



COMMISSION ON JUDICIAL PERFORMANCE

APPLICATION FOR JUDICIAL PERFORMANCE COMMISSION

Please attach a current resume

COMMISSION FOR WHICH YOU ARE APPLYING:
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Name (Last, First, Middle)		County	Home phone #	E-mail address	
Home Address		City		State	Zip Code
Business Address		City		State	Zip Code
Present Employer-Occupation		Business phone #		E-Mail Address	
Date of Birth	Gender M F	Registered Voter? Yes No	Ethnicity (Optional) African American Asian Hispanic Native American Caucasian		

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Law School or Trade/Business					
Memberships in Organizations And Offices Held (Indicate if Past or Present)					
Volunteer Activities (Indicate if Past or Present)					
Special Skills and Qualifications					

REFERENCES (List three persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE NO.

Is there anything in your background which might be an embarrassment to the Chief Justice, the Governor, the President of the Senate, the Speaker of the House or you if it were to become public? YES NO (If YES, please explain in attachment to this application.)

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 obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

I understand that Performance Commission members are required to attend a training session every two years.

RETURN COMPLETED FORM TO
Office of Judicial Performance Evaluation
Ralph L. Carr Judicial Center
1300 Broadway, Suite 220
Denver, CO 80203

SIGNATURE _____

Your application will be forwarded to Appointing Authorities.

DATE _____