Print Form

APPOINTMENTS QUESTIONNAIRE
CONFIDENTIAL

This Appointment Questionnaire is designed to gather detailed information from potential judicial appointees. Please complete this questionnaire using additional sheets as necessary. Every question must be answered. If a question is inapplicable, write N/A in the answer space provided. Please submit an original and fifteen (15) copies of the Appointment Questionnaire, fifteen (15) copies of your resume, and fifteen (15) copies of legal writing sample(s) or decisions. The materials do not need to be bound. If you decide to bind them, please do not bind the original. Please return the completed material to:

Katie Sherwin
Executive Chamber
State Capitol Room 239
Albany, New York 12224

FULL NAME _____

HOME ADDRESS _____

SOCIAL SECURITY NUMBER _____

HOME TELEPHONE NUMBER _____

BUSINESS TELEPHONE NUMBER _____

FAX NUMBER _____

PAGER OR CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

POSITION OR AREA OF SPECIALIZATION FOR WHICH YOU WISH TO APPLY:

_____

I. BIOGRAPHICAL INFORMATION

A. Date of Birth _____

B. Place of Birth _____

C. Mother's Name _____

1. Place of Birth _____
2. Current Address _____
3. Occupation _____

D. Father's Name _____

1. Place of Birth _____
2. Current Address _____
3. Occupation _____

E. Have you changed your name other than through marriage?

YES NO

F. Have you used a name other than the one given above?

YES NO

If yes, please set forth the name (s) and explain why:

_____

_____

G. Are you a U.S. citizen?

YES NO

H. If you are not a U.S. citizen, do you have a permanent resident alien status?

YES NO

II. MARITAL STATUS

A. SINGLE LEGALLY SEPARATED

MARRIED DIVORCED

B. If you are currently married, provide the following:

1. Spouse's Name _____

a. Date of Birth _____
b. Place of Birth _____
c. Current Address _____
d. Occupation _____
e. Employer Name and Address _____

_____

2. Date of Current Marriage _____

3. State and County from which marriage certificate was issued

_____

C. If you are formerly married, provide the following for each marriage:

1. Spouse's Name _____

   a. Date of Birth _____

   b. Place of Birth _____

   c. Current Address _____

   d. Occupation _____

2. Spouse's Name _____

   a. Date of Birth _____

   b. Place of Birth _____

   c. Current Address _____

   d. Occupation _____

D. If any prior marriage(s) ended in divorce, annulment or separation, provide the following:

1. Court or Agency where Filed _____

2. Civil Index Number _____

3. Date Filed _____

4. Grounds for Divorce, Annulment, or Separation

_____

E. Child Support and/or Maintenance Obligations

1. Do you have any child support and/or maintenance obligations?

   ◯ YES ◯ NO ◯ N/A

2. Are you current in all of your child support and/or maintenance obligations?

   ◯ YES ◯ NO ◯ N/A

3. Are there any legal proceedings in any court pending against you for non-payment of child support and/or maintenance obligations?

YES NO N/A

4. Are there any judgments against you in any court for non-payment of child support and/or maintenance obligations?

YES NO N/A

F. Have you ever had an order of protection entered against you in a Family Court proceeding?

YES NO N/A

If yes, please explain.

_____

_____

G. Identify your children and provide their respective dates of birth, current address, current occupation and current employer.

Name _____

Date of Birth _____

Address _____

Occupation/Employer _____

Name _____

Date of Birth _____

Address _____

Occupation/Employer _____

Name _____

Date of Birth _____

Address _____

Occupation/Employer _____

Name _____

Date of Birth _____

Address _____

Occupation/Employer _____

H. Please identify any other children whom you are legally responsible for or whom you deduct as dependents on your federal tax return.

_____

_____

_____

_____

I. Please identify any other person whom you are legally responsible for or whom you deduct as dependents on your federal tax return.

_____

_____

III. RESIDENCES

A. List each address and dates of occupancy at which you have lived for the last five years.

_____

_____

_____

_____

_____

1. Please list the persons living in your household (name, age, relationship)

_____

_____

_____

_____

_____

B. If you own your current residence, please provide the following:

1. Mortgage Holder _____
2. Address of Mortgage Holder _____
3. Amount of Mortgage _____
4. Monthly Payment _____

C. If you rent your current residence, please provide the following:

1. Monthly Rental _____

2. Name of Landlord _____

IV. EMPLOYMENT

A. Name of Present Employer _____

Address _____

Date Employment Commenced _____

Position or Title _____

Annual Salary or Wage _____

Typical Bonus _____

B. If you are self-employed or the owner of a business, please provide the name of your business(es) along with the taxpayer identification number(s).

_____

_____

C. Are you now or have you been at any time within the last four (4) years an independent consultant/contractor? If yes, list your clients over the past four (4) years, including periods of consultancy or contract.

_____

_____

_____

_____

_____

D. Please provide the following information with respect to your employers over the last twenty (20) years:

1. Name _____

Address _____

Dates Employed _____ to _____

Final Position or Title _____

Final Annual Salary _____

Typical Bonus _____

2. Name _____

Address _____

Dates Employed _____ to _____

Final Position or Title _____

Final Annual Salary _____

Typical Bonus _____

3. Name _____

Address _____

Dates Employed _____ to _____

Final Position or Title _____

Final Annual Salary _____

Typical Bonus _____

4. Name _____

Address _____

Dates Employed _____ to _____

Final Position or Title _____

Final Annual Salary _____

Typical Bonus _____

E. Involuntary Terminations

1. Have you ever been fired from any job for any reason?

YES NO

If yes, please explain.

_____

_____

2. Have you ever resigned from any job after being informed that your employment would be terminated?

YES NO

If yes, please explain.

_____

_____

3. Have you ever had an employment discrimination charge brought against you that has been substantiated by a court of law, administrative agency, arbitrator's decision, or grievance committee finding?

YES NO

If yes, specify when, by whom and what was the outcome?

_____

_____

V. LEGAL EXPERIENCE

A. Bar Admissions

1. List all bars and courts in which you are admitted or have ever been admitted to practice, other than on a pro hac vice basis, and dates of admission.

_____

_____

_____

_____

2. Have you ever resigned from a position as, or for other reasons ceased to be, a member of the bar of any state or court in any jurisdiction? If yes, describe the circumstances.

_____

_____

_____

_____

3. Have you complied with all registration requirements for lawyers in any jurisdiction in which you are licensed to practice law? If not, describe the circumstances.

_____

_____

_____

_____

4. For your most recent New York State biennial registration period, did you satisfy the mandatory continuing legal education requirement? If not, describe the circumstances.

_____

_____

_____

_____

B. Prior Legal Experience

1. General

a. List all areas of law in which you have concentrated or have had substantial experience for any sustained period of time and the periods during which you have done so.

_____

_____

_____

_____

_____

b. Prior to admission to any Bar, did you work as a paralegal, clerk, etc.? If yes, give the dates, names and addresses of the entity and people you worked for.

_____

_____

_____

_____

_____

2. Litigation

a. List on a separate piece of paper, with dates, the ten most recent cases in which you have participated during the past five years. State the names, present address and telephone numbers of the attorneys in each such case.

b. List on a separate piece of paper, with dates, any noteworthy cases in which you have participated. A case could be noteworthy because of its legal significance, or press attention. Include citations to relevant decisions or publicity.

c. What percentage of your litigation in the last five years was:

(i) Civil? _____

(ii) Criminal? _____

d. State the approximate number of personal appearances you have made in any court during the last five years.

Number: _____

(i) What percentage of such appearances was in:

(i) Supreme Court? _____

(ii) County Court? _____

(iii) Family Court? _____

(iv) District Court? _____

(v) Federal Court? _____

(vi) Other Courts (indicate the type(s) of courts)? _____

e. State the number of trials you have participated in during the past five years, indicating whether you were sole, associate, or chief counsel.

Number: _____

_____

_____

_____

(i) What percentage of your trials in the last five years was:

Jury? _____

Non-jury? _____

f. State the number of appeals you have participated in during the past five years, giving the names of the appellate courts and a general description of subject matter.

Number: _____

_____

_____

_____

(i) List on a separate piece of paper, citations to opinions in the ten most recent appeals in which you have participated during the past five years. Please provide copies of any such written opinions that were not reported.

3. Non-Litigation Representation

a. List on a separate piece of paper, with dates, the ten most recent significant non-litigation legal representations you have participated in during the past five years. State the names, present address and telephone numbers of the attorneys you recall were involved in each such representation.

4. Disciplinary Actions, Malpractice, and other Misconduct

a. Have you ever been disciplined by, or do you have any charges currently pending before any disciplinary committee, commission, or government agency arising out of your official or professional responsibilities? If yes, describe the circumstances.

_____

_____

_____

b. Have you, or any firm or organization that you have ever been a member of, ever been found to have committed legal malpractice, ever settled a case alleging the commission of acts constituting legal malpractice, or is any such legal malpractice claim currently pending? If yes, and if it related to a case or matter on which you worked, describe the finding, settlement or claim and state whether your conduct was the subject of the finding, settlement or claim.

_____

_____

_____

_____

_____

c. Have you, your firm, your employer or any of your clients ever been cited for contempt or otherwise had a sanction imposed upon you or them as a result of your conduct in any judicial or administrative proceeding? If yes, describe the circumstances.

_____

_____

_____

_____

d. Have you ever been sued by a client? If yes, describe the circumstances.

_____

_____

_____

_____

C. Judicial Experience

1. Prior Judicial Experience
   a. List all judicial positions that you have held and all dates that you held such positions.

_____

_____

_____

_____

_____

b. Have you ever resigned from a position as, or for other reasons ceased to be, a member of the bench of any court in any jurisdiction? If yes, describe the circumstances.

_____

_____

_____

_____

c. List all elective or non-elective judicial positions for which you have applied or sought election. Specify the position, the applicable jurisdiction, the relevant dates, and whether you received the position.

_____

_____

_____

_____

d. Have your qualifications for any judicial position previously been reviewed by any committee, Bar Association or other group, including this Committee? If yes, state the position for which you were reviewed, the name and address of the group, the dates you appeared before the group, and the rating, if any, which you were given.

_____

_____

_____

_____

e. Have you ever withdrawn a request that you be reviewed as a candidate for any judicial office by any group? If yes, describe the circumstances.

_____

_____

_____

_____

f. List on a separate piece of paper, with dates, any noteworthy cases over which you have presided. A case could be noteworthy because of its legal significance or press attention. Include citations to relevant decisions and/or publicity.

2. Current Judicial Office Holders (Including Judicial Hearing Officers and Referees)

a. For the most recent New York State biennial registration period, did you satisfy the requirement of attendance at training and education courses? If not, describe the circumstances.

_____

_____

_____

_____

b. State the approximate number of cases you hear per year.

Number: _____

(i) What percentage of these cases is:

(i) Civil? _____

(ii) Criminal? _____

(ii) List on a separate piece of paper, with dates, the ten most recent cases over which you have presided. State the names, present addresses and telephone numbers of the attorneys in each such case. If your ten most recent cases are exclusively civil or criminal in nature, add to the list your three most recent cases from the other side of the docket, regardless of date.

c. State the approximate number of trials over which you preside per year.

Number: _____

(i) What percentage of these trials was:

(i) Civil? _____

(ii) Criminal? _____

(ii) percentage of these trials was:

(i) Jury? _____

(ii) Non-jury? _____

d. State the approximate number of miscellaneous hearings or in-court proceedings over which you preside per year.

Number: _____

(i) What percentage of these hearings/proceedings was:

(i) Civil? _____

(ii) Criminal? _____

e. State the approximate number of motions and applications determined by you per year.

Number: _____

(i) What percentage of these hearings/proceedings was:

(i) Civil? _____

(ii) Criminal? _____

f. State the approximate number of appeals taken in cases over which you presided. State the percentage of these appeals that were affirmed, the percentage that were reversed, and the percentage that were modified.

Number: _____

Percentage affirmed: _____ Percentage reversed: _____ Percentage Modified: _____

a. What percentage of these appeals was:

(i) Civil? _____

(ii) Criminal? _____

b. For criminal appeals, what percentage was:

(i) Taken after plea? _____

(ii) Taken after judgment? _____

c. For civil cases, what percentage was:

(i) Taken after judgment in a jury case? _____

(ii) Taken after judgment in a non-jury case? _____

d. List on a separate piece of paper all your decisions which have been reversed upon appeal, giving citations for every written opinion at every level, including your opinion. Please provide copies of any of your written opinions that were not reported.

g. State the approximate number of interlocutory civil appeals taken in cases over which you presided. State the percentage of these appeals that were affirmed and the percentage that were reversed, and the percentage that were modified.

Number: _____

Percentage affirmed: _____ Percentage reversed: _____ Percentage Modified: _____

h. List on a separate piece of paper citations to all published opinions that you have written in the last three years. If the opinions are not published at this time, please provide copies of at least five recent unpublished opinions. If the names and addresses of all counsel in each case are not shown in the opinion, please supply those names and addresses if they are available to you.

3. Current and Former Appellate Judges

a. List on a separate piece of paper citations for all your opinions (including dissenting or concurring opinions) that you authored as an Appellate Judge. If the opinions are not published at this time, please provide copies of all such unpublished opinions.

b. List on a separate piece of paper citations to any decision reversing or modifying any of the opinions listed above. If the decisions are not published at this time, please provide copies of all such unpublished decisions.

D. Teaching and Lecturing Experience

1. Have you engaged in teaching law? If yes, state when, where, and the subjects taught.

_____

_____

_____

_____

2. Have you lectured or participated as a panelist at any schools or seminars conducted by any bar association or other organization of the legal profession? If so, specify dates and details.

_____

_____

_____

_____

E. Judicial Capacity

1. Do you know of any factors that would adversely affect your ability to serve competently as a judge, to comply with a judge's ethical responsibilities, or to complete the day-to-day responsibilities that a judge is required to assume that could not be overcome by a reasonable accommodation? If yes, describe the circumstances.

_____

_____

_____

VI. GOVERNMENT SERVICE

A. Identify any experience in or association with any local, state or federal governmental entity (including advisory, consultative, honorary or other part-time service or positions). Specify the dates of such service.

_____

_____

_____

B. Identify all elective public offices which you have sought and/or held. Specify the dates of such service.

_____

_____

_____

C. Are you currently receiving or are you currently entitled to receive any pension benefit from any governmental entity?

◯ (Y) ◯ (N)

D. Are you currently receiving or are you currently entitled to receive any disability benefits?

◯ (Y) ◯ (N)

E. If your answer to question C or D of this section is yes, please identify the governmental entity and specify when you began to receive or were entitled to receive such benefits.

_____

_____

F. If you are receiving or are entitled to receive benefits from any governmental entity, please identify your retirement system and registration number.

_____

_____

G. Are you or any member of your household now receiving or applying for public assistance?

◯ (Y) ◯ (N)

H. Have you ever been removed from public employment or asked to resign for disciplinary reasons?

◯ (Y) ◯ (N)

If yes, set forth the circumstances.

_____

_____

_____

VII. EDUCATIONAL BACKGROUND

A. High School

1. Name and address of last high school attended

_____

2. Dates attended _____ to _____

3. Did you graduate? ◯ YES ◯ NO

4. Please identify any other high schools that you attended

_____

5. If you have an equivalency diploma, please specify when it was obtained

_____

B. College

1. Name and address of last undergraduate college attended

_____

2. Dates attended _____ to _____

3. Did you graduate? ◯ YES ◯ NO

   a. Type of Degree _____

   b. Major Field _____

   c. Approximate Rank in Class _____

4. List any scholarships, fellowships, honorary degrees or any other awards that you received.

_____

_____

_____

5. Please identify any other colleges that you attended. Specify the dates of attendance and any degrees obtained.

_____

_____

_____

_____

C. Graduate or Professional School

1. Name and address of school (if more than one, use a separate sheet to answer this question)

_____

2. Dates attended _____ to _____

3. Did you graduate? ◯ YES ◯ NO

a. Type of Degree _____

b. Major Field _____

c. Approximate Rank in Class _____

4. List any scholarships, fellowships, honorary degrees or any other awards that you received.

_____

_____

D. Were you ever expelled, suspended, placed on probation, or subject to any other disciplinary action while attending any of the colleges, professional schools or other institutions that you listed in sections "B" and "C" above?

◯ YES ◯ NO

If yes, please explain the circumstances.

_____

_____

VIII. PROFESSIONAL CERTIFICATIONS

A. Please identify all professional licenses and certifications that you hold or have ever held. Specify the dates and the conferring authorities.

_____

_____

B. Has any professional license or certification ever been suspended or revoked?

◯ YES ◯ NO

If yes, please explain the circumstances.

_____

_____

C. Have you ever been the subject of any proceeding, inquiry or investigation by any professional association, including any bar association, of which you are a member?

YES NO

If yes, please explain the circumstances.

_____

_____

D. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee, or other professional group? If so, please give the particulars.

YES NO

_____

_____

IX. MILITARY SERVICE

A. Have you ever served in the military?

YES NO

B. If yes, please list highest rank, branch of service, dates of service and type of discharge.

_____

_____

C. Are you a member of the Reserves or National Guard?

YES NO

If yes, when does your obligation end?

_____

X. ORGANIZATIONAL AFFILIATIONS

A. Identify any professional/business organizations of which you are a member. Specify the name and address of the organization, the dates of your membership and any title that you hold in the organization.

_____

_____

_____

_____

B. Identify all memberships and offices held in and services rendered to all political parties or election committees during the past ten (10) years. If you received compensation, please provide the particulars.

_____

_____

_____

_____

C. Identify any civic, educational or charitable organizations of which you are a member. Specify the name and address of the organization, the dates of your membership and any title that you hold in the organization.

_____

_____

_____

_____

D. List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, that you hold with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with or had matters other than ministerial matters before any state or local agency, list the name of any such agency. If you received compensation, please provide the particulars.

_____

_____

_____

_____

_____

E. List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by your spouse with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before any state or local agency, list the name of any such agency. If your spouse received compensation, please provide the particulars.

_____

_____

_____

_____

_____

F. Identify any fraternal organizations of which you are a member. Specify the name and address of the organization, the dates of your membership and any title that you hold in the organization.

_____

_____

G. Identify any recreational/leisure organizations (e.g., country club, yacht club, tennis club) of which you are a member. Specify the name and address of the organization, the dates of your membership and any title that you hold in the organization.

_____

_____

_____

H. To your knowledge, are you or have you ever been a member of any organization that restricted admission on the basis of race, color, religion, age, sexual orientation, national origin, disability, or marital status?

◯ YES ◯ NO

If yes, please describe.

_____

_____

_____

I. Have you ever been associated with any person, group or business venture that could be used to impugn or attack your character and qualifications for the position to which you seek to be appointed?

◯ YES ◯ NO

If yes, please describe.

_____

_____

_____

XI. PUBLISHED WORKS, SPEECHES AND AWARDS

A. Published Works

Identify the titles, publishers and dates of books, articles, reports or other opinion statements which you have written (even under another name) that have been published. Please submit a copy of any book, article, report or other published opinion statement.

_____

_____

_____

_____

_____

_____

B. Speeches

Identify the title of any speech that addresses a topic related to the position for which you are applying and that you have delivered during the last four (4) years. Please include the date of delivery and the audience. If the speech has been reduced to writing or transcribed, please submit a copy.

_____

_____

_____

C. Honors and Awards

Identify all honors and awards that you have received in the past ten (10) years. Please include the date you received the award and the conferring organization.

_____

_____

_____

_____

_____

XII. REFERENCES

A. Please identify three (3) individuals who know you well in your business and/or professional life over the last five (5) or more years.

1. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

2. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

3. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

B. Please identify three (3) individuals who know you well in your personal life and who are not related to you.

1. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

2. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

3. Name _____

   Residence Address _____

   Home Telephone _____

   Employer or Business Name _____

   Business Address _____

   Business Telephone _____

   Years Known _____

XIII. CONFLICT OF INTEREST INQUIRIES

A. Are you or any of your immediate family members (i.e., spouse/domestic partner and children or parents and siblings, as applicable to your circumstances.) related to any State of New York official or employee?

☐ YES ☐ NO

If yes, please provide details.

_____

_____

_____

B. Are you or any of your immediate family members related to any United States government official or employee?

☐ YES ☐ NO

If yes, please provide details.

_____

_____

_____

C. Are you or any of your immediate family members related to any official or employee of a municipal subdivision of the State of New York?

☐ YES ☐ NO

If yes, please provide details.

_____

_____

_____

D. During the past five (5) years, have you or any other immediate family members received any compensation or been involved in any financial transactions with the State of New York, any of its agencies, public authorities, public corporations or public educational institutions (i.e., SUNY, CUNY)?

☐ YES ☐ NO

If yes, please provide details.

_____

_____

_____

E. During the past five (5) years, have you or any immediate family members received any compensation or been involved in any financial transactions with the United States government, any of its agencies, public authorities or public corporations?

◯ YES ◯ NO

If yes, please provide details.

_____

_____

_____

F. During the past five (5) years, have you or other immediate family members received any compensation or been involved in any financial transactions with any local government or municipal subdivision of the State of New York, any of their agencies, public authorities or public corporations?

◯ YES ◯ NO

If yes, please provide details.

_____

_____

G. During the past five (5) years, have you or other immediate family members received any compensation or been involved in any financial transactions with any State of New York official in his/her personal capacity?

◯ YES ◯ NO

If yes, please provide details.

_____

_____

_____

H. Please describe any business relationship, dealing or financial transaction which you have had during the past five (5) years, whether for yourself, or on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or may result in a potential conflict of interest in the position for which you seek appointment. If none, please so state.

_____

_____

_____

I. Describe any business relationship, dealing or financial transaction which any immediate family member has had during the past five (5) years, whether for himself/herself, or on behalf of a client, or acting as an agent, which you believe may constitute an appearance of impropriety or may result in a potential conflict of interest in the position for which you seek appointment. If none, please so state.

_____

_____

_____

J. Does any member of your immediate family hold an employment position that is related in any way to the position that you seek? If so, please identify the employer, the position and the length of time it has been held.

_____

_____

_____

K. Describe briefly any lobbying activity that you have engaged in during the past ten (10) years for the purpose of influencing any legislative or administrative action within the State of New York.

NOTE: "Lobbying activity" includes any activity performed as an individual or agent of another individual or of any organization that involves direct communication with an official in the executive branch, the legislative branch, or any public authority, agency or educational institution of New York State government.

_____

_____

_____

L. Have you registered as a lobbyist with the Temporary Commission on Lobbying?

☐ YES ☐ NO

If yes, please explain.

_____

_____

M. Describe briefly any lobbying activity that any member of your immediate family has engaged in during the past ten (10) years for the purpose of influencing any legislative or administrative action within the State of New York.

_____

_____

_____

N. Please describe any other matter in which you have been involved which may be incompatible or in conflict with the discharge of the duties of the position that you seek, or any matter which may impair or tend to impair your independence of judgment or action in the performance of your duties. If there is none, please so state.

_____

_____

_____

O. Outside Employment

1. Do you have any commitments or agreements to pursue outside employment, with or without compensation, while you may be employed by the State of New York?

○ YES ○ NO ○ N/A

If yes, please explain.

_____

_____

2. Do you intend to sever all connections with your present employer or business firm, association or organization if you are appointed to the position you seek?

○ YES ○ NO ○ N/A

If no, please explain.

_____

_____

_____

XIV. FINANCIAL MATTERS

A. Liens or Judgments

1. Are there any liens or judgments against you or any business in which you are an owner, officer, director or partner?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

2. Has a collection proceeding ever been instituted against you by any federal, state, or local taxing authority; or any other government entity?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

B. Tax Liabilities

1. Are you or any business in which you are an owner, officer, director or partner in arrears with regard to any tax obligations to federal, state and local authorities?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

2. Are there any tax liens currently assessed or pending against you, any business in which you are an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

3. Have your city, state or federal income tax returns been the subject of any audit, investigation, warrant or inquiry resulting in the assessment of a penalty?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

4. Within the last five (5) years, have you employed any domestic or household help?

◯ YES ◯ NO

a. If you employed domestic or household help, did you file the appropriate reports with the taxing authorities and pay withholding taxes?

◯ YES ◯ NO ◯ N/A

If no, please explain.

_____

_____

_____

b. If you employed domestic or household help, have you verified that any domestic or household help that you employed are U.S. citizens or documented aliens?

◯ YES ◯ NO ◯ N/A

If no, please explain.

_____

_____

_____

C. Student Loans

1. Are you, your spouse or any of your unemancipated children in arrears on the repayment of any student loan(s)?

◯ YES ◯ NO

If yes, please provide the name of the lender, the amount that is currently overdue and the length of time of the delinquency.

_____

_____

_____

2. Have you, your spouse or any of your unemancipated children ever defaulted on a student loan?

◯ YES ◯ NO

If yes, please provide the name of the lender, the amount of the default and the disposition of the loan.

_____

_____

_____

D. Bankruptcies

1. Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever filed a petition for bankruptcy under the U.S. Bankruptcy Code?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

2. Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever been adjudicated a bankrupt under the U.S. Bankruptcy Code?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

3. Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever been the subject of a receivership proceeding?

◯ YES ◯ NO

If yes, please explain

_____

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E. Gifts:

1. List each source of gifts EXCLUDING campaign contributions, in EXCESS of $1,000, received during the past five years by you or your spouse or unemancipated child, EXCLUDING your gifts from a relative. INCLUDE the name and address of the donor. The term "gift" does not include reimbursements. Indicate the value and nature of each such gift.

☐ NONE

Self Spouse Or Child	Name Of Donor	Address	Nature Of Gift	Category Of Value Of Gift*

*VALUE/AMOUNT CATEGORIES A - UNDER $5,000 B - $5,000 TO UNDER $20,000 C - $20,000 TO UNDER $60,000 D - $60,000 to under $100,000 E - $100,000 TO UNDER $250,000 F - $250,000 or over

F. Agreements

1. Describe the terms of, and the parties to, any contract, promise, or other agreement betweeen you and any person, firm, or corporation with respect to the employment of you after leaving office or position.

☐ NONE

2. Describe the parties to and the terms of any agreement providing for continuation of benefits to you in EXCESS of $1,000 from a prior employer OTHER THAN the State. (This includes interests in or contributions to a pension fund, profit-sharing plan, or life or health insurance, buy-out agreements; severance payments; etc.)

☐ NONE

_____

_____

_____

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_____

G. Other Income, Assets and Liabilities:

1. List below the nature and amount of any income in EXCESS of $1,000 from EACH SOURCE for you and your spouse for the most recent taxable year. Nature of income includes, but is not limited to, all income from compensated employment, whether public or private, directorships and other fiduciary positions, contractual arrangements, teaching income, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, dividends, income derived from a trust, real estate rents, and recognized gains from the sale or exchange of real or other property. Income from a business or profession and real estate rents shall be reported with the source identified by the building address in case of real estate rents and otherwise by the name of the entity and not by the name of the individual customers, clients or tenants, with the aggregate net income before taxes for each building address or entity. The receipt of maintenance received in connection with a matrimonial action, alimony and child support payments shall not be listed.

☐ NONE

Self/Spouse	Source	Nature	Category of Amount*

*VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

2. List the sources of any deferred income (not retirement income) in EXCESS of $1,000 from each source to be paid to you following the close of this calendar year, other than deferred compensation reported above. Deferred income derived from the practice of a profession shall be listed in the aggregate and shall identify as the source, the name of the firm, corporation, partnership or association through which the income was derived, but shall not identify individual clients.

☐ NONE

Self/Spouse	Source	Nature	Category of Amount*

*VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

3. List below the type and market value of securities held by you or your spouse from each issuing entity in EXCESS of $1,000 at the close of the most recent taxable year, including the name of the issuing entity exclusive of securities held by the reporting individual issued by a professional corporation. Whenever an interest in securities exists through a beneficial interest in a trust, the securities held in such trust shall be listed ONLY IF you have knowledge thereof except where you or your spouse has transferred assets to such trust for his or her benefit in which event such securities shall be listed unless they are not ascertainable by you because the trustee is under an obligation or has been instructed in writing not to disclose the contents of the trust to you. Securities of which you or your spouse are the owner of record but in which you or your spouse has no beneficial interest shall not be listed. Indicate percentage of ownership ONLY if you or your spouse holds more than five percent (5%) of the stock of a corporation in which the stock is publicly traded or more than ten percent (10%) of the stock of a corporation in which the stock is NOT publicly traded. Also list securities owned for investment purposes by a corporation more than fifty percent (50%) of the stock of which is owned or controlled by you or your spouse. For the purpose of this item, the term "securities" shall mean mutual funds, bonds, mortgages, notes, obligations, warrants and stocks of any class, investment interests of any class, investment interests in limited or general partnership and certificates of deposits (CDs) and such other evidences of indebtedness and certificates of interest as are usually referred to as securities. The market value for such securities shall be reported only if reasonably ascertainable and shall not be reported if the security is an interest in a general partnership that was listed in Item G(A) or if the security is corporate stock, NOT publicly traded, in a trade or business of you or your spouse.

☐ NONE

Self/Spouse	Issuing Entity	Type of Security	Percentage of Corporate Stock Owned or Controlled*	Category of Market Value**

* If more than 5% of publicly traded stock, or more than 10% of stock not publicly traded, is held.
** Category of Market Value as of the close of the most recent taxable year.

VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

4. List below the location size, general nature, acquisition date, market value and percentage of ownership of any real property in which any vested or contingent interest in EXCESS of $1,000 is held by you or your spouse. Also list real property owned for investment purposes by a corporation more than fifty percent (50)% of the stock of which is owned or controlled by you or your spouse. Do NOT list any real Property which is the primary or secondary personal residence of you or your spouse, except where there is a co-owner who is other than a relative.

☐ NONE

Self/Spouse/ Corporation	Location	Size	General Nature	Acquisition Date	Percentage of Ownership	Category of Market Value*

VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

5. List below all notes and accounts receivable, other than from goods or services sold, held by you at the close of the most recent taxable year and other debts owed to you at the close of the most recent taxable year in EXCESS of $1,000 including the name of the debtor, type of obligation, date due and the nature of the collateral securing payment of each, if any, excluding securities.

☐ NONE

Name of Debtor	Type of Obligation, Date Due, and Nature of Collateral, if any	Category of Amount*

VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

6. List below all liabilities of you and your spouse, in EXCESS of $5,000 as of the date of filing of this application, other than liabilities to a relative. Do NOT list liabilities incurred by, or guarantees made by, you or your spouse or by any proprietorship, partnership or corporation in which you or your spouse has an interest, when incurred Or made in the ordinary course of the trade, business or professional practice of you or your spouse. Include the name of the creditor and any collateral pledged by you or your spouse to secure payment of any such liability. You shall not list any obligation to pay maintenance in connection with a matrimonial action, alimony or child support payments. Any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances shall be excluded. If any such reportable liability has been guaranteed by any third person, list the liability and name the guarantor.

☐ NONE

Name of Creditor Or Guarantor	Type of Liability and Collateral, if any	Category of Amount*

VALUE/AMOUNT CATEGORIES
A - UNDER $5,000
B - $5,000 TO UNDER $20,000
C - $20,000 TO UNDER $60,000
D - $60,000 to under $100,000
E - $100,000 TO UNDER $250,000
F - $250,000 or over

XV. GENERAL MATTERS

A. Criminal Convictions

Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any felony, misdemeanor or violation other than for minor traffic violations?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

B. Investigatory Actions

Have you ever been the subject of any inquiry or investigation by a federal, state or local agency (other than for routine background investigations for employment purposes)?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

C. Contempt

Have you ever been cited for contempt of any court, legislative, civil or criminal investigative body or grand jury?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

D. Driver's License

1. Please list driver's license number and issuing state.

_____

2. Has your driver's license ever been suspended or revoked?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

E. Parking Tickets

Do you have any outstanding parking tickets from any jurisdiction in New York which have remained unpaid for more than thirty (30) days?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

F. Civil Litigation

1. Have you or any business in which you are an owner, officer, director or partner ever been a plaintiff or a defendant in a civil lawsuit?

◯ YES ◯ NO

If yes, please specify the nature of the action, its title and index number or civil action number, and the disposition or status of the case.

_____

_____

2. For current past judicial office holders or other public officers, have you ever been named as a defendant in a lawsuit in your official capacity?

◯ YES ◯ NO

If yes, please specify the nature of the action, its title and index number or civil action number, and the disposition or status of the case.

_____

_____

3. Is any person or entity currently threatening to sue you or any business in which you are an owner, officer, director or partner?

YES NO

If yes, please specify the name and address of the claimant and explain any pertinent details.

_____

_____

_____

4. Are you or have you ever been a party in interest in any administrative agency proceeding or lawsuit that is related in any way to the position that you seek?

YES NO

If yes, please explain and provide the title of any litigation, its index number or civil action number and the disposition or status of the case.

_____

_____

5. Has any business in which you, your spouse, an immediate family member or business associate are or were an owner, officer, director or partner been a party to any administrative agency proceeding or lawsuit that is related in any way to the position that you seek?

YES NO

If yes, please explain and provide the title of any litigation, its index number or civil action number and the disposition or status of the case.

_____

_____

G. Compliance with Health and Safety Statutes

1. Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been cited for health or environmental violations by federal, state, or local authorities?

YES NO

If yes, please explain.

_____

_____

_____

2. Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been condemned or closed by federal, state or local authorities?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

3. Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been identified as containing hazardous materials?

◯ YES ◯ NO

If yes, please explain.

_____

_____

_____

H. Are you registered to vote?

◯ YES ◯ NO

I. Have you voted consistently over the past ten (10) years or since you graduated from high school?

◯ YES ◯ NO

J. Are you willing to relocate within the State of New York if you receive an appointment?

◯ YES ◯ NO ◯ N/A

XVI. FUTURE INTENTIONS

A. Do you expect to serve the full term for which you may be appointed?

◯ YES ◯ NO

If no, please explain.

_____

_____

_____

B. As far as can be foreseen, do you intend to resume employment, affiliation or practice with your previous employer, business firm, association or organization after completing government service?

◯ YES ◯ NO ◯ N/A

If yes, please explain.

_____

_____

C. Has anyone offered to employ you after you leave government service?

◯ YES ◯ NO ◯ N/A

If yes, please explain.

_____

_____

XVII. ADDITIONAL INFORMATION AND DISCLOSURES

A. Is there any information not otherwise elicited by this questionnaire which would affect, favorably or unfavorably, your eligibility for the judiciary? If so, please set it forth.

_____

_____

_____

B. Appointees as well as candidates for appointment may be subject to scrutiny by the public and the media. Accordingly, please set forth any additional disclosures that you believe should be considered with your application.

_____

_____

_____

AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION AND CERTIFICATION

I understand that if I accept an offer of employment, any false statement on this questionnaire may result in dismissal. I further understand that this questionnaire is not an offer of employment, nor does it obligate the Cuomo administration in any way.

The Cuomo administration and its individual members and advisors and the State of New York are authorized to make any investigation of my background that they deem appropriate. They are hereby authorized to investigate any criminal activity, court records, and/or credit reports through any law enforcement, investigative or credit agencies or bureaus of their choice.

I hereby release from liability the Cuomo administration and its individual members and advisors, the State of New York and all persons supplying information in connection with this appointments questionnaire, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.

I certify that I have reviewed the information in this questionnaire and that to the best of my knowledge the information I have supplied is complete, true and accurate.

Do you consent to a copy of this questionnaire being reviewed by the Judiciary Committee of the New York State Senate if you are nominated for the position you seek?

◯ YES ◯ NO ◯ N/A

Dated: _____ _____
Signature

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

CONSENT, AUTHORIZATION AND RELEASE

I , _____ hereby authorize any investigative or professional standards or disciplinary committee, firm, company, governmental agency, law enforcement agency, court, association, institute, board or any public or private authority to provide information, copies or inspection of any and all records, documents or other data relating to me in its possession to: the Governor of the State of New York, his agents and employees and the New York State Senate Committee on Finance, its agents and employees.

The undersigned further authorizes the Commission on Judicial Conduct or any attorney disciplinary, review or sanctioning body or committee to provide information, copies or inspection of any and all records, documents, data and or complaints, including but not limited to formal and/or informal inquiries, petitions or letters of grievance, including investigations or inquiries which may be pending or closed and those which have been dismissed or otherwise deemed erased as a matter of law, relating to me in its possession to: the Governor of the State of New York, his agents and employees and the New York State Senate Committee on Finance, its agents and employees.

The undersigned further authorizes any bar association, group, committee or organization which has interviewed and/or rated me as a candidate for any office, including a judicial office, to provide information relating to or copies or inspection of any and all records and documents relating to me in its possession to: the Governor of the State of New York, his agents and employees and the New York State Senate Committee on Finance, its agents and employees.

I hereby release, discharge, exonerate and hold harmless the Governor of the State of New York, his agents and employees and the New York State Senate Committee on Finance, its agents and employees and any person or entity furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, receipt and disposition of such documents, records, and other information and understand that by my execution of this waiver that all information provided to said persons or bodies shall be kept strictly confidential but shall not abrogate or otherwise suspend the right or ability of the herein named persons or bodies from sharing any and all information with the appropriate law enforcement or disciplinary committee, body or entity.

A signed facsimile copy of this Consent and Authorization shall be adequate authority to provide either access to or copies of all of the heretofore described records, documents and information.

_____ _____

Signature Date

STATE OF NEW YORK }

COUNTY OF _____

On the _____ day of _____, 20 ____, before me came _____, to me personally known and who acknowledged to me that he/she has voluntarily executed the above Consent, Authorization and Release.

_____

Notary Public

FOR OFFICIAL USE ONLY

☐ IT-201 (long form)
☐ IT-200 (short form)
☐ IT-100 (fast form)

TO: State of New York
Department of Taxation and Finance
W. A. Harriman Campus
Albany, New York 12227

I, _____, authorize the Department of Taxation and Finance to examine any of my personal income tax returns for any year, including any schedules and attachments to those returns, for the purpose of ascertaining the correctness of those returns, schedules and attachments. I also authorize the Tax Department to inspect any correspondence, including protests, I may have had with the Department concerning those returns, schedules or attachments. If the Department of Taxation and Finance determines that any return, schedule, or attachment is incorrect in any detail, or information in any correspondence or protest might affect my personal income tax liability for past or future years, I authorize the Department of Taxation and Finance to disclose those returns, schedules, attachments and correspondence as well as any information learned during an investigation of personal income tax liability, to the Counsel to the Governor or his designee and to discuss its findings with said Counsel or such designee. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

My social security number is _____

_____
(Signature)

REMARKS

_____

_____

_____

_____

ACKNOWLEDGEMENT

STATE OF NEW YORK)
) SS.:
COUNTY OF_____

On this _____ day of _____ 20____ before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same as his/her free act and deed.

_____
NOTARY PUBLIC

Print Form