



**ARIZONA SUPREME COURT
COMMITTEES, COMMISSIONS, COUNCILS & BOARDS**

APPLICATION FOR MEMBERSHIP - PLEASE INCLUDE YOUR RESUME

Please provide a cover letter stating why you are interested in serving on a Supreme Court Board, Committee, Commission or Council. Attach additional sheets as needed. Return this application to the address listed below.

FULL NAME

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

EMPLOYER

TITLE

OFFICE ADDRESS

PHONE/FAX:

EMAIL:

CITY

STATE

ZIP

BOARD/COMMITTEE/COMMISSION OF INTEREST (List according to preference):

1.

2.

3.

4.

EDUCATION (Include names(s) of institutions(s) and year degree(s) received):

PROFESSIONAL AND/OR COMMUNITY SERVICE ACTIVITIES (Include date(s) of service and, if applicable, title of office(s) held):

ADMITTED TO PRACTICE LAW IN THE STATE OF AZ:

DATE: _____ **BAR #** _____

PLEASE LIST THREE REFERENCES (PERSONAL AND/OR PROFESSIONAL):

| | | |
|-----------------|---|-----------------------|
| Name | Phone | Position/Title |
| Employer | Relationship <input type="checkbox"/> professional <input type="checkbox"/> personal <input type="checkbox"/> both | |
| Name | Phone | Position/Title |
| Employer | Relationship <input type="checkbox"/> professional <input type="checkbox"/> personal <input type="checkbox"/> both | |
| Name | Phone | Position/Title |
| Employer | Relationship <input type="checkbox"/> professional <input type="checkbox"/> personal <input type="checkbox"/> both | |

AFFIRMATION OF ELIGIBILITY:

To your knowledge, have any formal charges of professional misconduct, criminal misdemeanor, or a felony ever been filed against you? Yes () No () **If yes, please attach explanation.**

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Supreme Court? Yes () No () **If yes, please attach explanation.**

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you. Said investigation may include a criminal history investigation pursuant to A.R.S. §41-1750(G)(2).

SIGNATURE _____ **DATE** _____

OPTIONAL SECTION

The Arizona Supreme Court strives for diversity in its appointments. Therefore, in this optional section, we ask you to consider providing us with information that will help us evaluate our progress in achieving this goal.

| RACE/ETHNICITY | <input checked="" type="checkbox"/> | GENDER | <input checked="" type="checkbox"/> |
|------------------------|-------------------------------------|---------------|-------------------------------------|
| White (Non-Hispanic) | | Male | |
| Hispanic | | Female | |
| Native America | | | |
| Asian/Pacific Islander | | | |
| African-American | | | |
| Other | | | |

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:

**Arizona Supreme Court
 Certification and Licensing Division
 Attention: Doris Leonard
 1501 West Washington, Suite 104
 Phoenix, Arizona 85007-3231
 Fax Number: (602) 452-3958**