APPLICATION

JUDGE OF THE MAGISTRATE DIVISION OF THE DISTRICT COURT

INSTRUCTIONS

- Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if the applicant intentionally makes a false statement of a material fact or practices or attempts to practice any deception or fraud in the application, in the examination, or in the appointment.
- ALL ENTRIES, EXCEPT FOR SIGNATURE, MUST BE PRINTED LEGIBLY WITH PEN AND INK, BALLPOINT PEN, OR be TYPED.
- If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of paper the same size as this application and number answers to correspond with questions.
- If you wish to submit letters of recommendation with your application, you must limit the quantity to no more than five (5).

1.	Name:							
		Last			First			Middle
2.	Present	Address:						
			City	State			Z	IP
3.	List how	long you	have live	ed at this add	dress:			
4.	Give you	ur home a	ddress fo	or the past fiv	ve (5) yea	rs, exclu	uding ye	our present address:
		<u>Address</u>		<u>C</u>	ity	<u>State</u>	<u>ZIP</u>	Dates Lived At Address

I. PERSONAL DATA

5. Telephone Number: Home _____ Business _____

- 6. E-mail address: _____
- 7. If appointed to the magistrate judge position, will you be at least thirty (30) years of age at the time you assume the position?() Yes() No
- 8. Are you a U.S. Citizen?
- If appointed to the magistrate judge position, will you have been a legal resident of the state of Idaho for at least two (2) continuous years by the time you assume the position?
 () Yes
 () No
- 10. If appointed to the magistrate judge position, will you have been in good standing as an active or judicial member of the Idaho state bar of at least two (2) continuous years immediately preceding the appointment? () Yes () No
- 11. If appointed to the magistrate judge position, will you have held a license to practice law or held a judicial office in one (1) or more jurisdictions for at least five (5) continuous years immediately preceding appointment?() Yes() No
- 12. Do you have the ability to travel?

II. EDUCATION

9. Name of colleges or universities attended:

School and Location	Dates Attended	Degree	Year Degree Rec'd.
A. Chief undergraduate college subject	S:		

()Yes ()No

()Yes ()No

B.	Chief graduate college subjects:
C.	State major field of study at highest level of college work:
D.	List other schools or training (for example: trade, vocational, Armed Forces or business) and give for each the name and location of school, dates attended, subjects studied, certificates and any other pertinent date: (a)
	(b)
	(c)
	(d)

III. MILITARY

- 10. Are you presently serving or have you ever served in the Armed Forces of the United States? () Yes () No
- 11. If YES, attach a detailed statement including:
 - (a) branch of service;

- (b) serial number;
- (c) rank;
- (d) inclusive dates of your service;
- (e) type of discharge (A less than honorable or general discharge is not an absolute bar to appointment, and other factors will affect a final decision to appoint.);
- (f) whether or not you were ever convicted by a court-martial or subjected to punishment under article 15 of the Uniform Code of Military Justice (If yes, give complete details.);
- (g) if discharged, attach a copy of your discharge or separation papers. Do not attach a discharge or separation based on medical reasons.

IV. EMPLOYMENT

- 12. What is your present occupation? _____
- 13. List below your complete work history for the past fifteen (15) years, starting with your present position and working backward to your first employment. List any periods of unemployment. All of your time must be accounted for.

Date of Employment (From/To)	Plac	Place of Employment Type of Business (Mnfg., Acct., Ins., etc.)		
Exact Title of Position	Тур			
Address of Employment		City State		
Phone Number	Type and Number of I	nber of Employees you Supervised		
Name, Title and Address of Imme Description of Work:				
Reason for Leaving:				
Date of Employment (From/To)	Plac	ce of Employme	ent	
Exact Title of Position				

Address of Employment		City	State ZIP		
Phone Number	Type and Number of Employees you Supervised				
Name, Title and Address of Immed	diate Supervisor				
Description of Work:					
Reason for Leaving:					
Date of Employment (From/To)					
Date of Employment (From/10)		Place of Employmer	nt		
Exact Title of Position		Type of Business (M	Infg., Acct., Ins., etc.)		
Address of Employment		City	State ZIP		
Phone Number	Type and Num	ber of Employees you S	Supervised		
Name, Title and Address of Immed	diate Supervisor				
Description of Work:					
Reason for Leaving:					
Date of Employment (From/To)		Place of Employmer	nt		
Exact Title of Position		Type of Business (M	Infg., Acct., Ins., etc.)		

Address of Employment		City	State ZIP			
Phone Number	Type and Number of Employees you Supervised					
Name, Title and Address of Imme	diate Supervisor					
Description of Work:						
Reason for Leaving:						
Date of Employment (From/To)		Place of Employme	nt			
Exact Title of Position		Type of Business (Mnfg., Acct., Ins., etc.)				
Address of Employment		City	State ZIP			
Phone Number	Type and Num	ber of Employees you	Supervised			
Name, Title and Address of Imme	diate Supervisor					
Description of Work:						
Reason for Leaving:						
Date of Employment (From/To)		Place of Employme	nt			
Exact Title of Position		Type of Business (N	Infg., Acct., Ins., etc.)			

	Address of Employment		City	State ZIP			
	Phone Number	Type and Number of Employees you Supervised					
	Name, Title and Address of Imm	nediate Supervisor					
	Description of Work:						
	Reason for Leaving:						
14.	Have you ever been dis	charged (fired) fro	m employment f	or any reason? ()Yes ()No			
15.	Have you ever resigned discharge you for any re		ed that your em	ployer intended to ()Yes ()No			
	Were you ever subjected to disciplinary action in connection with any employment () Yes () No If your answer to item 14, 15, or 16 is YES, give details showing the name and address of employment, approximate date, and reasons in such case. This information should agree with statements made regarding experience.						

V. <u>HEALTH</u>

- 18. Does the state of your health permit you to perform job-related functions with or without accommodation?() Yes() No
- 19. Would you agree to comply with all state, city and county policies regarding smoking? () Yes () No

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I agree that if I am selected for this position, I will authorize any clinic, physician, surgeon, or other practitioner mentioned herein to furnish to the District Magistrates Commission a complete transcript of my medical record for the purpose of evaluating my qualifications for employment within the Idaho Judiciary.

Dated

Signature

VI. GENERAL BACKGROUND

20. Have you ever plead guilty or been found guilty of any federal law, state law, county or municipal law, regulation or ordinance? If so, please give details. Do not include traffic violations for which a fine of \$50.00 or less was imposed.

	DATE	LOCATION	VIOLATION (Actual Charge)	COURT DISPO OF SENTE		-	-	AGENCY VLED
21.	Do you h	ave a valid mo	otor vehicle operato	r's license?	()	(es	() No
22.	lf so, list	your driver's li	cense number, stat	e, and expiratio	n date: _			

23. If you are now an officer or director of any business organization or otherwise engaged in the management of any business enterprise, please give details, including the name of the enterprise, the nature of the business, the title of your position, the nature of your duties, and the term of your service. If it is not your intention to resign such positions and give up any other participation in the management of any of the foregoing enterprises, please so state, giving reasons.



24. Have you ever held judicial office? If so, give the details, including the court involved, whether elected or appointed, and the periods of service.

25. Have you ever held public office other than a judicial office, or have you ever been a candidate for such an office? If so, give the details, including the office involved, whether elected or appointed, and the length of your service.

26. List any honors, prizes, or other forms of recognition that you have received.

27. List all courts in which you are presently admitted to practice, including the dates of admission in each case. Give the same information for administrative bodies having special admission requirements.

28. Are you actively engaged in the practice of law at the present time? If you are connected with a law firm, corporate law department, or a governmental agency, please state its name and indicate the nature and duration of your relationship.

29. If in the past you have practiced in other localities or have been connected with other law firms, corporate law departments, or governmental agencies, please give the particulars, including the locations, the names of the firms, corporate law departments, or agencies, and your relationship thereto, and the relevant dates. Also indicate any period in the past during which you practiced alone.

30. What is the general nature of your practice? Indicate the nature of your typical clients and mention any legal specialties that you possess. If the nature of your practice has been substantially different at any time in the past, give the details, including the nature of such and the periods involved.

- 31. What percentage of your practice involves court appearances? _____%
- 32. What percentage of your court appearances in the last five (5) years was in:
 - (a) Federal Courts ____%
 - (b) State Courts of Record _____%
 - (c) Other Courts ____%
- 33. What percentage of your litigation in the last five (5) years was:
 - (a) Civil _____% Approximate number of Jury Trials _____
 - (b) Criminal _____% Approximate number of Jury Trials _____
- 34. Have you ever been engaged in any occupation, business, or profession other than the practice of law? If so, please give the details, including dates.

35. Have you ever been a party or otherwise involved in any other legal proceedings? If so, give the particulars. Do not list proceedings in which you were merely a guardian ad litem, a witness, or stockholder. Include all legal proceedings in which you were a party in interest, were named as a co-conspirator or a co-respondent, and any grand jury investigation in which you figured as a subject. 36. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee, or other professional group? If so, please give the particulars.

37. Have you ever published any legal books or articles? If so, please list them, giving the citations and dates.

38. List all bar associations and professional societies of which you are a member, and give the titles and dates of any offices that you have held in such groups. Also list committees in bar associations and professional societies and memberships on any committees that you believe to be of particular significance (i.e., judicial selection committee, committee of censors, grievance committee) or for which you served as the chairperson.

VII. REFERENCES

39. List any persons (at least four (4) of whom are lawyers) living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under the Employment Section.

Α.					
	Complete Name		Occupati	ion	Years Known
	Home Address				
	City	State	ZIP	Phone Number	
B.					
	Complete Name		Occupati	ion	Years Known
	Home Address				
	City	State	ZIP	Phone Number	
C.	Complete Name		 Occupati	ion	Years Known
	Home Address				
	City	State	ZIP	Phone Number	
D.					
	Complete Name		Occupati	ion	Years Known
	Home Address				
	City	State	ZIP	Phone Number	

The applicant, being sworn, having read the foregoing, says that the responses to the foregoing questions, and information contained on any attached materials, are true and complete to the best of my knowledge. I have not withheld any information that would be significant to the Magistrates Commission in evaluating my fitness for the judicial office for which I have applied. I have met, or will timely meet, any residency requirements or other legal requisites for such judicial office. I understand that any misstatement or omission in respect to any material fact which would in any way affect my eligibility for appointment or employment will subject me to immediate disqualification from further processing of this application or, if appointed as a magistrate judge with the state of Idaho, to immediate dismissal. I further expressly authorize the Magistrates Commission to inquire of the Idaho State Bar regarding disciplinary matters involving me, the U.S. Armed Forces or state national guard regarding my general service record, including performance evaluations, and the Idaho State Tax Commission to verify that income tax returns have been filed and the status of any investigations conducted by the Tax Commission. I hereby waive any confidentiality, privilege or other restrictions involving the release of the above information about me by those organizations, and to verify any other statements made in this application or in any examinations or interviews conducted relative to this application, including but not limited to criminal arrest and/or conviction information. I further expressly authorize the release of any university or law school transcripts, and waive any privilege or confidentiality or other restrictions involving the release of such transcripts. By submitting this application, I agree and understand that if I am offered and accept the position of Magistrate Judge, I may be assigned by the Idaho Supreme Court, Administrative District Judge or the Trial Court Administrator of this District to preside over and dispose of cases outside of the county for which I am appointed.

Printed Name		
Signature		Dated
STATE OF IDAHO) COUNTY OF) ss.		
Subscribed and sworn to before me this	day of	, 20
	NOTARY PUBLIC Residing at:	
	My Commission Expire	es:

Notice: If you are offered this magistrate judge position, you may be required to provide information regarding your place of birth, credit history and medical history. Further, a security investigation of you will be made.

ADDITIONAL PERSONAL DATA

Note: This information is gathered for the sole purpose of obtaining a criminal history background check, and for identification purposes in conducting complete background checks on the applicant. The information on this page will not be disclosed to the Magistrate Commission.

Your Current Name:(As Listed on Page 1 of Application)						
(As Listed on Page 1 of Application)						
List any other names you have ever used:	Date of Name Change:					
Your Date of Birth:						
Your Social Security Number:						