

State of Arizona  
COMMISSION ON JUDICIAL CONDUCT

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Disposition of Complaint 25-543

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Judge:

Complainant:

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**ORDER**

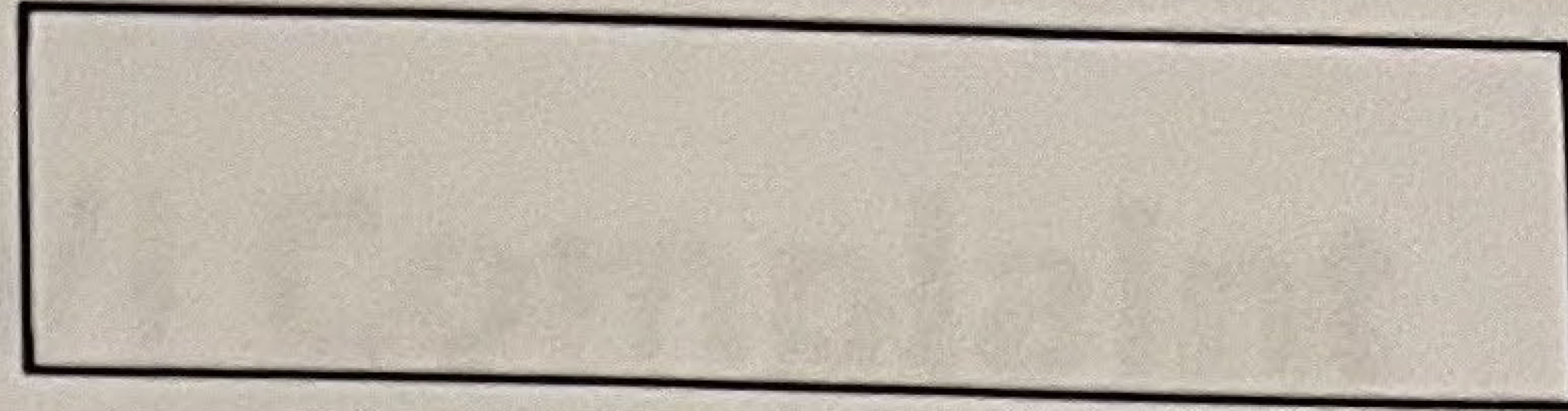
January 30, 2026

The Complainant alleged a justice of the peace was discriminatory.

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 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 January 30, 2026.



COMPLAINT AGAINST A JUDGE

Name: [Redacted]

Judge's Name: [Redacted]

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.

18 U.S.C 241 - Unconstitutional Warrants Conspiracy  
to deprive rights

18 U.S.C. 242 - Deprivation of Rights  
under color of law

31 U.S. code § 1501 18.U.S.C § 1592

[Redacted] gave me a court ordered document to attend a court in [Redacted] Arizona although my legal matters were based out of the [Redacted] justice court.

upon my arrival at the [Redacted] court I spoke with the clerks of office and they verified I had no legal matters to formally address in their jurisdiction.

This took place approximately in the 1st week of [Redacted] of [Redacted].

I am certain this was retaliation on their part due to reporting their cities [Redacted] Director, [Redacted] for mismanagement, I've also notified the town mayor [Redacted] in regards of these matters [Redacted]

2025-543

COMPLAINT AGAINST A JUDGE

Name: [redacted] Judge's Name: [redacted]

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.

[redacted]

This is a formal Complaint concerning a violation of my Constitutional Rights.

Article I Sect. 10, Clause 1 Amend. V, 14 Amendment  
18 U.S.C. 242, 18 U.S.C. 242, 18 U.S.C 241, also  
31 U.S. Code § 1501, 18 U.S. Code § 2071, 18 U.S.C § 1592  
18 U.S.C 53431  
State laws are not more powerful than the  
Constitution the statute conflicts with Constitutional Rights.

I, have gathered all my documents ~~with~~ as well as  
requested a certified copy from the local justice court  
house [redacted] AZ [redacted] on [redacted]  
and still waiting to obtain the certified copies of my case files.  
My reason for request of certified copies is due to all  
the discrepancies and in accurate information on my  
copies such as names, DOBs, inaccurate police Reports  
etc. which is affecting my back ground causing  
unimaginable damages for myself + children, mentally  
Physically & emotionally, and last but not least financially.  
This has been ongoing since [redacted].

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO. 1105-0008

1. Name of appropriate Federal Agency: **LA Police Department**

2. Name, address of claimant, and claimant's personal representative if any. (reverse). Number, Street, City, State, and Zip Code.

3. TYPE OF EMPLOYMENT  
 MILITARY  CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS  
**Single**

6. DATE AND DAY OF OCCURRENCE  
**Current**

7. TIME (A.M. OR P.M.)  
**A.M. & P.M.**

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identify persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)

**34 U.S.C. § 12201, 18 U.S.C. § 5521, 42 U.S.C. § 24201  
I am seeking compensation in for the damages inflicted  
endured by local authorities P.D.  
42 U.S.C. § 1983, Article 1, section 10 Justice Court.  
Included to substantiate claim is the documentation of  
all incidents that substantiate this Tort claim (- Flash Drive)**

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  
**propria persona**

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED (See instructions on reverse side).  
**18 U.S. code § 242-241, 15 U.S. Code § 57b, 34 U.S.C. § 12201  
Forced retreat, leveraged by threat, not law, deprivation of  
, Deceptive Practices rights under color of law**

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

**\*Negligence, harm, duty  
breach  
Complex matter involving abuse and harassment by  
local authorities and P.D. due to their overreach, negligence  
unlawful arrest, baseless warrants, abuse of authority, as well as  
disenfranchising me from the abuse I have been experiencing!**

11. WITNESSES

| NAME | ADDRESS (Number, Street, City, State, and Zip Code) |
|------|---|
|      |   |

12. (See instructions on reverse side). AMOUNT OF CLAIM (In dollars)

| 12a. PROPERTY DAMAGE | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH | 12d. TOTAL (Failure to specify may cause claim to be denied) |
|----------------------|----------------------|---------------------|--|
|                      |                      |                     |  |

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

# Discrimination ADA/Title VI Complaint Form

**Section I:**

Name: [Redacted]

Address: [Redacted]

Telephone (Home): [Redacted] Telephone (Work): [Redacted]

Electronic Mail Address: [Redacted]

Accessible Format Requirements?  Large Print  Audio Tape  
 TDD  Other

**Section II:**

Are you filing this complaint on your own behalf?  Yes\*  No

*\*If you answered "yes" to this question, go to Section III.*

If not, please supply the name and relationship of the person for whom you are complaining.

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  Yes  No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race  Color  National Origin  Disability

Date of Alleged Discrimination (Month, Day, Year): [Redacted]

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

*I am certain that I'm being discriminated against by local authorities and local police due to their negligence and abuse of authority with their misleading claims, Bait and switch tactics, failure to provide service, deceptive practice, omission of material Injunctions, this is a form of 18 U.S.C. §§ 241-242, and unlawful conduct and misuse of legal documents 18 U.S.C. § 1592*

**Section VI:** [Redacted] Justice Court [Redacted]

[Redacted] Police Department: [Redacted]

[Redacted] Title VI Plan [Redacted], Officer [Redacted]

*All arresting info. is included in Police Reports are ~~of~~ all officers involved w/ misconduct They all have been involved in 18 U.S.C. 241 violations*

Az. Public Housing

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Department of

I, believe and am certain im being discriminated against since [redacted], by [redacted] and [redacted].

Upon finding a suitable stable home for my children and self that met all HUD code and regulation requirements in contract between HUD of Arizona and [redacted] Director [redacted]

She denied the home found and approved a dwelling where my children and I were harrassed by neighbors who also have family working for local city [redacted] who also harrassed me + my family, and did not meet contracted Regulations. [redacted] also made a threat demanding/asking who my family is that does not concern w/ my housing. [redacted] also demanded I, remove my children from my Voucher.

**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**