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

| School (s) | Date(s) | Subject(s) | Position Held | Current Status |
|------------|---------|------------|---------------|----------------|
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| 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 |
|-------------------|-----------|------|-------|----------------|------------|
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5. Describe any non-legal teaching or lecturing you have performed:

| School(s) | Date(s) | Subject(s) | Position Held | Current Status |
|-----------|---------|------------|---------------|----------------|
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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 |
|-------------|-------------------|------------------------|
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| | 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 |
| - | | | | | |
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| 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 |
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| | 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 anv | appointive | public office | you have held: |
|----|----------|------------|---------------|----------------|
| | | | | |

| | | | | √Either Column | | |
|--------|----------|---------------|--------|----------------|---------------|--|
| Office | Location | Dates To/From | Duties | Part- Time | Full- Time | |
| | | | | | | |
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| 9. Non-Law Related - Professional ar | nd Occupational Background |
|--------------------------------------|----------------------------|
|--------------------------------------|----------------------------|

(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) |
|---------|-------------------|---------|--------------------------------------|
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(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 |
|---|----------------------------------|---|----------------------|
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| 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 |
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| 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.) |
| | |
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| | |
| (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.) |
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| | |
| (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? |
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| | If yes, state the facts and circumstances fully. (Attach additional pages, if necessary.) |
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| 2. | | our know to the A | | | | | | | | | | | | | | | | | | |
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| | | | | Yes | | | No | | | | | cts and ges, if nec | | | s fully | , inclu | ıding | the dis | spositio | n. |
| | | | | | | | | | | | | | | | | | | | | |
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| 3. | Тоу | our knov | | dge, are Yes | | | w the s No | ubject | If yes | s, state | the fa | | l circur | nstance | | | ional | author | rity? | |
| | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | |
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| 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 |
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| 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 |
| | | | | | | | | |
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| | | | | | | | | |
| 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. | | | | |
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| 2. | | | | |
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| 3. | | | | |
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| 4. | | | | |
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| 5. (Optional) | | | | |
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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) | | | | |
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| 3. (Optional) | | | | |
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| 4. (Optional) | | | | |
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| 5. (Optional) | | | | |
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| 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. | | | |
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| 2. | | | |
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| 3. | | | |
| | | | |
| 4. (Optional) | | | |
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| 5. (Optional) | | | |
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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 |
|------------|-------|-----------|---------|
|------------|-------|-----------|---------|

| 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 | Γ G: ADDITIONAL INFORMATION | | | | |
|------|--|--------------------------|----------------------------------|------------------|-----------------|
| 1. | List any special professional, occupational or other ex you believe would assist in the evaluation of your apple | | e had, not otherwise listed | 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 court | t, bar associati | on, law □ No |
| | (If yes, please state the office, organization, date and bar poll | rating, if any, below or | attach additional pages, if nece | ssary.) | |
| 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 Suprem also reviewed the requirements of Illinois Supreme Court Rudisclosure requirements. | |
|--|--|
| | ommittee designated by the Circuit Court of the he files of the Attorney Registration and implaints which have been made against me, and wer right I may have to the confidentiality of my other statute, rule or regulation providing for |
| I do hereby authorize a review of, and full disclosure of, all recagent of the Illinois State Police, whether the said records are understand that any information obtained by a personal history directly or indirectly, in whole or in part, upon this release and a my suitability for appointment as associate judge. I also cert information concerning me shall not be held accountable for givingerson(s) from any and all liability which may be incurred as a release the Illinois State Police from any and all liability which information. A photocopy of this form will be as valid as an original writing of my signature. | of a public, private, or confidential nature. If background investigation which is developed authorization will be considered in determining ify that any person(s) who may furnish such ng this information; and I do hereby release said result of furnishing such information. I further may be incurred as a result of collecting such |
| I certify that all statements made in this application are true, con and belief, and are made in good faith. I hereby certify that I mee of the Illinois Constitution and Supreme Court Rule 39 (Appoir | et the eligibility requirements in Article VI, §11 |
| | |
| | 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.