New Case Request 4179 - Carr, Brian -

Case Number	*202600042*	**Last Modified**	01/05/2026 11:05 AM
Filer	Brian Carr	**Last Modified By**	Intake Reviewer CH
File Date	01/03/2026 08:15 PM	**Reviewer**	Intake Reviewer CH
Status	Submitted		
Case Type	1.Grievance Complaint		
Initiating Action	Online Filing		

Parties

On Behalf Of

- **Carr, Brian (Registered Filer (Must be the Complainant))**
- **Carr, Brian (Complainant)**
- **Francis, Tamara (Legal Secretary)**
- **Scholer, Karen Gren (Respondent)**
- **Grosz, Daniela (Classification Attorney)**

Party 1

Party Type Registered Filer (Must be the Complainant)

Last Name
Carr

First Name
Brian

Contact Information

Address Type
Home Address

Address
1201 Brady Dr

City
Irving

State
Texas

Zip
75061

Phone Type
Cell Phone

Phone
(518) 227-012 9

Email
carrbp@gmail.com

Party 2

Party Type Complainant

Last Name
Carr

First Name
Brian

Contact Information

Address Type
Home Address

Address
1201 Brady Dr

City
Irving

State
Texas

Zip
75061

Phone Type
Cell Phone

Phone
(518) 227-012 9

Email
carrbp@gmail.com

Additional Fields

Have you contacted CAAP? (CAAP Referral)
No

Who is your employer?
Retired

What is your employer's address?
N/A

What is the name of a person who can always reach you in the event that the Office of Chief Disciplinary Counsel Needs to locate you? *Please note that confidentiality is not waived and this individual does not have the authority to contact the Office of Chief Disciplinary Counsel in order to obtain information about this grievance.
Michael Carr

What is this person's phone number?
214-702-2453

What is this person's address?
504 Town Creek Dr Dallas, Tx 75232

Do you understand and write in the English language?
Yes

If no, what is your primary language?
N/A

Who helped you prepare this form?
N/A

Will they be available to translate future correspondence during this process?
N/A

Are you a Judge?
No

If you are a Judge what is your Court, County, City and State?
N/A

Are you an attorney?
No

If yes, are you currently in litigation with the attorney named in this grievance?
N/A

Please list the Full Name of the attorney you're filing against.
Karen Gren Scholer

What is the address, city, state and zip code of the attorney you're filing against?
1100 Commerce St Ste 1654 Dallas, TX 75242

Please list the home phone number of the attorney you're filing against?

N/A

Please list the work phone number of the attorney you're filing against?
Chambers: 214-753-2342

Please list the alternate phone number of the attorney you're filing against?
Scholer_Chambers@txnd.uscourts.gov

Please provide the bar card number of the attorney you're filing against.
08441725

Have you or a member of your family filed a grievance about this attorney previously?
No

If yes, what was its approximate date and outcome of the grievance?
N/A

Have you or a member of your family ever filed an appeal with the Board of Disciplinary Appeals about this attorney?
No

If yes, what was its approximate date and outcome of the appeal?
N/A

Please Select one of the following
This attorney was hired to represent someone else

If this attorney represents someone else please select from one of the options below:
I have an interest in, or connection withm the attorney or the legal matter or the facts alleged in the grievance

Please provide additional facts if you have an interest in, or connection with, the attorney or the legal matter or the facts alleged in the grievance.
N/A

If you hired the attorney, tell us how you met the attorney, Specifically, please provide details about you came to know and hire this attorney
N/A

What was the date the attorney was hired or appointed?
12/29/2023

What was the attorney hired or appointed to do?
The Judge was assigned to the case.

What was the fee arrangement with the attorney?
N/A

How much did you pay the attorney? If you signed a contract and have a copy, please attach. If you have copies of checks and/or receipts, please attach. Do not send originals.
N/A

Are you currently represented by an attorney?
No

If yes, please provide the name, bar card number, address, phone number, contact information and any other additional information on the attorney
N/A

Do you claim the attorney has an impairment, such as depression or a substance use disorder?
No

If yes, please provide specifics (your personal observations of the attorney such as slurred speech, odor of alcohol, ingestion of alcohol or drugs in your presence etc., including the date you observed this, the time of day, and location.)
N/A

Did the attorney ever make any statements or admissions to you or in your presence that would indicate that the attorney may be experiencing an impairment, such as depression or a substance use disorder? If so, please provide details
N/A

Where did the activity you are complaining about occur?
Dallas, Dallas

If your grievance is about a lawsuit what is the name of the court?
United States District Court, Northern District Of Texas (TXND)

If your grievance is about a lawsuit what is the title of the suit?
Carr et al vs. U.S. Government et al

If your grievance is about a lawsuit what is the case number and date suit was filed?
Case 3:23-cv-02875-S Filed 29 Dec 2023.

If you are not a party to this suit, what is your connection with it? Explain briefly.
I am pro se plaintiff.

Explain in detail why you think this attorney has done something improper or has failed to do something which should have been done.
Judge has made demonstrably false statements (lied) in decisions and orders. Appears to have colluded with government attorneys to cover up criminal violations by government agencies.

How did you learn about the State Bar of Texas' Attorney Grievance Process?
Internet

Any answer for the following four questions other than "Yes" will automatically result in an automatic rejection of your submission. Do you consent to these terms?

Yes

ANY ANSWER OTHER THAN "I agree" WILL RESULT IN THE AUTOMATIC REJECTION OF YOUR SUBMISSION:I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this Grievance, and authorize such attorney to reveal any information in the professional relationship to the Office of Chief Disciplinary Counsel of the State Bar of Texas. I understand that it may be necessary to act promptly to preserve any legal rights I may have, and that commencement of a civil action may be required to preserve those rights.
I agree

ANY ANSWER OTHER THAN "I agree" WILL RESULT IN THE AUTOMATIC REJECTION OF YOUR SUBMISSION:I understand that the Office of Chief Disciplinary Counsel may exercise its discretion and refer this Grievance to the Client-Attorney Assistance Program (CAAP) of the State Bar of Texas for assistance in resolving a subject matter of this Grievance. In that regard, I hereby acknowledge my understanding that such discretionary referral does not constitute the commencement of a civil action and that the State Bar of Texas will not commence any civil action on my part. I acknowledge that it is my responsibility to seek and obtain any necessary legal advice with respect to this matter. I also understand that any information I provide to the State Bar of Texas may be used to assist me and will remain confidential for purposes of resolving the issue(s) described above.
I agree

ANY ANSWER OTHER THAN "I agree" WILL RESULT IN THE AUTOMATIC REJECTION OF YOUR SUBMISSION:I understand that the Office of Chief Disciplinary Counsel maintains as confidential the processing of Grievances.
I agree

ANY ANSWER THAN "I agree" WILL RESULT IN THE AUTOMATIC REJECTION OF YOUR SUBMISSION:I hereby swear and affirm that I am the person named in Section II, Question 1 of this form (the Complainant) and that the information provided in this Grievance is true and correct to the best of my knowledge.
I agree

Printed Signature
Brian Carr

Documents

Document 1

Document Type eFiling Initial Action
Page Count 391
Document Note Initial Complaint Document Is Scholercomplaint.Pdf

Attachments

File Name	Page Count	Date Uploaded
ScholerComplaint.pdf	21	01/03/2026 07:51 PM
ECF10-5.pdf	1	01/03/2026 07:57 PM
ECF15.pdf	10	01/03/2026 07:57 PM
ECF18-6.pdf	1	01/03/2026 07:57 PM
ECF24-1.pdf	1	01/03/2026 07:57 PM
ECF28-1.pdf	10	01/03/2026 07:57 PM
ECF29.pdf	58	01/03/2026 07:57 PM
ECF30.pdf	23	01/03/2026 07:57 PM
ECF48-2.pdf	1	01/03/2026 07:57 PM
ECF59.pdf	3	01/03/2026 07:57 PM
ECF61.pdf	8	01/03/2026 07:57 PM
ECF62.pdf	1	01/03/2026 07:57 PM
ECF63.pdf	1	01/03/2026 07:57 PM
ECF67.pdf	56	01/03/2026 07:57 PM
ECF73.pdf	66	01/03/2026 07:57 PM
ECF74.pdf	7	01/03/2026 07:57 PM
ECF75.pdf	41	01/03/2026 07:57 PM
ECF75-1.pdf	9	01/03/2026 07:57 PM
ECF76.pdf	27	01/03/2026 07:57 PM
ECF79.pdf	46	01/03/2026 07:57 PM

Document 2

Document Type eFiling Initial Action
Page Count 109
Document Note Additional Exhibits.

Attachments

File Name	Page Count	Date Uploaded
ECF91.pdf	14	01/03/2026 08:03 PM
ECF92.pdf	87	01/03/2026 08:03 PM
ECF95.pdf	1	01/03/2026 08:03 PM
TimeLine.pdf	7	01/03/2026 08:03 PM

Convenience Fee $.00
Total $.00

Paid	$.00
Owed	$.00