



## JUDICIAL NOMINATING COMMISSION APPLICATION FOR APPOINTMENT

Date: \_\_\_\_\_ Email: \_\_\_\_\_

1. Name: \_\_\_\_\_ Attorney Number: \_\_\_\_\_

2. Judicial Nominating Commission(s) requested (select all that apply):

Supreme Court      District Court of Appeal      Circuit

3. Home location (**list all**): \_\_\_\_\_  
City      County      Circuit      DCA

4. Are you applying for reappointment? Yes      No

5. Number of years admitted to The Florida Bar? \_\_\_\_\_ Age \_\_\_\_\_

6. List primary area(s) of practice: \_\_\_\_\_

7. Can you discharge the responsibilities of this position, with or without accommodations?

Yes      No

8. Commissioners are subject to the Florida Financial Disclosure Laws. Are you willing to file the appropriate form, if appointed? Yes      No

(This form can be viewed at [Florida Commission on Ethics](http://www.ethics.state.fl.us/) (<http://www.ethics.state.fl.us/>), Form 1 and is only required **after** appointment.)

9. Cellular Telephone Number: \_\_\_\_\_

\*10. Gender: Male      Female

\*11. Race/Ethnicity: White, Non-Hispanic      Native American/Alaskan Native  
Hispanic American      Asian/Pacific Islander  
African American

**\*This information will be used solely to provide demographic statistics.**

# QUESTIONNAIRE FOR JUDICIAL NOMINATING COMMISSION APPOINTMENT

## General Information

1. Name: \_\_\_\_\_  
Last First Middle

2. Employer: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_  
City State Zip Code Phone Number

4. Residential Address: \_\_\_\_\_

Street/P.O. Box

City

\_\_\_\_\_  
County State Zip Code Phone Number

Specify your preferred mailing address: Business Residential

5. I am presently: Solo Practitioner In a 2-10 lawyer office In an 11-35 lawyer office

In a 35 or more lawyer office Other

If Other, please explain:

6. List all your places of residence during the last 5 years:

Address

City/State

From

To

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Since what year have you been a continuous resident of Florida? \_\_\_\_\_

8. Are you a United States citizen? Yes      No

If No, please explain: \_\_\_\_\_

If you are a naturalized citizen, please provide the date of naturalization: \_\_\_\_\_

9. Are you a registered voter? Yes      No      County of registration: \_\_\_\_\_

10. Education:

	<u>Name and Location</u>	<u>Certificates/Degrees Received</u>
College:	_____	_____
College:	_____	_____
Post College:	_____	_____
Post College:	_____	_____
Other:	_____	_____

**Professional History**

11. Admitted to practice before which courts?

\_\_\_\_\_

12. List any Florida Bar appointments presently held or previously held within the past 3 years:

\_\_\_\_\_

13. Please list all previous employers during the last 5 years:

<u>Employer's Name and City</u>	<u>Position</u>	<u>Period(s) of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List any memberships in any national or local bar associations.

<u>Association</u>	<u>Date(s) of Service</u>	<u>Office(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Have you ever been elected or appointed to any public office in this state? Yes      No

If Yes, provide the following information:

<u>Office Title</u>	<u>Date of Election/Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Have you held or do you now hold an occupational or professional license or certificate in the state of Florida? Yes      No

If Yes, provide the following information, including any disciplinary action:

<u>License/Certificate Title and Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action and Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past 3 years.

Provide the following information:

<u>Name</u>	<u>Address(es)</u>	<u>Office(s) Held and Term</u>	<u>Date(s) of Membership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Adverse Professional Actions**

18. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? Yes      No

If Yes, provide details (exclude traffic violations for which a fine or civil penalty of \$500.00 or less was paid):

<u>Date</u>	<u>Location</u>	<u>Nature</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Has probable cause ever been found that you were in violation of Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees? Yes      No

If Yes, provide the following information:

<u>Date(s)</u>	<u>Nature of Violation(s)</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Has probable cause ever been found against you in a Florida Bar Complaint? Yes No

If Yes, provide the following information:

<u>Date(s)</u>	<u>Nature of Violation(s)</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No

If Yes, provide the following information:

<u>Title of Office</u>	<u>Date of Suspension</u>	<u>Reason for Suspension</u>	<u>Result</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Miscellaneous**

22. List 3 persons who have known you well within the last 5 years (exclude any relatives).

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/ Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. State your experiences, interests or elements of your personal history that qualify you for this appointment.

Use this space to provide further detail(s) as desired – specify question number(s) followed by details.

**Additional Detail**

**Under penalty of perjury, I declare the foregoing facts are true, correct, and complete to the best of my knowledge and belief.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**To electronically submit the completed application, select the Submit button below.**

OR

**RETURN COMPLETED APPLICATION TO:**

**EXECUTIVE DIRECTOR  
THE FLORIDA BAR  
651 EAST JEFFERSON STREET  
TALLAHASSEE, FLORIDA 32399-2300  
FAX: (850) 561-9405  
EMAIL: [jncform@flabar.org](mailto:jncform@flabar.org)**