State of Arizona

COMMISSION ON JUDICIAL CONDUCT

Disposition of Complaint 2026-033

Judge:

Complainant:

ORDER

June 5, 2026

The Complainant alleged a city court judge minimized Complainant's mental health concerns and did not let Complainant provide her medical records in a criminal 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 Regina L. Nassen and Christopher P. Staring did not participate in the consideration of this matter.

Copies of this order were distributed to all
appropriate persons on June 5, 2026.

Comp

26-033

CUSTOMER COMMENT FORM

Comments and suggestions regarding the quality of service provided at City Court help us to evaluate our procedures and improve our service to the public.

REASON AT COURT: The Judge, Judge disrespected my mental health. She said it's not that serious.

STAFF Room Judge

	Excellent	Adequate	Needs Improvement
Courteous	☐	☐	☒
Informative	☐	☐	☒
Knowledgeable	☐	☐	☒

Additional Comments (Include employee's name, if appropriate): She, The Judge was inconsiderate and dismissive of my mental health.

COURT OPERATIONS

	Excellent	Adequate	Needs Improvement
Court Calendars	☐	☐	☒
Security	☐	☐	☒
Ease of transacting business	☐	☐	☒

Additional Comments: Very disrespectful.

*****FOR ADDITIONAL COMMENTS, PLEASE USE BACK OF PAGE*****

In which area of the Court was your business transacted?

☐ Public Services ☐ Domestic Violence ☐ Administration ☐ Judicial Reception
☐ Records Requests/Appeals ☐ Probation ☐ Courtroom #_____ ☐ Motions
☐ Other _____

If you would like a response to your comments, please complete the information below:

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE_____ ZIP_____

E-MAIL: _____ CITATION # _____

****

FOR ADMIN USE ONLY: Response No. _____ Method of Response: **Attach Documentation**
Assigned To: _____ Suspense Date: _____ Completion Date: _____

CC 6A (11/07)

FACE SHEET

MRN: NA
DOB: (yo)
Female

Allergies

- No known Medication Allergies

Medications

- capsule

Problems

-
-

History

PMHx

- **None reported; Patient denies any current medical issues.**

PSHx

- No past surgical history has been documented for this patient

FHx

- No family history has been documented for this patient

SHx

- No social history has been documented for this patient

OB & Preg Hx

- No Ob or Preg history has been documented for this patient

Hospitalizations

- No hospitalizations / procedures have been documented for this patient

ImplantableDevices

- No implantable devices has been documented for this patient

PATIENT CHART

Problems List

Active Problems

-
-

Inactive Problems

- No inactive problems listed for this patient.

Allergies

Active Allergies

- No known Medication Allergies

Inactive Allergies

- No allergy history has been documented for this patient.

Medications List

Active Medications

- Prescribed on **capsule** - 1 tab(s) 2 times a day as needed for , by Substitution allowed. Qty: 30.0/Refills: 0.

Discontinued Medications

- No discontinued medications listed for this patient

Vital Signs

RECORDED	BP	HR	RR	TEMP	HT/LT.	WEIGHT	BMI	HEAD CIRC	SpO2	INHALED O2	COMMENT

Labs

- No lab documentations found for this patient.

MRN :

Birthday : Phone :

Visited on: (Age at visit: years) Electronically signed by:

1. Muscles of Facial Expression = 0. Patient denies abnormality
2. Lips and Perioral Area = 0. Patient denies abnormality
3. Jaw = 0. Patient denies abnormality
4. Tongue =0. Patient denies abnormality
5. Upper extremities = 0. Patient denies abnormality
6. Lower extremities = 0. Patient denies abnormality
7. Neck, Shoulder, Trunk, Hips = 0. Patient denies abnormality

Total = 0

ROS

Chronic Illnesses are stable. Managed by their providers.

Constitutional: Non in acute distress. Alert and Oriented X 3, Well Nourished.
Respiratory: No Shortness of Breath. No Accessory muscle use.
Cardiovascular: No Chest Pain
Gastrointestinal: Denies Abdominal Pain, Vomiting and Diarrhea
Musculoskeletal: No Involuntary Movements, No Abnormal Gait
Neurological: Denies headaches and syncope

Vitals

Height/Length	Weight	BMI	Blood Pressure	Temperature	Pulse	RR	SpO2
	lbs						

Recorded: by: -

Allergies

No known allergies

Assessment

( )

modified

Medications

capsule, 1 tab(s) 2 times a day as needed for

Plan

Patient is experiencing mood disturbances due to recent events. Patient does not display any psychosis, auditory, or visual, hallucinations, and delusions.
Patient's thought process has been concrete and did not suggest any indication that she was not in touch with reality.

Patient is not a danger to self or her daughter. Patient is motivated to get any help and treatment needed if recommended.
MEDICATIONS:
1. Start on for and can use for sleep
2. Refer to therapy

Worker:

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MEDICATIONS:
1. Start on for and can use for sleep
2. Refer to therapy

Worker:

RISKS/SIDE EFFECTS :
For SSRI: Serotonin Syndrome Discussed: Gastrointestinal symptoms include diarrhea and vomiting. Nervous system symptoms include overactive reflexes and muscle spasms. Other serotonin syndrome symptoms include high body temperature, sweating, shivering, clumsiness, tremors, and confusion and other mental changes.

TREATMENT PLAN: Encouraged psychotherapy. Discussed importance of medication compliance. Discussed not to abruptly stop medications. Discussed importance of regular physical activity and health diet as part of treatment plan. Treatment plan formulated with the patient who voiced understanding of diagnosis, plan, goals, potential benefits/risks of treatment, and alternatives (including no treatment). The patient agrees with the plan and goals as annotated above.
Patient continue to require outpatient treatment and medications. Risks, benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient/family. Patient expressed understanding and provided informed consent to be on aforementioned medications.

MEDICAL: None Acute. Rechecks with PCP for further evaluation and treatment of medical problems. Labs recommended every 6 months and/or as needed Patient voiced understanding.

SAFETY: Take medications as prescribed. Patient was advised to immediately return to clinic, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harming others, or any concerns. National Suicide Prevention Lifeline at 1-800-273-TALK (8255)Patient verbalized understanding.

Next Follow-up: 4 weeks or sooner if needed.

Psychiatric diagnostic evaluation including review of medical history, mental status exam, and initial medication plan. Meets criteria for

Electronically signed by:
APRN
Signed on:

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.