

**APPLICATION FOR APPOINTMENT OF PUBLIC DEFENDER
FOR ROCK ISLAND COUNTY IN THE 14th JUDICIAL CIRCUIT**

1. NAME: (Last) (First) (Middle)

2. HOME ADDRESS: (Street Number) (City) (Zip Code) (County)

3. BUSINESS ADDRESS: (Street Number) (City) (Zip Code) (County)

4. HOME PHONE NUMBER 5. CELL PHONE NUMBER

6. PLACE OF BIRTH (City) 7. DATE ADMITTED TO ILLINOIS BAR (Month, Year)

8. EDUCATION: Name of School/Location Date Graduated

A. High School: 1) _____

2) _____

B. College: 1) _____

2) _____

C. Law School: 1) _____

2) _____

D. Other: 1) _____

2) _____

E. List all degrees which you have earned and the date each was awarded:

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

9. CONFLICT(S) OF INTEREST: _____

10. DATE AVAILABLE TO START: _____

11. PROFESSIONAL QUALIFICATIONS:

A. List courts and administrative agencies before which you have been admitted to practice. Date of Admission

1) _____

2) _____

3) _____

4) _____

- B. Has your right to practice before any court or administrative agency ever been denied, suspended or revoked? _____
- 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? _____
- D. Have you ever held public office (including judicial, legislative or executive positions on federal, state or local level, whether elective or appointive)? _____
- E. Have you ever taught any courses? _____
- F. Have you authored any articles, treatises or books on legal problems or related matters? _____
- G. Are you an officer or director of any for-profit corporation? _____
- H. 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 for which the penalty did not/does not exceed \$500.00)? _____

12. BAR ASSOCIATION ACTIVITIES:

- A. Check if you are a current member of the following:
 ___ A.B.A. ___ County Bar Association ___ Ill. State Bar Association ___ Other: _____
- B. List offices held in any associations, and dates held: _____

13. ORGANIZATIONS: (List all professional, service, social or fraternal organizations of which you are a member)

14. 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 last page of this application)

From	To	Name of Firm/Employer	Status	Name of Lawyer-Supervisor
	PRESENT	Name	___ Sole Practice ___ Partner	
		Address	___ Associate ___ Employee	
		Name	___ Sole Practice ___ Partner	
		Address	___ Associate ___ Employee	
		Name	___ Sole Practice ___ Partner	
		Address	___ Associate ___ Employee	
		Name	___ Sole Practice ___ Partner	
		Address	___ Associate ___ Employee	

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

15. TYPE OF PRACTICE: (In the spaces below, indicate the approximate percentage of your time spent during the past five (5) years on each of the following types of practice)

Type of Practice	Percentage of Time
A. Trial work and preparation thereof:	
B. Criminal law:	
C. Juvenile law:	
D. Appellate work:	
E. Other (Specify):	

16. EXTENT OF PRACTICE: (In the spaces 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 (5) cases)		
Name of Case	Citation	Year

17. REFERENCES: (Give the name, address, telephone number and the period of your acquaintance with at least three (3) 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 office. Not more than 2 of these may be lawyers or judges)

Name	Address	Telephone Number	Period of Acquaintance

18. COMMENTS: (If more space is needed, use space provided below)

19. ADDITIONAL SPACE FOR DETAILED ANSWERS. (Indicate the item number to which answers apply)

If more space is needed, use 8-1/2" 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 Public Defender.

AUTHORIZATION & WAIVER

I authorize the ADMINISTRATOR of the ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION to disclose - to the Circuit Judges of Henry, Mercer, Rock Island and Whiteside counties and the Chief Judge of the Circuit to which this application is directed – 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.

Applicant's Signature (Sign in blue ink)

Date Signed