ORDER

May 28, 2020

The Complainant alleged that a superior court judge discriminated against her in a family court matter.

The role of the Commission on Judicial Conduct is to impartially determine whether a judicial officer has engaged in conduct that violates the Arizona Code of Judicial Conduct or Article 6.1 of the Arizona Constitution. There must be clear and convincing evidence of such a violation in order for the Commission to take disciplinary action against a judicial officer.

The Commission does not have jurisdiction to overturn, amend, or remand a judicial officer's legal rulings. The Commission reviewed all relevant available information and concluded there was not clear and convincing evidence of ethical misconduct in this matter. The complaint is therefore dismissed pursuant to Commission Rules 16(a) and 23(a).

Copies of this order were distributed to all appropriate persons on May 28, 2020.

CONFIDENTIAL
State of Arizona
Commission on Judicial Conduct
1501 W. Washington Street, Suite 229
Phoenix, Arizona 85007

FOR OFFICE USE ONLY



COMPLAINT AGAINST A JUDGE

Name: _____ Judge's Name _____

Instructions: Use this form or plain paper of the same size to file a complaint. Describe in your own words what you believe the judge did that constitutes judicial misconduct. Be specific and list all of the names, dates, times, and places that will help the commission understand your concerns. Additional pages may be attached along with copies (not originals) of relevant court documents. Please complete one side of the paper only, and keep a copy of the complaint for your records.

2.3, 2.4, 2.6, 2.7, 2.10, 2.11, 2.13, 2.14, 2.16, 3.2
3.5, 3.14, 3.15. Summons, related cases
Supporting police reports

all for document of court document
falsification and police falsification, a abuse of
authority. My self and children continue to go
thru traumatic exchanges with all that's
going on. I am mainly worried about
well being up to this point in time.
Other supporting evidence currently under investigation
is I identify ^{myself} police report
MY
income taxes also gonna be reviewed or
under investigation in the following days. My
credit and my background have been ruined.
also investigating. Criminal Damage police
report
may van this year and many other police
reports

POLICE DEPARTMENT Incident Report

Arrested Suspects	Additional Suspects	Unknown Suspects	Victims	Other Persons	Ve			related report #
<input type="checkbox"/> Arson Related		Arson Code		Damage Value		<input type="checkbox"/> Bias Crime <input type="checkbox"/> Gang Involved <input type="checkbox"/> Domestic Violence		
Squad		Clearance Disposition		Incident Details			Exceptional Clearance Date	
Situation Found				Cleared by Exception			Status	
Location Given By Dispatcher				Cargo Theft			NO	
Street Address				Incident Address				
City		State		Zip		Country Code		
		ARIZONA				UNITED STATES OF AMERICA (USA)		
Reporting Officer		Serial #		Administrative Info				

OFFENSE			
<input checked="" type="checkbox"/> Primary Offense		Offense Description	
Offense/Statute Code	Severity	Attempted/Completed	Premise Type
FI-500 010		COMPLETED	APARTMENT
Circumstances		Bias	Bias 2
		NONE	
Bias 3		Bias 4	Bias 5
Criminal Activity 1		Criminal Activity 2	Criminal Activity 3
Offender Using 1		Offender Using 2	Offender Using 3
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Primary Gang Type	Primary Gang Name		
Secondary Gang Type	Secondary Gang Name		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Type	Entry Area	Entry Method
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	
Exacerbating Circumstance	Instrument Used		
Comments			

POLICE DEPARTMENT Incident Report

OTHER PERSON	Person Type COMPLAINANT						
Name (Last, First Middle) _____							
Suffix _____							
Primary Language _____	Nickname _____	Race _____	Sex _____	SSN _____	Date of Birth _____	Age _____	Age Range to _____
Height _____	Weight _____	Driver's License # _____	DL State ARIZONA	Can Identify Suspect? _____			
Place of Birth _____		Citizenship _____		Ethnicity _____		Marital Status _____	
ICE Contact Date _____	ICE Phone # _____	ICE Response _____					
Home Phone _____	Cell Phone _____	Email Address _____		Additional Email or Social Media Handle _____		Social Media Types _____	
Other Person Home Address							
Street Address _____							
City _____		State ARIZONA		Zip _____	Country Code UNITED STATES OF AMERICA (USA)		
Employment Information							
<input type="checkbox"/> Student	<input type="checkbox"/> Homeless	Employer / School _____		Occupation _____			
Street Address _____							
City _____		State _____		Zip _____	Country Code _____		
Details							
Work Phone _____	Hours of Employment _____		Hair Color _____		Hair Length _____		<input type="checkbox"/> Glasses
Eye Color _____	Build _____	Facial Hair _____		Voice _____	Complexion _____		
Resident _____		Teeth _____					
U.S. RESIDENT							
Gang Information							
<input type="checkbox"/> Primary Gang	Primary Gang Name _____			Primary Gang Membership Info _____			
Primary Gang Location Info _____				Rival Gang Name _____			
Colors/Logos _____							
<input type="checkbox"/> Secondary Gang	Secondary Gang Name _____			Secondary Gang Membership Info _____			
Secondary Gang Location _____				Rival Gang Name _____			
Colors/Logos _____							
<input type="checkbox"/> Clothing or Colors	<input type="checkbox"/> Gang Tattoos	<input type="checkbox"/> Paraphernalia or Photographs	<input type="checkbox"/> Self Proclamation	<input type="checkbox"/> Witness Testimony/Statement	<input type="checkbox"/> Written/Electronic Correspondance		
Other _____							
Guardian Information							
<input type="checkbox"/> Guardian Notified	Guardian Notified By _____		Notified Method _____		Guardian Notified On _____		
Guardian Of _____				Guardian Relationship _____			

OTHER PERSON	Person Type PARENT / GUARDIAN
Name (Last, First Middle) _____	
Suffix _____	

POLICE DEPARTMENT Incident Report

Primary Language		Nickname		Race		Sex		SSN		Date of Birth		Age		Age Range to					
Height		Weight		Driver's License #		DL State													
Place of Birth				Citizenship				Ethnicity				Marital Status							
ICE Contact Date		ICE Phone #		ICE Response															
Home Phone		Cell Phone		Email Address				Additional Email or Social Media Handle				Social Media Types							
Street Address												Person Home Address							
City				State ARIZONA				Zip		Country Code UNITED STATES OF AMERICA (USA)									
<input type="checkbox"/> Student		<input type="checkbox"/> Homeless		Employer / School				Employment Information								Occupation			
Street Address																			
City				State				Zip		Country Code									
Work Phone		Hours of Employment				Hair Color				Hair Length				<input type="checkbox"/> Glasses					
Eye Color		Build		Facial Hair				Complexion											
Resident				Teeth															
U.S. RESIDENT																			
Gang Information																			
<input type="checkbox"/> Primary Gang		Primary Gang Name				Primary Gang Membership Info													
Primary Gang Location Info								Rival Gang Name											
Colors/Logos																			
<input type="checkbox"/> Secondary Gang		Secondary Gang Name				Secondary Gang Membership Info													
Secondary Gang Location								Rival Gang Name											
Colors/Logos																			
<input type="checkbox"/> Clothing or Colors		<input type="checkbox"/> Gang Tattoos		<input type="checkbox"/> Paraphernalia or Photographs				<input type="checkbox"/> Self Proclamation				<input type="checkbox"/> Witness Testimony/Statement				<input type="checkbox"/> Written/Electronic Correspondence			
Other																			
Guardian Information																			
<input type="checkbox"/> Guardian Notified		Guardian Notified By				Notified Method				Guardian Notified On									
Guardian Of								Guardian Relationship											

Narrative Information

ON _____ AT APPROXIMATELY _____ HOURS, I RESPONDED TO A CUSTODIAL INTERFERENCE CALL FOR SERVICE AT _____ I CAME IN CONTACT WITH _____ WHO IDENTIFIED HIMSELF WITH HIS _____ RELATED THE FOLLOWING. HE STATED THAT HIS CHILD'S MOTHER LIVES AT THE ADDRESS WHERE WE WERE MEETING.

HE INFORMED ME THAT HIS CHILDS NAME IS _____

HE INFORMED ME THAT THE MOTHER'S NAME IS _____

AND PROVIDED ME WITH HER PHONE NUMBER. _____

**THE COMMISSION'S POLICY IS
TO POST ONLY THE FIRST FIVE
PAGES OF ANY DISMISSED
COMPLAINT ON ITS WEBSITE.**

**FOR ACCESS TO THE
REMAINDER OF THE
COMPLAINT IN THIS MATTER,
PLEASE MAKE YOUR REQUEST
IN WRITING TO THE
COMMISSION ON JUDICIAL
CONDUCT AND REFERENCE
THE COMMISSION CASE
NUMBER IN YOUR REQUEST.**