



**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. Are you applying for reappointment? Yes No

4. How did you learn of this vacancy? \_\_\_\_\_

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

6. Can you discharge the responsibilities of this position, with or without accommodation? Yes No

7. Commissioners are subject to the Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?

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 required after appointment.)

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

9. Florida Driver's License Number: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

10. Have you ever used or been known by another legal name? Yes No

If Yes, please explain: \_\_\_\_\_

11. Home Location (list all): \_\_\_\_\_

City

County

Circuit

DCA

12. Cellular Telephone Number: \_\_\_\_\_

\*13. Sex: Male Female

\*14. Race: White, Non-Hispanic Native American/Alaskan Native

Hispanic American

Asian/Pacific Islander

African American

**\*This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.**

# QUESTIONNAIRE FOR JUDICIAL NOMINATION COMMISSION APPOINTMENT

PLEASE TYPE OR PRINT

SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

## Application Information

Date Completed \_\_\_\_\_

1. Name: \_\_\_\_\_  
Mr./Mrs./Ms. Last First Middle

2. Employer, Firm or Agency: \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
Street Suite Number City  
Post Office Box State Zip Code Area Code/Phone Number

4. Residence Address: \_\_\_\_\_  
Street City County  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business Residence Fax Number: \_\_\_\_\_

## Personal History

5. A. List all your places of residence during the last five (5) years:

Address	City/State	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood:

Address	City/State	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

7. Are you a United States citizen? Yes      No

If "No", explain: \_\_\_\_\_

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

8. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

9. Social Security Number: \_\_\_\_\_

10. Driver's License Number: \_\_\_\_\_

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

12. Education:

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(Name and Location)

B. List all post-secondary educational institutions attended:

<u>Name and Location</u>	<u>Dates Attended</u>	<u>Certificates/Degrees Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Professional History

13. Are you or have you been a member of the armed forces of the United States? Yes No

If "Yes", list: \_\_\_\_\_

A. Date(s) of service: \_\_\_\_\_

B. Branch or component: \_\_\_\_\_

C. Date and type(s) of discharge: \_\_\_\_\_

14. 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 Please explain: \_\_\_\_\_

15. Admitted to practice before which courts?

16. I practice predominately in the following field(s) (if trial, specify plaintiff prosecution or defense):

17. List any area(s) of certification:

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

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

If "Yes", give details: (Exclude traffic violations for which a fine or civil penalty of \$150.00 or less was paid.)

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

20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>Employer's Name and address</u>	<u>Type of Business</u>	<u>Occupation/ Job Title</u>	<u>Period(s) of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes No  
 If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) or employment.

<u>Position</u>	<u>Employing Agency</u>	<u>Period(s) of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

23. List any memberships in any national or local bar associations (include dates of service(s) and any office held).

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

24. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes      No  
 If "Yes", explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes      No  
 If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, or federal).

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

B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):  
 1. How frequently were meetings scheduled? \_\_\_\_\_

2. If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

<u>Meetings Attended</u>	<u>Meetings Missed</u>	<u>Reason(s) for Absence(s)</u>

26. 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", give details:

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

27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No

If "Yes", give list:

A. Title of Office: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_

C. Reason for suspension: \_\_\_\_\_

D. Result: Reinstated Removed Resigned

28. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If yes, explain: \_\_\_\_\_



30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes No

If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, or disbarment) has ever been taken against you by the issuing authority, state the type and date of action taken.

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

31. Have you, or businesses which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No If "Yes", explain:

<u>Name of Business</u>	<u>Your Relationship with Business</u>	<u>Business Relationship to Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No  
 If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to You</u>	<u>Family Member's Relationship to Business</u>	<u>Business Relationship to Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name the agency or entity you lobbied for and the principal(s) represented.

<u>Agency/Entity Lobbied</u>	<u>Principal(s) Represented</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

34. List three (3) persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. (Exclude your relatives and members of the Florida Senate.)

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

35. 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 five (5) years, the organization address(es), and date(s) of your membership(s).

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

### Appointment Responsibility

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position for which you are applying, if appointed? Yes No If "Yes", explain:

37. State your experiences and 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) in the left column, and provide detail(s) on the right.**

### 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: \_\_\_\_\_

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)**