

COMPLAINANT INFORMATION

First Name: Diana Last Name: Williams
Address: 131 Calvin Hill Ct City: Balto State: Md. Zip Code: 21222
Phone Number: 410-868-6013
Email: d_lady_d@verizon.net

Preferred Title and Pronoun:

- Ms.
- Mr.
- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: John Last Name: Nugent

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: Balto City

CASE INFORMATION

If your complaint is related to a court proceeding, please provide the information requested below. If not, please write NONE and proceed to the next section.

Case Name: _____

Case Number (include all letters and numbers): 24-C-17-004535

Case Type:

- Civil
- Criminal
- Family/Domestic
- Juvenile
- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other _____

(See "Attachment A" for more details)
since Sept. 2018, I've requested in all
of my Motions for a hearing on my Motions.

Date(s) of Hearing(s) or Other Proceeding(s): _____

Case Status:

- Pending
- Concluded
- Appealed

Presently, my civil case is an appeal in an In Banc Review.

Relationship to the case:

- Plaintiff/Petitioner/Appellant
- Defendant/Respondent/Appellee
- Attorney for _____
- Witness for _____
- Relative/Friend of _____
- Other _____

ATTORNEY INFORMATION

If you were represented by an attorney, please provide the information requested below. If not, please proceed to the next section.

Name: NA I'm being represented Pro Se

Address: _____

Phone Number: _____

Email: _____

WITNESS INFORMATION

Please provide the names and contact information for any witnesses to the judge's alleged sanctionable conduct, impairment, and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

Name: NA

Address: _____

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

STATEMENT OF FACTS

Please provide a detailed summary of your complaint. Please include specific facts, names, dates, locations, and other information that support your allegations that the judge engaged in sanctionable conduct and/or suffers from an impairment and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

See "Attachment A" for each judge, which is attached to the Complaint with Judge Fletcher-Hill.

SUPPORTING MATERIALS

Please submit copies of any relevant printed materials that support your complaint. Submitted materials will not be returned to you. Do not submit original documents or any flash drives, CDs, DVDs, or other physical devices used to store data. You do not need to submit copies of transcripts or recordings of court proceedings as the Commission will access such information independently, if necessary.

View my Motions, the Findings & Orders, and other supporting material facts & evidence, on my website, www.dianarwilliams.com.

I understand that:

- The Commission on Judicial Disabilities does not have authority to change, modify, or reverse a judge's decision in a case;
- The Commission on Judicial Disabilities does not have the authority to remove a judge from a case; and
- Filing this complaint is not an appeal or a substitute for an appeal.

I solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Signature: _____



Date: _____

12-23-24

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF YOUR COMPLAINT.

Printed forms can be mailed to:

Electronic forms can be submitted at:

Commission on Judicial Disabilities
P.O. Box 340
Linthicum Heights, Maryland 21090

Complaints cannot be submitted by telephone, fax, or email.

COMPLAINANT INFORMATION

First Name: Diana Last Name: Williams

Address: 131 Calvin Hill Ct City: Balto State: Md Zip Code: 21222

Phone Number: 410-868-6013

Email: dlady_d@verizon.net

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- Mr.
- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: Audrey Last Name: Carrion

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: Balto. City

CASE INFORMATION

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Case Number (include all letters and numbers): 24-C-17-004535

Case Type:

- Civil
- Criminal
- Family/Domestic
- Juvenile
- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other _____

(See "Attachment A" for more details)
Since Sept. 2018, I've motioned for
a hearing on my Motions.

Date(s) of Hearing(s) or Other Proceeding(s): _____

Case Status:

- Pending
- Concluded
- Appealed

presently, my civil case is on appeal in an In Banc Review.

Relationship to the case:

- Plaintiff/Petitioner/Appellant
- Defendant/Respondent/Appellee
- Attorney for _____
- Witness for _____
- Relative/Friend of _____
- Other _____

ATTORNEY INFORMATION

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Name: NA I'm being represented Pro Se

Address: _____

Phone Number: _____

Email: _____

WITNESS INFORMATION

Please provide the names and contact information for any witnesses to the judge's alleged sanctionable conduct, impairment, and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

Name: NA

Address: _____

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

STATEMENT OF FACTS

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See "Attachment A" for each judge, which is attached to the Complaint with Judge Fletcher-Hill.

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- The Commission on Judicial Disabilities does not have the authority to remove a judge from a case; and
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I solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Signature:  Date: 12-23-29

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Printed forms can be mailed to:

Electronic forms can be submitted at:

Commission on Judicial Disabilities
P.O. Box 340
Linthicum Heights, Maryland 21090

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COMPLAINANT INFORMATION

First Name: Diana Last Name: Williams
Address: 131 Calvin Hill Ct City: Balto, State: Md. Zip Code: 21222
Phone Number: 410-828-6013
Email: dlady_d@verizon.net

Preferred Title and Pronoun:

- Ms.
- Mr.
- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: Melissa Last Name: Phinn

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: Balto, City

CASE INFORMATION

If your complaint is related to a court proceeding, please provide the information requested below. If not, please write NONE and proceed to the next section.

Case Name: _____

Case Number (include all letters and numbers): 24-C-17-004535

Case Type:

- Civil
- Criminal
- Family/Domestic
- Juvenile
- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other _____

(See "Attachment A" for more details)

Date(s) of Hearing(s) or Other Proceeding(s): Since Sept-2018, I've motioned in all, as my Motion for a hearing on the Motion

Case Status:

- Pending
- Concluded
- Appealed

Presently, my civil case is on appeal in an In Banc Review.

Relationship to the case:

- Plaintiff/Petitioner/Appellant
- Defendant/Respondent/Appellee
- Attorney for _____
- Witness for _____
- Relative/Friend of _____
- Other _____

ATTORNEY INFORMATION

If you were represented by an attorney, please provide the information requested below. If not, please proceed to the next section.

Name: NA I'm being represented Pro Se

Address: _____

Phone Number: _____

Email: _____

WITNESS INFORMATION

Please provide the names and contact information for any witnesses to the judge's alleged sanctionable conduct, impairment, and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

Name: _____

Address: NA

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

STATEMENT OF FACTS

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See "Attachment A" for each judge which is attached to the Complaint with Judge Fletcher-Hill.

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- The Commission on Judicial Disabilities does not have the authority to remove a judge from a case; and
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I solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Signature: _____

Date: 12-23-24

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Printed forms can be mailed to:

Electronic forms can be submitted at:

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P.O. Box 340
Linthicum Heights, Maryland 21090

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COMPLAINANT INFORMATION

First Name: Diana Last Name: Williams
Address: 131 Calvin Hill Ct City: Balto State: Md Zip Code: 21222
Phone Number: 410-868-2013
Email: d_lady_d@verizon.net

Preferred Title and Pronoun:

- Ms.
- Mr.
- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: Julie Last Name: Rubin

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

Up until 2022 Judge J. Rubin, was one of the Judges in the Circuit Court in Balto, City, But, now Judge J. Rubin is a Judge in the U.S. District Court for the District of Maryland.

County/City: _____

CASE INFORMATION

If your complaint is related to a court proceeding, please provide the information requested below. If not, please write NONE and proceed to the next section.

Case Name: _____

Case Number (include all letters and numbers): 24-C-17-004535

Case Type:

- Civil
- Criminal
- Family/Domestic
- Juvenile
- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other _____

(See "Attachment A" for more details) Since Sept, 2018, I've motioned in all of my Motions for a hearing on my Motions.

Date(s) of Hearing(s) or Other Proceeding(s): _____

Case Status:

- Pending
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- Appealed

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Relationship to the case:

- Plaintiff/Petitioner/Appellant
- Defendant/Respondent/Appellee
- Attorney for _____
- Witness for _____
- Relative/Friend of _____
- Other _____

ATTORNEY INFORMATION

If you were represented by an attorney, please provide the information requested below. If not, please proceed to the next section.

Name: NA I'm being represented Pro Se.

Address: _____

Phone Number: _____

Email: _____

WITNESS INFORMATION

Please provide the names and contact information for any witnesses to the judge's alleged sanctionable conduct, impairment, and/or disability. You may attach additional pages under "Supporting Materials" as necessary.

Name: NA

Address: _____

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

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Signature: _____

Date: 12-23-24

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COMPLAINANT INFORMATION

First Name: Diana Last Name: Williams
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Email: djady_da@verizon.net

Preferred Title and Pronoun:

- Ms.
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- Judge
- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: Michel Last Name: Pierson

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: Balto, City

CASE INFORMATION

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- Family/Domestic
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- Probate
- Traffic
- Protective/Peace Order
- Sexual Harassment
- Other _____

(See "Attachment A" for more details)
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Relationship to the case:

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- Defendant/Respondent/Appellee
- Attorney for _____
- Witness for _____
- Relative/Friend of _____
- Other _____

ATTORNEY INFORMATION

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Name: NA I'm being represented. Pro Se.

Address: _____

Phone Number: _____

Email: _____

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Name: _____

Address: NA

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

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Preferred Title and Pronoun:

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- Dr.
- She/Her
- He/Him
- They/Them
- Other _____

If you are currently incarcerated, please check the box below and provide your Inmate Number:

Inmate ID Number _____

JUDGE INFORMATION

First Name: Karen Last Name: Friedman

Court:

- Supreme Court of Maryland
- Appellate Court of Maryland
- Circuit Court
- District Court
- Orphans' Court

County/City: Balto. City

CASE INFORMATION

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Relationship to the case:

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ATTORNEY INFORMATION

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Name: NA I'm being represented Pro Se

Address: _____

Phone Number: _____

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