



**APPLICATION FOR MEMBERSHIP ON JUDICIAL EVALUATION COMMITTEE**

**1. (A) FULL NAME:**

**(B) ADDRESSES:**

**OFFICE ADDRESS:**

Business Name:

Number:  Street:

Suite:  City:  Zip code:

Phone: *(type numbers only, field will format automatically)*  Fax: *(type numbers only, field will format automatically)*

Email:

**HOME ADDRESS:**

Number:  Street:

Suite:  City:  Zip code:

Phone: *(type numbers only, field will format automatically)*

**(C)** Date of Birth  CBA Membership #:

**2.** Date of Admission to practice law in Illinois:

**3.** Colleges and Law School Education:

Colleges	Dates	Major	Degree
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. List other bar associations or legal societies in which you are a member:

5. Give a brief history of your legal career, in inverse chronological order, beginning with your current practice:

Period by years: (e.g. 1975 to 1991)  TO  # of Attorneys in Firm:

Firm Name:

Status:  Other:

Type of Practice or nature of work:

Period by years: (e.g. 1975 to 1991)  TO  # of Attorneys in Firm:

Firm Name:

Status:  Other:

Type of Practice or nature of work:

Period by years: (e.g. 1975 to 1991)  TO  # of Attorneys in Firm:

Firm Name:

Status:  Other:

Type of Practice or nature of work:

Period by years: (e.g. 1975 to 1991)  TO  # of Attorneys in Firm:

Firm Name:

Status:  Other:

Type of Practice or nature of work:

Period by years: (e.g. 1975 to 1991)  TO  # of Attorneys in Firm:

Firm Name:

Status:  Other:

Type of Practice or nature of work:

6. Briefly describe the nature of your practice in the past five years:

7. Have you tried any bench or jury trials to completion?

If so, state the number of bench and jury trials you have tried to completion:

If no, state whatever experience you have had in adversary or contested proceedings before any agency or tribunal:

8. Has your right to practice in any jurisdiction ever been denied or suspended?

*If so, state the facts on a **separate attachment**.*

9. Have you ever been formally censured or otherwise disciplined by any court or tribunal?

*If so, state the facts on a **separate attachment**.*

10. Has your professional conduct been the subject of comment, favorable or unfavorable, in any opinion or order of any court or tribunal or in the media?

*If so, state the facts on a **separate attachment**.*

11. Have you ever been the subject of any complaint that went to hearing made to the Attorney Registration and Disciplinary Commission of Illinois, or to any similar authority of any other state?

*If so, state the facts on a **separate attachment**.*

12. *If you desire, state on a **separate attachment** any additional information which you believe would assist The Chicago Bar Association in evaluating your application for membership on the Judicial Evaluation Committee.*

13. Please state why you wish to serve on the Committee.

*By submitting this application, I affirm my awareness that service on the Committee will entail a commitment of my time and further affirm my willingness to make such a commitment. I have also read, understood, signed and returned a Commitment to Confidentiality with this application.*

Date of application submission to The Chicago Bar Association:

\_\_\_\_\_  
**Signature of Applicant**

# THE CHICAGO BAR ASSOCIATION JUDICIAL EVALUATION COMMITTEE

## COMMITMENT TO CONFIDENTIALITY

As a member of the Judicial Evaluation Committee of The Chicago Bar Association, I hereby affirm my commitment to the confidentiality of all matters coming to my attention as a member of such Committee and I shall not disclose any information arising during the investigation, hearing or appeal stages to any person (including the candidate) not directly involved in the investigative or hearing stages, including, but not limited to, the following information: contents of any investigative report or questionnaires; comments or opinions of any member of the Judicial Evaluation Committee; or the vote or failure to vote of any member of such Committee.

I understand that violations of this commitment to confidentiality shall constitute sufficient cause for termination of my membership on the Judicial Evaluation Committee.

I understand that the Resolution Concerning Procedures for Evaluation of Candidates prohibits both requesting and disclosing confidential information. If I learn that a member of the Committee or a candidate has either requested or disclosed such information, I will so advise a member of the Executive Committee forthwith.

Date of Agreement:

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**