



ARIZONA SUPREME COURT

APPLICATION FOR MEMBERSHIP

**ATTORNEY DISCIPLINE PROBABLE CAUSE COMMITTEE,
HEARING PANELS & SETTLEMENT OFFICERS**

Please provide a cover letter indicating your interest in service, include your resume and 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

**INDICATE INTEREST IN SERVING IN ANY OR ALL OF THE FOLLOWING AREAS,
SPECIFYING AREA OF MOST INTEREST (1, 2, 3):**

_____ **ATTORNEY DISCIPLINE PROBABLE CAUSE COMMITTEE
(PUBLIC & ATTORNEY MEMBER POSITIONS)**

_____ **HEARING PANEL
(PUBLIC & ATTORNEY MEMBER POSITIONS)**

_____ **SETTLEMENT OFFICER (ATTORNEY MEMBER POSITIONS)**

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 (if applicable):

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
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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	✓	GENDER	✓
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