APPLICATION FOR APPOINTMENT FOR THE OFFICE OF BOONE COUNTY PUBLIC DEFENDER

Please print or type application. Use additional pages when necessary to provide complete answers to questions.

Part A: Personal Background

Name: _____ _____ _____
(Last) (First) (Middle)

Maiden or other names which you have been known by: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____
(Street, City, County and Zip)

Business Address: _____
(Street, City, County and Zip)

List Previous addresses with the past ten years (include dates):

Home	Dates	Business	Dates

If you hold a current Illinois Driver's License or Secretary of State Identification card, please enter number:

_____

Enter name of any other state(s) in which you have ever been licensed to drive a vehicle:

_____

Are you currently in default of a repayment of a state education loan? ☐ Yes ☐ No

Are you currently in default on payment of Child Support?[1] ☐ Yes ☐ No

Military Service: (Duty with federalized National Guard unit should be reported as "active duty")

	Branch	Dates	Highest Rank Attained	Type of Discharge
Active Duty Service				
Reserve Service				
National Guard Service				

[1]Public Act 87-1172 requires completion of a statement describing your obligations, under a court or administrative order, to provide child support payments.

Part B: Health[2]

Do you have any mental or physical disability that, with or without any reasonable accommodation would prevent you from discharging the duties of Public Defender? ☐ Yes ☐ No

(If yes, please explain below, or attach additional pages if necessary.)

Part C: Educational Background:

	Name of School	Location	Dates	Major	Degrees
High School					
College(s)					
Law School(s)					

List Honors, Awards, A Law Review, and other activities or achievements.

Continuing Education attended in the last five years (Such as seminars, symposiums, lectures, or legal meetings, specifying if you participated as a speaker, lecturer, panelist, etc.)

Type	Your Participation	Topic

[2]Notice to applicants: If you require an accommodation because of physical or mental disability in order to participate in any phase of the application process, please make that fact know to the Chief Judge of the Circuit which is accepting applications. If you are selected to the position of Public Defender and you will need an accommodation to perform any essential job functions, please make that fact known to the Chief Judge of the 17th Judicial Circuit. All information received regarding such requests and accommodations made will be treated confidentially.

Continuing Education Continue:

Type	Your Participation	Topic

Complete the following if you have ever taught any law courses.

Schools	Dates	Subjects	Position Held	Current Status

If you have written any articles, texts, treatises, handbooks or other writings on legal matters which have been published, please complete the following:

Complete Citation	Publisher	Date	Title	Subject Matter

Describe any non-legal teaching or lecturing you have performed:

Schools	Dates	Subjects	Position Held	Current Status

Bar Associations and Activities:

Association	Office Held/Dates	Current or Past Member

Part D: PROFESSIONAL, BUSINESS AND OCCUPATIONAL BACKGROUND

Date you were admitted to practice law in Illinois: _____
Illinois Registration Number _____
Length of time you have practiced in Illinois _____
The name of the counties in which you primarily practice _____

If you have been admitted to practice and/or actively practiced law in another state, please complete the following:

Schools	Dates	Subjects	Position Held

List in reverse chronological order, the history of your practice or employment since your graduation from law school, whether law related or not.

Dates To From	Name of Firm, Company or Institution	Address (City/State)	Your Status, Solo, Partner, Associate or Title Within Organization	Subject Matter

Practice or employment continue:

Dates To From	Name of Firm, Company or Institution	Address (City/State)	Your Status, Solo, Partner, Associate or Title Within Organization	Subject Matter

Trial Experience (please state your trial which went to actual verdict in approximate numbers)

	Civil	Criminal
As Lead trial counsel in a matter tried before a jury		
As counsel assisting at trial in a matter tried before a jury		
As Lead trial counsel in a non-jury matter tried before a judge		
As counsel assisting trial counsel in a non-jury matter tried before a judge		

Provide the information requested below for your eight most recent felony jury trials tried to completion in which you acted as lead or co-counsel. Please begin with your most recent trial and continuing in chronological order.

Trial #1

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
   (Name, Current Address and Current phone number)
2. _____
   (Name, Current Address and Current phone number)
3. _____
   (Name, Current Address and Current phone number)

Trial #2

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
(Name, Current Address and Current phone number)

2. _____
(Name, Current Address and Current phone number)

3. _____
(Name, Current Address and Current phone number)

Trial #3

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
(Name, Current Address and Current phone number)

2. _____
(Name, Current Address and Current phone number)

3. _____
(Name, Current Address and Current phone number)

Trial #4

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
(Name, Current Address and Current phone number)

2. _____
(Name, Current Address and Current phone number)

3. _____
(Name, Current Address and Current phone number)

Trial #5

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
   (Name, Current Address and Current phone number)
2. _____
   (Name, Current Address and Current phone number)
3. _____
   (Name, Current Address and Current phone number)

Trial #6

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
   (Name, Current Address and Current phone number)
2. _____
   (Name, Current Address and Current phone number)
3. _____
   (Name, Current Address and Current phone number)

Trial #7

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
   (Name, Current Address and Current phone number)
2. _____
   (Name, Current Address and Current phone number)
3. _____
   (Name, Current Address and Current phone number)

Trial #8

Title _____

Docket Number _____ Year Tried _____

County _____ Judge presiding _____

Felony Charges Tried _____

Other attorneys participating:

1. _____
   (Name, Current Address and Current phone number)
2. _____
   (Name, Current Address and Current phone number)
   Text
3. _____
   (Name, Current Address and Current phone number)

By submitting this application, I hereby certify 1) that all information contained in this application is true and correct to the best of my knowledge; 2) that I understand that falsification and/or omission of any information shall be grounds for disqualification of my application and/or termination of employment; 3) that I authorize and give my permission for representatives to verify education credentials/degrees and to contact references and previous employers; and 4) that I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and background review and/or medical examination, which may include drug and alcohol testing.

Dated: _____ Signature: _____