

**APPLICATION FOR
POSITION OF FEDERAL PUBLIC DEFENDER**

Central District of Illinois

Instructions:

All questions must be answered. If a question or section is not applicable, please so state. Please respond fully, using additional pages if necessary. Please give full names and current office addresses and phone numbers (or residence, if no office) for all judicial, professional, personal or other references. Please provide an original and seven photocopies of your completed application, and one copy of each of the five writing samples.

All inquiries should be directed to the Circuit Executive, Collins T. Fitzpatrick, U.S. Court of Appeals for the Seventh Circuit, 219 South Dearborn Street, Room 2780, Chicago, Illinois 60604. Completed applications should be sent to the Circuit Executive.

Your signature in the lower right-hand corner of this document indicates your consent to this evaluation and the checking of references.

Applications are to be received on or before April 1, 2011.

Signature of Applicant

Office Phone:

Residence Phone:

Date Signed:

PART B -- EDUCATIONAL BACKGROUND

4. (a) High School: Graduation Date:

(b) College: Include nonlegal graduate work.

<u>SCHOOL</u>	<u>DATES</u>	<u>MAJOR</u>	<u>DEGREE</u>
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(c) Honors, Awards, etc.:

PART C -- PROFESSIONAL AND OCCUPATIONAL BACKGROUND

7. (a) When were you admitted to practice in (State) (Year)
- (b) How long have you practiced in (State) (Years)
- (c) Name all states, courts and administrative agencies or tribunals before which you have been admitted to practice, dates admitted; state whether you are currently admitted and whether you actively practice there now. Do not include special admission for a particular case.

COURT, AGENCY, ETC. DATE CURRENT(y/n) ACTIVE(y/n)

8. Do you actively practice law in any other state?
If so, describe extent and nature of practice.

9. Bar Associations and Activities.

List all national, state, local, specialty, honorary and other bar associations or other legal societies to which you have belonged. State as to each committee membership and other activity: offices held, whether you are now a member in good standing or not, why.

10. List any judicial or quasi-judicial offices you have held.

(Circle F or P for full or part-time.)

<u>OFFICE</u>	<u>LOCATION</u>	<u>PERIOD OF SERVICE</u>
F P		
F P		

11. List any elective public office you have ever held (other than judicial or quasi-judicial).

<u>OFFICE</u>	<u>LOCATION</u>	<u>PERIOD OF SERVICE</u>
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12. List any appointive public office you have ever held (other than judicial or quasi-judicial).
(Circle F or P for full or part-time.)

F P OFFICE: DUTIES:
LOCATION:

F P OFFICE: DUTIES:
LOCATION:

F P OFFICE: DUTIES:
LOCATION:

13. List any elective public office for which you have been an unsuccessful candidate.

<u>OFFICE</u>	<u>LOCATION</u>	<u>DATE</u>
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14. Present professional practice or occupational status, whether law-related or not.

Describe your title, position, your duties or type of practice, inception date, and list names and current phone numbers of partners, associates, or persons with whom you share an office.

(a) Title/Position:

(b) Practice/Occupation:

(c) Partners/Associates/etc.:

15. Past legal or law-related professional status.

(a) Give a brief history of your legal career in inverse chronological order. Begin with the most recent experience prior to your present status.

<u>PERIOD</u>	<u>PLACE</u>	<u>STATUS</u>	<u>TYPE OF PRACTICE</u>
By Years	City, County,	Solo Practice, partner,	Criminal, general,
<u> - </u>	<u>State</u>	<u>assoc., office sharer</u>	<u>insurance claims, etc.</u>

(b) As to your past practice as stated in (a) above, list the names and current office phone numbers of partners, office sharers, etc., for the same periods as stated in (a) above.

<u>PERIOD</u>		<u>STATUS OF LAWYER</u>	
By Years		(Partner, assoc., office	
<u> - </u>	<u>NAME OF LAWYER</u>	<u>sharer, etc.)</u>	<u>PHONE</u>

16. Indicate the percentage of time devoted to different types of practice, and describe your trial (jury and non-jury) and appellate experience.

17. Non Law-Related. Professional and Occupational Background.

(a) List all professional or occupational licenses (other than law) which you have ever held. If license is still current, so indicate by checking "C".

<u>LICENSE</u>	<u>C</u>	<u>ISSUING AUTHORITY</u>	<u>DATE</u>
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(b) If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts and circumstances and the disposition. **Use separate attachment form.**

(c) Describe fully all non law-related professions or occupations pursued since your first admission to the bar, giving dates, company names, duties, reasons for leaving, etc.

PART D -- PROFESSIONAL AND PERSONAL CONDUCT

YOUR NAME

18. (a) Has your license or right to practice before or in any state, court, agency, or other tribunal ever been denied, revoked, or suspended? **(y/n)**
If so, state the facts and circumstances fully. **Use separate attachment form.**
- (b) Have you ever been formally censured, adjudged or held in contempt or otherwise disciplined by any judge, court, agency, or tribunal? **(y/n)**
If so, state the facts and circumstances fully. **Use separate attachment form.**
- (c) Has your professional conduct or ability been the subject of comment, favorable or unfavorable, in a written opinion of any judge, court, or other tribunal? **(y/n)**
If so, attach a copy of the opinion and state facts and circumstances you feel appropriate. **Use separate attachment form.**
19. (a) Have you been the subject of any complaint filed with or made to any board of attorneys professional responsibility? **(y/n)**
If the complaint was dismissed with no action taken against you, that is all you need say. If any action, including a warning, was taken, please state fully the facts and circumstances and the disposition of the matter. **Use separate attachment form.**
- (b) Have you been the subject of any complaint filed with or made to any similar authority of any other court or state? **(y/n)**
If so, state fully the facts and circumstances and the disposition of the matter. **Use separate attachment form.**
20. Have you ever been the subject of a complaint filed with or made to any bar association or committee thereof? **(y/n)**
If so, state fully the facts and circumstances and the disposition of the matter. **Use separate attachment form.**
21. Have you ever sued or been sued by a client? **(y/n)**
If so, state fully the facts and circumstances; the court and case number; names, addresses, and phone numbers of your attorney and all other counsel; and the disposition of the matter. **Use separate attachment form.**
22. Have you ever been a party to or otherwise personally involved (other than as counsel) in any litigation? **(y/n)**
If so, state the court, case number and style, the nature of the case and the circumstances of your involvement, the names and current phone numbers of your attorney and of any attorney representing an interest adverse to yours, and the disposition. **Use separate attachment form.**

23. Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? (y/n)
If so, give the particulars. **Use separate attachment form.**

NOTE: All candidates must complete and sign and return the authorization forms relating to disciplinary and grievance matters.

PART E -- PERSONAL AND JUDICIAL REFERENCES

YOUR NAME:

24. (a) Give the names and current phone numbers of at least five, but no more than ten persons (of whom not fewer than four must be lawyers not associated with you in the practice of law or in business) to whom you refer as to your character and ability, and state how long each has known you. Your references must have had adequate opportunities for observing your professional and general conduct and ability. Describe the status of non-law references.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>PERIOD OF ACQUAINTANCE</u>
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24. (b) Give the names and current phone numbers of at least three persons who have

or her name. In such instance, by separate attachment, list no more than five additional matters or cases with dates as to each lawyer.

If you have listed names of twenty lawyers in a category, you need not answer the other category; but if you do, list no more than ten names in that other category.

(a) Litigation Matters:

<u>NAME OF LAWYER</u>	<u>COURT</u>	<u>NUMBER AND CASE STYLE</u>	<u>DATE</u>
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25. (b) Non-litigation Matters:

NAME OF LAWYER

PHONE

NATURE OF MATTER

DATE

PART G -- WRITTEN WORK

26. (a) Please attach five representational samples of your written work (articles, opinions, treatises, trial, or appellate briefs.) State whether you were the sole author. If you were not, give the names, current office addresses, and telephone numbers of the persons who assisted you in the writing or research.

1.

2.

3.

4.

5.

PART H – CONCLUSION

27. State why you believe you are qualified to perform the duties of Federal Public Defender. Include any special professional occupational, or civic experience you have had that you believe should be considered by the committee. Include any legal teaching you have done.

28. State any other information which you believe to be relevant to the Committee's review.

NOTE: Remember to return the authorization and all attachments with your return of this questionnaire.

SEPARATE ATTACHMENT FORM

YOUR NAME:

This is a separate attachment to Part , Question .

AUTHORIZATION & WAIVER

I hereby authorize the Administrators of the Illinois Attorneys Registration and Discipline Commission or the disciplinary and inquiry bodies of any state, court, or bar association of which I am a member to disclose to the Committee all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive for use by the Committee and the United States Court of Appeals for the Seventh Circuit whatever right I may have to confidentiality of the foregoing information.

(Print or type name)

(Signature)

Address:

Date Signed: