

APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER FOR WHITESIDE COUNTY

1. Name	(Last)	(First)	(Middle)	2. Social Security Number
3. Home Address	(Street Number)	(City)	(Zip Code)	(County)
4. Business Address	(Street Number)	(City)	(Zip Code)	(County)
5. Home Telephone Number		6. Business Telephone Number		
7. Date of Birth – (Month, Day, Year)		8. Place of Birth – (City)		9. Date Admitted to Illinois Bar – (Month, Year)
10. Marital Status –		11. Spouse's Name –		
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		(First)	(Middle)	(Last)
12. Children: Give full names, including last name of married daughters. Give address of any child who does not reside with you at home (address given above). If you have more children, complete listing on a separate sheet of paper.				
A.	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name	Date of Birth	
B.	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name	Date of Birth	
C.	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name	Date of Birth	
D.	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name	Date of Birth	
E.	Male <input type="checkbox"/> Female <input type="checkbox"/>	Name	Date of Birth	
13. Education				
		Name of School/Location	Date Graduated	
A. Grammar School –				
B. High School –	1.			
	2.			
C. College –	1.			
	2.			
D. Law School –	1.			
	2.			
E. Other	1.			
	2.			

13. Education (Continued)

F. List all degrees which you have earned the date on which each was awarded:

- 1. _____ 3. _____
- 2. _____ 4. _____
- 5. _____ 6. _____

14. Professional Qualifications:

A. List courts and administrative agencies before which you have been admitted to practice.	Date of Admission
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you answer "YES" to any of the following questions, explain in detail in space provided on the last page of these forms.

	YES	NO
B. Has your right to practice before any court or administrative agency ever been denied, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your professional conduct been the subject of complaint at any time (regardless of the date or outcome) before any bar association committee or public officer?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you appeared before any grand jury or been interviewed by any investigating, prosecuting or law Enforcement authority?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been sued by a client?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been a party or otherwise personally involved in legal proceedings of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever held public office (including judicial, legislative or executive positions on federal, state or local level, whether elective or appointive)?	<input type="checkbox"/>	<input type="checkbox"/>
H. Are you an officer in any political organization?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you ever taught any law courses?	<input type="checkbox"/>	<input type="checkbox"/>
J. Have you authored any articles, treatises or books on legal problems or related matters?	<input type="checkbox"/>	<input type="checkbox"/>
K. Since graduation from law school, have you engaged in any occupation, business or profession other than the law?	<input type="checkbox"/>	<input type="checkbox"/>
L. Have you any illness or other disability which might interfere with the proper discharge of judicial duties, including assignments to hold court at odd hours, at great distances within the circuit or in other circuits of the state?	<input type="checkbox"/>	<input type="checkbox"/>
M. Are you an officer or director of any for-profit corporation?	<input type="checkbox"/>	<input type="checkbox"/>
N. Have you ever been convicted of or are you now under charges for any offense (other than a traffic offense, conservation offense or petty offense which the penalty did not or does not exceed \$50,000)?	<input type="checkbox"/>	<input type="checkbox"/>

15. Military Service: Duty with federalized National Guard which should be reported at "active duty."

- A. Active Duty Service: Branch: _____ From: _____ To: _____
- B. Reserve Service: Branch: _____ From: _____ To: _____
- C. National Guard Service: Branch: _____ From: _____ To: _____
- D. Highest Military Rating Attained: _____
- E. Special Skills, Training, Medals, Etc.: _____
- F. Current Military Obligations – Weekly Drills? _____ Summer Camp? _____ Other? _____

16. Bar Association Activities:

- A. (Check the box if you are a current member of the following):
 - A.B.A. _____ County Bar Association
 - I.S.B.A. Chicago B.A. Other (Specify) _____

B. List offices held in any associations, and dates held: _____

17. List all professional, service, social or fraternal organizations of which you are a member: _____

18. Professional Experience:

A. History of practice or employment: List in inverse chronological order, the history of your practice or employment since your graduation from law school. (If more space is needed, use space provided on the last page of these forms).

From	To	Name of Firm or Employer	Status	Name Lawyer-Supervisor
	Present	Name Address	<input type="checkbox"/> Sole Practice <input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee	
		Name Address	<input type="checkbox"/> Sole Practice <input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee	
		Name Address	<input type="checkbox"/> Sole Practice <input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee	
		Name Address	<input type="checkbox"/> Sole Practice <input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee	
		Name Address	<input type="checkbox"/> Sole Practice <input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee	

19. Type of Practice: In the spaces provided below, indicate the approximate percentage of your time spent during the past five years on each of the following types of practice.

Type of Practice	Percentage of Time	Type of Practice	Percentage of Time
A. Trial work and preparation therefor	%	D. Probate work	%
B. Chancery work other than divorce and separate maintenance	%	E. Consultation and drafting documents re: taxes, real estate and business	%
C. Divorce and separate maintenance	%	F. Appellate work	%
G. Other (Specify)			%

20. Extent of Practice: In the spaces provided below, indicate the approximate number of jury cases, contested non-jury cases and appeals you have handled since admission to the bar.

A. Jury Cases	B. Contested Non-Jury Cases	C. Appeals

D. Citations: List any cases you personally handled on appeal (Do not list more than five cases).

Name of Case	Citation	Year

21. References: Give the name, address, telephone number and the period of your acquaintance with at least five persons who had adequate opportunity to observe and evaluate your character, your legal ability, your fitness and qualifications, in general, and (in particular) your fitness and qualifications for judicial office. Not more than three of the five may be lawyers or judges. Any lawyers you name must NOT be associated with you in practice.

Name	Address	Telephone Number	Period of Acquaintance

22. Comments: (If more space is needed, use space provided on the last page of these forms):

23. Space for detailed answers. Indicate item numbers to which answers apply

ITEM NUMBER:

If more space is required, use 8½" x 11" sheets of plain white paper. On each extra sheet, write your name, address, and the identity of the circuit to which you are applying for appointment to the office of associate judge.

AUTHORIZATION & WAIVER

I authorize the ADMINISTRATOR of the ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION to disclose to the Administrative Director, the Chief Judge of the Circuit to which this application is directed and to the Judicial Screening Committees of interested Bar Associations all information contained in the Commission's files 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 required by Supreme Court Rule 766.

CERTIFICATION

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.

Date Signed

Signature (Sign in black ink)