		-	CATION FOR APPO DFFICE OF ASSOCI			
		PURSUANT TO RULE 39 OF T NAME AS A CANDIDATE FOR THE CIRCUIT COURT OF THE	R APPOINTMENT TO THE C	OFFICE OF ASSOCIAT JUDICI		
		Please print or type application. Use	additional pages when necessary	to provide complete answ	ers to questions.	
PA	RT A:	PERSONAL BACKGROUND				
l.	(A)	Name(Last) (Firs	t)	(Middle)	
	(B)	Maiden or other name(s) by which you may have been known:		·	· · · ·	
2.		ARDC Number				
3.	(A)	Date of Birth	(B) Place of Birt	h		
4.		Home Address (Street)	(City)	(County) (Zi	p) (Tele	phone)
5.		Business Address(Street)	(City)	(County) (Zi	p) (Tele	phone)
5.		List previous addresses within the p	past ten years (include dates):			
		Home		Bu	siness	
7.	(A)	If you hold a current Illinois Driver of State Identification card, please o	's License or Secretary			
	(B)	Enter name of any other state(s) in been licensed to drive a vehicle:	which you have ever			
	(C)	Has your driver's license ever been (If yes, please attach an explanation)	. suspended or revoked?	□ Yes	🗆 No	
3.		Do you have any family relationshi relationship, which could cause a co				
				□ Yes	🗆 No	
		If yes, please explain below: (Car	non 3 of the code of Judicial Conduct,	Supreme Court Rules.)		

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9.	Are your currently in default on the repayment of a state educational loan? (Public Act 85-827 requires a person who owes \$600 or more for six months or more to make satisfactory rep guarantor of the loan.)					□No ements with the
10.	Are you currently in default	t on the payment of c	hild support?		□ Yes	□ No
11. Mi	litary Service (Duty with federal	ized National Guard unit	should be reported as	'active duty.")		
		Branch	Dates	Highest Rank Attained	Type of I	Discharge
	Active Duty Service					
	Reserve Service					
	National Guard Service					
PART	B: HEALTH					
phase o informa 1. Are	to applicants: If you require f the application process, ple tion received regarding such e you presently consuming a erfere with your ability to serv	ase make that fact kr requests and accom lcohol or other drug	nown to the Chief modations made v gs, including pres	Judge of the Circuit w vill be treated confider cription drugs, to the	hich is acceptintially.	ng applications. All ch consumption would
			<i>j</i> es, enpreni e ere	,	□ Yes	□ No
	ve you violated any criminal yes, explain below, or attach			pertaining to the poss	session, use or □Yes	sale of illegal drugs? □ No
drug	ve you violated any crimina s, intoxicating compound, tional pages, if necessary.)					
leng evid discl func	e essential functions of an as ths of time, to conduct court ence and arguments, to evalu harge the administrative duti tions of an associate judge wa o, explain below, or attach ad	proceedings in an or late the credibility of les attendant to the ith or without reason	rderly fashion, to f witnesses, to com position. Are you able accommodat	remain alert while comprehend and rule upo able to perform the	centrating on a factual and b	the presentation of legal questions and to

PART C: EDUCATIONAL BACKGROUND

1. (A)		Name of School	Location	Dates	Major	Degrees
	High School					
	College (s)					
	Law School (s)					

⁽B)

2.

3.

List Honors, Awards, Law Review, and other activities or achievements.

Continuing Education attended in the last five years. (Such as seminars, symposia, lectures, or legal meetings, specifying if you participated as a speaker, lecturer, panelist, etc.)

Your Participation	Topic
	Your Participation

Complete the following if you have ever taught any law courses.

School (s)	Date(s)	Subject(s)	Position Held	Current Status

If you have written any articles, texts, treatises, handbooks or other writings on legal matters which have been published, please complete the following:

Complete Citation	Publisher	Date	Title	Subject Matter	Co-authors

5.

6.

Describe any non-legal teaching or lecturing you have performed:

School(s)	Date(s)	Subject(s)	Position Held	Current Status

Bar Associations and Activities

List all national, state, local, specialty, honorary and other bar associations or other legal societies to which you now belong or have belonged.

Association	Office Held/Dates	Current or Past Member

4.

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PART D: PROFESSIONAL, BUSINESS AND OCCUPATIONAL BACKGROUND					
1.	Profess	ional Qualifications			
	(A)	Date you were admitted to practice law in Illinois			
	(B)	Length of time you have practiced law in Illinois			
	(C)	Length of time you have practiced law in the circuit in which you are seeking judicial appointment.			
	(D)	If you have been admitted to practice and/or actively practiced law in another state, please complete the following:			

State(s)	Court(s)/Administrative Agency	Currently Licensed	Actively Practicing

2. Practice/Employment

List, in reverse chronological order, the history of your practice or employment since your graduation from law school, whether law related or not.

Dates To From	Name of Firm, Company or Institution	Address (City/State)	Your Status Solo, Partner, Associate or Title Within Organization	Type of Practice/ Nature of Work

3.

If you have been engaged in the practice of law, indicate the approximate percentage of time devoted to the following types of practice. ("Litigation" includes, in addition to actual time in court or tribunal, preparation therefore. "Court" indicates federal and state judicial system; "Trib" indicates quasi-judicial tribunals, e.g. Industrial Commission, NLRB hearings, etc.; "Non-Lit" indicates practice not involving litigation.)

Type of Practice	Litigation Court %	Litigation Other Trib. %	Non-Lit %
Anti-Trust & Trade Regulation			
Bankruptcy			
Chancery			
Corporate and Securities			
Criminal (Felony)			
Criminal (Misd./Traffic)			
Environmental			
Family Law			
Labor Relations			
Patent			
Probate & Estate Planning			
Real Estate			
State & Local Government			
Tax (Federal)			
Tax (State, Local)			
Tort (Personal Injury)			
Tort (P.D., Subrogation)			
Worker's Compensation			
Other:			
Other:			

4. (A)

) Jury Trial Experience (Please state your jury trial experience in actual or approximate numbers.)

	Jury Cases to Verdict Civil Criminal		Jury Cases Started But Which Did Not Go to Verdict		
			Civil	Criminal	
As Lead Trial Counsel					
As Counsel Assisting at Trial					

(B)

List the last two jury cases tried to verdict, during the past five years, including names of other attorneys and Judge.

Name of Case Image: Marcine State Case Number Image: Marcine State County Image: Marcine State Judge Image: Marcine State		Case One	Case Two
County County	Name of Case		
	Case Number		
Judge	County		
	Judge		
Attorney(s)	Attorney(s)		

5.	5. Non-Jury Trial Experience (Please state in actual or approximate numbers.)									
				Civil	Criminal					
	(A)	Numl	per of contested Non-Jury cases commenced							
	(B)	How	How many of these cases went to judgment after the trial on the merits?							
6.	Арј	pellate F	Practice							
		(A)	How many cases have you personally handled as counsel on appeal?							
		(B)	How many cases have you orally argued?		_					
		(C)	(C) List the five most significant cases you have personally handled as counsel on appeal, include (If case argued by yourself, place check indicated.)							
					√If Argued Yourself					

IF APPELLATE COURT DISPOSITION WAS BY RULE 23 ORDER, PLEASE ATTACH COPIES OF ORDERS, IF YOU HAVE THEM.

7. List any elective public office you have held.

Office	Location	Period of Service

8. List any appointive public office you have held:

				$\sqrt{\text{Either Column}}$		
Office	Location	Dates To/From	Duties	Part- Time	Full- Time	

9. Non-Law Related - Professional and Occupational Background

(A) List all professional or occupational licenses (other than law) which you have held.

Issuing Authority	Date(s)	(Please√if license is still current)
	Issuing Authority	Issuing Authority Date(s) Date(s)

(B) If any such license has ever been revoked or suspended, or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts, circumstances and the disposition.

10. List, in reverse chronological order, any business interest you, or your spouse, now have, or have had in the past, excluding securities in a publicly traded corporation and any interest previously disclosed in this application.

Name of Business	Type of Business	Your or Spouse's Relationship to Business (i.e. Directorship)	Date(s) To/From

11. Have you individually, your spouse, or any business with which you have been affiliated, declared bankruptcy?

(If yes, state details below.)

 \Box Yes \Box No

PART E: I	PROFESSIONAL AND PERSONAL CONDUCT			
1. (A)	Has your license or right to practice before any state or federal court, a revoked or suspended?	-	tribunal Yes	ever been denied, □ No
	If yes, state the facts and circumstances fully. (Attach additional pages, if n	ecessary.)		
		<i>(</i> 1 ¹ . 1 ¹		
(B)	Have you ever been formally censured, adjudged or held in contempt agency or other tribunal?		Yes	□ No
	If yes, state the facts and circumstances fully. (Attach additional pages, if n	ecessary.)		
(C)	Has your professional conduct or ability been the subject of comment, any judge, court, or other tribunal?		nfavorable Yes	e, in a written opinion of □ No
	If yes, state the facts and circumstances fully. (Attach additional pages, if n	ecessary.)		

	□ Yes	□ No	If yes, state the facts and circumstances fully, including the disposition. (Attach additional pages, if necessary.)			
To your kn	owledge, are y □ Yes	ou now the subje	ct of any investigation by any governmental or professional authority? If yes, state the facts and circumstances fully. (Attach additional pages, if necessary.)			
Have you ev	ver pleaded gui	ilty to or been con	nvicted of a felony or misdemeanor?			
If yes, pleas	e complete the	following: (Attach additional pages, if necessary.)			
Court						
Case N	lumber					
		;,				
Туре о	f Offense					
Concer	ming Facts and					
Dispos Superv	ition, Including vision					
	To your kn To your kn Have you ev If yes, pleas Court Case N Your A Addite Type o Additio Concer Circun Dispos	made to the Attorney's Re or state? Yes To your knowledge, are y Yes Have you ever pleaded gu If yes, please complete the <u>Court</u> Case Number Your Attorney's Name Address, Phone Type of Offense Additional Information Concerning Facts and Circumstances of Offen	made to the Attorney's Registration and Disor state? PYes No To your knowledge, are you now the subjet PYes No To your knowledge, are you now the subjet PYes No Have you ever pleaded guilty to or been constrained in the subjet If yes, please complete the following: (a) Court (a) Case Number (a) Your Attorney's Name, Address, Phone (a) Type of Offense (a) Additional Information (c) Circumstances of Offense (a) Disposition, Including (a)			

5.	Have you ever been a party to, or otherwise personally involved in, any litigation	(other than as counsel?)	
		\Box Yes	🗆 No

If "yes", please complete the following:

Court	Case Number	Case Name	Your Attorney or Counsel Name/Address/ Phone	Atty. Representing Interest Adverse to Yours	Nature of Case	Disposition

6. Have you, individually, or in connection with any business with which you were associated, failed to file, in an accurate and timely manner, any federal or state income tax return (or supporting documents) which has resulted, or may result, in the imposition of criminal penalties? (If yes, give details)

 \Box Yes \Box No

7. Have you, within the preceding five years, filed a Statement of Economic Interests pursuant to the Illinois Governmental Ethics Act or Supreme Court Rule? (If yes, attach a copy of the most recent Statement filed with each agency.)

 \Box Yes \Box No

PART F: PERSONAL AND JUDICIAL REFERENCES

1. Provide the following information on at least four lawyers not associated with you in the practice of law or in business who have knowledge regarding your character and ability.

Name	Address	Phone & Email Address	Relationship (e.g. Friend)	Length of time known to you
1.				
2.				
-				
3.				
4.				
5. (Optional)				

2. Provide the following information on at least one personal reference who has adequate opportunities for observing your professional and general conduct and ability.

Name	Address	Phone & Email Address	Relationship (e.g. Friend)	Length of time known to you
1.				
2. (Optional)				
3. (Optional)				
4. (Optional)				
5. (Optional)				
5. (Optional)				

3.

Provide the following information for at least three, but not more than five, judges before whom you have appeared recently in matters which would afford them an opportunity to observe your professional conduct and ability.

Name of Judge	City	Phone & Email Address	Name of Case
1.			
2.			
3.			
4. (Optional)			
5. (Optional)			

PART F: ADVERSARY REFERENCES

1. Complete the following information for lawyers who have represented adverse positions in matters handled by you in the past five years. There are two categories, litigation and non-litigation. Do not list the name of a lawyer in one category if that name is listed in the other. If you have had multiple matters with a listed lawyer, indicate that fact by checking the column provided and state the name of the most recent, or most significant, case or transaction handled with that lawyer.

(A) Litigation Matters

Name of Lawyer	Address/City	Phone & Email Address	Name of Case	Approx. Date	√If Multiple Cases
1.					
2.					
3.					
4.					
5. (Optional)					

(B) Non-Litigation Matters Name of Case or √If Approx. Name of Lawyer Address/City Phone & Description of Multiple Date Transaction Cases Email Address 1. 2. 3. 4. 5. (Optional)

PART G: ADDITIONAL INFORMATION

1. List any special professional, occupational or other experiences you have had, not otherwise listed in this application, which you believe would assist in the evaluation of your application.

2. As an applicant or candidate for any judicial or other office, have you been screened by any court, bar association, law enforcement agency or any other group or organization?

(If yes, please state the office, organization, date and bar poll rating, if any, below or attach additional pages, if necessary.)

- 3. You may list any civic, philanthropic, community, social or public service organizations in which you have been involved during the past ten years, including any posts or offices held, and honors or awards received.
- 4. State below, or on a separate attachment, any additional information or observation which you believe would assist the court in its evaluation of your application for appointment by the court.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CERTIFICATION AND WAIVER

I hereby certify that I am registered as an attorney under Supreme Court Rule 756, and my fees are paid. I have also reviewed the requirements of Illinois Supreme Court Rule 68, and I am prepared to comply with its disclosure requirements.

I authorize the Administrator of the Attorney Registration and Disciplinary Commission to disclose to the Circuit Court of the <u>TWELFTH</u> Circuit, or to any screening committee designated by the Circuit Court of the <u>TWELFTH</u> Circuit, all information contained in the files of the Attorney Registration and Disciplinary Commission concerning my present status, any complaints which have been made against me, and the disposition of those complaints. I expressly waive whatever right I may have to the confidentiality of that information by the Attorney Registration and Disciplinary Commission.

I do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the Illinois State Police, whether the said records are of a public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release and authorization will be considered in determining my suitability for appointment as associate judge. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Illinois State Police from any and all liability which may be incurred as a result of collecting such information. A photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I hereby certify that I meet the eligibility requirements in Article VI, §11 of the Illinois Constitution and Supreme Court Rule 39 (Appointment of Associate Judges).

Signature of Applicant

Date Signed

Email Address

Multiple documents can only be merged or scanned into one document for attachment to this application up to 24 MB in total size.