

New Case Request 4600

Filer Brian Carr
Status Draft

Last Modified 01/29/2026 09:06 PM

Case Type 1.Grievance Complaint
Initiating Action Online Filing

Parties

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 Towncreek Dr Dallas, TX 75232-1651

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.
Rebecca Ann Rutherford

What is the address, city, state and zip code of the attorney you're filing against?

1100 Commerce St Rm 1376W Dallas, TX 75242

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

Please list the work phone number of the attorney you're filing against?
214-753-2409

Please list the alternate phone number of the attorney you're filing against?
fax 214-753-2415

Please provide the bar card number of the attorney you're filing against.
24007968

Have you or a member of your family filed a grievance about this attorney previously?
Yes

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

On 3 Jan 2026 and Jan 25 2026 I attempted to submit this same complaint but it was rejected promptly as the Complainant Registrant were not identical. Later emails did not identify the case request number and I was not aware of the first rejection until recently. It is also plausible that as the complainant field was not accepted, this is the first time I am successfully submitted this otherwise identical complaint. My apologies for any confusion which resulted from my errors.

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.
Magistrate Rutherford works for the Federal Judiciary in United States District Court, Northern District Of Texas (TXND) and was assigned to Carr et al vs. U.S. Government et al Case 3:23-cv-02875-S Filed 29 Dec 2023. I am pro se plaintiff.

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?
N/A

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

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

If you are not a party to this suit, what is your connection with it? Explain briefly.
N/A

Explain in detail why you think this attorney has done something improper or has failed to do something which should have been done.
Magistrate 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 19
Document Note Complaint Document

Attachments

File Name	Page Count	Date Uploaded	
RutherfordComplaint.pdf	19	01/29/2026 09:01 PM	Supplemental <input type="checkbox"/>

Convenience Fee \$0.00
Total \$0.00
Paid \$0.00
Owed \$0.00