APPLICATION FOR APPOINTMENT TO THE OFFICE OF ASSOCIATE JUDGE

(Enter "Cook" or Circuit Number)

Please print or type application. Use additional pages when necessary to provide complete answers to questions.

	Trease print of type application. Ose a	additional pages when necessary	to provide complete	diswers to que	obtions.
PART A:	PERSONAL BACKGROUND				
1. (A)	Name				
(B)	(Last) Maiden or other name(s) by which you may have been known:	,	,	(Mid	,
2.	ARDC Number				
3. (A)	Date of Birth	(B) Place of Birtl	h		
4.	Home Address (Street)	(City)	(County)	(Zip)	(Telephone)
5.	Business Address				
	(Street)	(City)	(County)	(Zip)	(Telephone)
6.	List previous addresses within the pa	ast ten years (include dates):			
	Home			Business	
7. (A)	If you hold a current Illinois Driver' of State Identification card, please e				
(B)	Enter name of any other state(s) in v 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?	□ Ye	es 🗆	No
8.	Do you have any family relationship relationship, which could cause a co				
			□ Y	es 🗆	No
	If yes, please explain below: (Can-	on 3 of the code of Judicial Conduct,	Supreme Court Rules	.)	

9.	Are your currently in defaut (Public Act 85-827 requires a per guarantor of the loan.)				□ Yes		
10.	Are you currently in defaul	t on the payment of ch	nild support?		□ Yes	□ No	
11. Mi	litary Service (Duty with federal	lized National Guard unit s	hould 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 of informa	Notice to applicants: If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the Chief Judge of the Circuit which is accepting applications. A information received regarding such requests and accommodations made will be treated confidentially. 1. Are you presently consuming alcohol or other drugs, including prescription drugs, to the extent that such consumption we interfere with your ability to serve on the bench? (If yes, explain below, or attach additional pages, if necessary.)						All
			_		□ Yes	□ No	
	ve you violated any criminal yes, explain below, or attach			pertaining to the poss	ession, use or □ Yes	sale of illegal dr □ No	ugs?
drug	ve you violated any crimina s, intoxicating compound, tional pages, if necessary.)						
					□ Yes	□ No	
lengt evide disch func	e essential functions of an asths of time, to conduct court ence and arguments, to evaluarge the administrative duttions of an associate judge wo, explain below, or attach ac	proceedings in an ordinate the credibility of ies attendant to the pith or without reasonal	derly fashion, to r witnesses, to com- osition. Are you able accommodati	emain alert while con prehend and rule upo able to perform the	ncentrating on on factual and	the presentation of legal questions and	of

PART C: EDUCATIONAL BACKGROUND

	Name of School	Location	Dates	Major	Degree
High School					
College (s)					
Law School (s)					

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

2. 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.)

Туре	Your Participation	Торіс

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

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

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

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

6. 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

	OFESSIONAL, BU				
Profe	essional Qualification				
(A)	Date you were a	dmitted to practice law in Illin	ois		
(B)	Length of time y	ou have practiced law in Illino	ois		
(C)	Length of time y seeking judicial	ou have practiced law in the cappointment.	ircuit in which you	are	
(D)	If you have been complete the fol	admitted to practice and/or adowing:	ctively practiced law	v in another state, please	
	State(s)	Court(s)/Administr	ative Agency	Currently Licensed	Actively Practicing
-					
į	tice/Employment List, in reverse chron school, whether law	ological order, the history of y	our practice or emp	loyment since your graduation	on from law
į	List, in reverse chron	ological order, the history of yelated or not. Name of Firm, Company or Institution	our practice or emp Address (City/State)	Your Status Solo, Partner, Associate or Title Within Organization	Type of Practice/ Nature of Work
į	List, in reverse chror school, whether law	Prelated or not. Name of Firm,	Address	Your Status Solo, Partner, Associate or Title Within	Type of Practice/ Nature
į	List, in reverse chror school, whether law	Prelated or not. Name of Firm,	Address	Your Status Solo, Partner, Associate or Title Within	Type of Practice/ Nature
į	List, in reverse chror school, whether law	Prelated or not. Name of Firm,	Address	Your Status Solo, Partner, Associate or Title Within	Type of Practice/ Nature
į	List, in reverse chror school, whether law	Prelated or not. Name of Firm,	Address	Your Status Solo, Partner, Associate or Title Within	Type of Practice/ Nature
į	List, in reverse chror school, whether law	Prelated or not. Name of Firm,	Address	Your Status Solo, Partner, Associate or Title Within	Type of Practice/ Nature

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 Case	s to Verdict	Jury Cases Started But Which Did Not Go to Verdict			
	Civil	Criminal	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.

	Case One	Case Two
Name of Case		
Case Number		
County		
Judge		
Attorney(s)		

				Civil	Crimina
(A)	Numl	ber of contested Non-Jury cases comr	mancad	Civii	Cilillia
		many of these cases went to judgmen			
(B)	How	many of these cases went to judgmen	it after the trial on the merits:		
Ap	pellate I	Practice			
	(A)	How many cases have you persona	ally handled as counsel on appeal?		
	(B)	How many cases have you orally a	argued?		_
	(C)	List the five most significant cases (If case argued by yourself, place check ind	you have personally handled as counsel on	n appeal, including	g citation.
		(if ease argued by yoursen, prace eneck inc	incarca.)		√If Argued Yourself
	IF APP	ELLATE COURT DISPOSITION WAS BY	Y RULE 23 ORDER, PLEASE ATTACH COPIES	OF ORDERS, IF YO	OU HAVE THI
Lis	t anv ele	ective public office you have held.			
	t unij en				
		Office	Location	Period	of Service
		Office	Location	Period o	of Service
		Office	Location	Period o	of Service
		Office	Location	Period o	of Service
		Office	Location	Period o	of Service
		Office	Location	Period	of Service
		Office	Location	Period	of Service
		Office	Location	Period	of Service
		Office	Location	Period	of Service
		Office	Location	Period	of Service
		Office	Location	Period	of Service

8.	List any	appointive	public office	you have held:

				√Either Column		
Office	Location	Dates To/From	Duties	Part- Time	Full- Time	

9. Non-Law Related - Professional ar	nd Occupational Background
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(A) List all professional or occupational licenses (other than law) which you have held.

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

(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.

Name of Business	Type of Business	Your or Spouse's Relationship to Business (i.e. Directorship)	Date(s) To/From
Have you individually, your spous (If yes, state details below.)	se, or any business with which y	ou have been affiliated, declared ban	kruptcy? Yes □ No
(ii yes, state details below.)			ics in

PART E:	PROFESSIONAL AND PERSONAL CONDUCT
1. (A)	Has your license or right to practice before any state or federal court, agency, or other tribunal ever been denied,
	revoked or suspended?
	If yes, state the facts and circumstances fully. (Attach additional pages, if necessary.)
(B)	Have you ever been formally censured, adjudged or held in contempt or otherwise disciplined by any judge, court, agency or other tribunal?
	If yes, state the facts and circumstances fully. (Attach additional pages, if necessary.)
(C)	Has your professional conduct or ability been the subject of comment, favorable or unfavorable, in a written opinion of any judge, court, or other tribunal?
	If yes, state the facts and circumstances fully. (Attach additional pages, if necessary.)

2.		our know to the A																		
				Yes			No					cts and ges, if nec			s fully	, inclu	ıding	the dis	spositio	n.
3.	Тоу	our knov		dge, are Yes			w the s No	ubject	If yes	s, state	the fa		l circur	nstance			ional	author	rity?	
4.	Have	you eve	r pl	eaded g	guilty	/ to	or bee	n conv	ricted of	f a felo	ony or	misder	neanor	?						
	If ye	s, please	cor	nplete tl	he fo	llo	wing:	(At	tach addi	tional p	ages, if 1	necessar	y.)							
	-	Court																		
	=	Case Nu	mbe	er																
	-	Your Att Address,			ne,															
		Type of	Offe	ense																
		Addition Concerns Circums	ing	Facts an	d	:														
		Dispositi Supervis	ion, ion	Includin	ng															
	_																			

5.	Hav	e you ever been	a party to, or	otherwise perso	onally involved in, an	• •	than as counsel?) □ Yes	o □ No
	If "y	es", please comp	olete the follo	wing:				
		Court	Case Number	Case Name	Your Attorney or Counsel Name/Address/ Phone	Atty. Representing Interest Adverse to Yours	Nature of Case	Disposition
6.	time	ely manner, any f	ederal or stat	e income tax ret	business with which turn (or supporting d			
	ımp	osition of crimin	al penalties?	(If yes, give details)		□ Y	es □ No
7.	Hav	e vou, within the	nreceding fi	ve vears filed a	Statement of Econor	nic Interests nursu	ant to the Illinois	Governmental
, ,		-	_	_	copy of the most recent S	_	h agency.)	
							□Yes	□ No
ı								

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)				

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

PART	ΓG: ADDITIONAL INFORMATION				
1.	List any special professional, occupational or other exyou believe would assist in the evaluation of your app.		e had, not otherwise liste	d in this applic	cation, which
2.	As an applicant or candidate for any judicial or other enforcement agency or any other group or organization	•	een screened by any cour	t, bar associati □ Yes	on, law □ No
	(If yes, please state the office, organization, date and bar poll	rating, if any, below or	attach additional pages, if nece	essary.)	
3.	You may list any civic, philanthropic, community, soc during the past ten years, including any posts or office			you have beer	n involved
4.	State below, or on a separate attachment, any addition in its evaluation of your application for appointment b		observation which you be	lieve would as	sist 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>EIGHTEENTH</u> Circuit, or to any screening committee designated by the Circuit Court of the <u>EIGHTEENTH</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 required by Supreme Court Rule 766 and by any other statute, rule or regulation providing for 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	_
5	
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.