

State of Arizona
COMMISSION ON JUDICIAL CONDUCT

Disposition of Complaint 23-323

Judge:

Complainant:

ORDER

October 6, 2023

The Complainant alleged erroneous legal rulings by a superior court judge hearing a family case.

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).

Commission members Barbara Brown, Colleen E. Concannon, and Louis Frank Dominguez did not participate in the consideration of this matter.

Copies of this order were distributed to all appropriate persons on October 6, 2023.

CONFIDENTIAL

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

FOR OFFICE USE ONLY

2023-323

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.

This is a child support case and I want to know why the honorable Judge _____ :

1- Has used a false income for the father of my child.

2- An incorrect income is being used for me.

Attached are income tax returns of _____ and my taxes.

Thank you,

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Date: _____

NO. _____

Child Support Worksheet Guidelines)

_____))
 Parent A / Petitioner)
 and)
 _____)
 Parent B / Respondent)

DOB:					
Age:					
Youngest Grade Estimated:			Actual Grade:		
Presumptive Termination Date: _____					
Number of Minor Children: _____ Children or Over:					

Parenting Plan:

Parent A Parent B Equal

Child Support Income:

	Monthly	Annually	Hourly	Attributed	Parent A	Parent B
Parent A:					\$ _____	\$ _____
Parent B:					\$ _____	\$ _____

Adjustments to Child Support Income: [Mandatory]

Court Ordered Spousal Maintenance (Paid) / Received: _____

Court Ordered Child Support of Other Relationships (Actually Paid): _____

Support of Child[ren] from Other Relationships:

Parent A's _____ Other Child Deduction Of: _____

Parent B's _____ Other Child[ren] Deduction Of: _____

Adjusted Child Support Income

\$ _____ \$ _____

Combined Adjusted Child Support Income \$ _____

Basic Combined Child Support Obligation For 1 Child:

\$ _____

Adjustments To Basic Combined Child Support Obligation:

Adjustment For _____ Child Age 12 and over at 10% [Mandatory] _____

Medical, Dental and Vision Insurance Paid By Parent A: [Mandatory] _____

Monthly Childcare Costs For _____ Child Paid By: [Discretionary] _____

Extra Education Expenses Paid By: [Discretionary] _____

Extraordinary (Gifted or Special Needs) Child Expenses Paid By: [Discretionary] _____

Total Child Support Obligation

\$ _____

Each Parent's Proportionate Percentage of Combined Adjusted Child Support Income _____

Each Parent's Proportionate Share of Total Child Support Obligation \$ _____ \$ _____

Parenting Time Adjustment For Parent A Using [Mandatory]

Using Parenting Time For 0 Days At 0.0 % _____ 0.00 _____

Total Adjustments To Child Support Obligation From Above Paid By Each Parent _____ () _____

Presumptive Child Support Obligation

\$ _____ \$ _____

Self-Support Reserve Test: Parent A's Adjusted Child Support Income: \$ _____ [Discretionary]

Less Self Support Reserve Amount: _____ \$ _____ 0.00 0.00

Self Support Reserve Test Not Applied (X): Max. C.S.

Monthly Child Support amount to be paid by Parent A:

\$ _____

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
 ▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

For calendar year or tax year beginning _____, ending _____

A S election effective date _____

B Business activity code (number from instructions) _____

C Check if Schedule M-3 attached

D Employer identification number _____

E Date incorporated _____

F Total assets (see instructions) \$ _____

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year: _____ ▶ 1

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 465 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1 a Gross receipts or sales.....	1 a		
	b Returns and allowances.....	1 b		
	c Balance. Subtract line 1b from line 1a.....	1 c		
	2 Cost of goods sold (attach Form 1125-A).....	2		
	3 Gross profit. Subtract line 2 from line 1c.....	3		
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797).....	4		
5 Other income (loss) (see instrs - at statement).....	5			
6 Total income (loss). Add lines 3 through 5.....	6			
DEDUCTIONS	7 Compensation of officers (see instructions - attach Form 1125-E).....	7		
	8 Salaries and wages (less employment credits).....	8		
	9 Repairs and maintenance.....	9		
	10 Bad debts.....	10		
	11 Rents.....	11		
	12 Taxes and licenses.....	12		
	13 Interest (see instructions).....	13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562).....	14		
	15 Depletion (Do not deduct oil and gas depletion.).....	15		
	16 Advertising.....	16		
	17 Pension, profit-sharing, etc., plans.....	17		
18 Employee benefit programs.....	18			
19 Other deductions (attach statement).....	19	See Statement 1		
20 Total deductions. Add lines 7 through 19.....	20			
21 Ordinary business income (loss). Subtract line 20 from line 6.....	21			
TAX AND PAYMENTS	22 a Excess net passive income or LIFO recapture tax (see instructions).....	22 a		
	b Tax from Schedule D (Form 1120-S).....	22 b		
	c Add lines 22a and 22b (see instructions for additional taxes).....	22 c		
	23 a 2020 estimated tax payments and 2019 overpayment credited to 2020.....	23 a		
	b Tax deposited with Form 7004.....	23 b		
	c Credit for federal tax paid on fuels (attach Form 4136).....	23 c		
	d Reserved for future use.....	23 d		
	e Add lines 23a through 23d.....	23 e		
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	24			
25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed.....	25		0.	
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid.....	26			
27 Enter amount from line 26. Credited to 2021 estimated tax ▶ Refunded ▶	27			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **President**

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Sign Here

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Paid Preparer Use Only

Firm's name ▶ _____ Firm's EIN ▶ _____ Phone no. _____

Firm's address ▶ _____

EXHIBIT
 FS 2 for ID

Form **1040** Department of the Treasury — Internal Revenue Service (99)
U.S. Individual Income Tax Return OMB No. 1545-0047 IRS Use Only — Do not write or staple in this space

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)
 Your first name and initial Last name Your social security number

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind
 If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address number and street: If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse
 if more than four dependents, see inst. and ✓ here

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule S. if more than four dependents, see inst. and ✓ here

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	Child tax credit	Credit for other dependents
				<input checked="" type="checkbox"/>		

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation
 Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Preparer's name Preparer's signature PTIN Firm's EIN Firm's name Phone no. Check if: 3rd Party Designee Self-employed

Paid Preparer Use Only

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FOIA0112L 01/08/19 Form **1040** (2018) Page 2

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
	2a	Tax-exempt interest	2a
	2b	Taxable interest	2b
	3a	Qualified dividends	3a
	3b	Ordinary dividends	3b
	4a	IRAs, pensions, and annuities	4a
	4b	Taxable amount	4b
	5a	Social security benefits	5a
	5b	Taxable amount	5b
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7
	8	Standard deduction or itemized deductions (from Schedule A)	8
	9	Qualified business income deduction (see instructions)	9
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10
	11a	Tax (see inst.) (check if any from: 1 Form(s) 8814 2 Form 4972 3)	11
	11b	Add any amount from Schedule 2 and check here	11
	12a	Child tax credit/credit for other dependents	12
	12b	Add any amount from Schedule 3 and check here	12
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13
	14	Other taxes. Attach Schedule 4	14
	15	Total tax. Add lines 13 and 14	15
	16	Federal income tax withheld from Forms W-2 and 1099	16
	17a	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17
	17b	Add any amount from Schedule 5	17
	18	Add lines 16 and 17. These are your total payments	18
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a
Direct deposit? See instructions.	20b	Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	20b
	20c	Account number	20c
	21	Amount of line 19 you want applied to your 2019 estimated tax	21
	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
	23	Estimated tax penalty (see instructions)	23

**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.**