

## APPLICATION FOR APPOINTMENT AS SMALL CLAIMS JUDGE PRO TEMPORE

A current resume must accompany this application. Answer all questions completely. Attach additional sheets of paper as necessary to complete answers. Your responses are classified as private under Rule 4-202.02. If information contained in your responses changes, before or after appointment, notify the senior staff attorney at the Administrative Office of the Courts at the address below. The office of judge pro tempore is governed by Rule 11-202. See Part IV of the Applicability Section of the Code of Judicial Conduct for the applicability of the Code to judges pro tempore. (<http://www.utcourts.gov/resources/rules/ucja/ch12/3.Applicability.htm>) The Code of Judicial Conduct prohibits a small claims judge pro tempore from sitting in the same small claims division in which the judge, as a lawyer, represents clients.

### IDENTIFICATION

Name:	
Business mailing address:	
Business Email:	
Business Phone:	Date of Birth:
Bar Identification Number:	Social Security Number:
Court locations in which you are willing to serve:	

### MINIMUM QUALIFICATIONS

Are you a citizen of the United States?	
Are you a resident of Utah?	
Are you an active member of the Utah State Bar?	
Have you been admitted to practice law in Utah for at least four years?	

### PROFESSIONAL DISCIPLINE

Have you ever been denied admission to practice law?	
Have you ever been disciplined as an attorney or as a judge?	
Are you aware of any disciplinary proceedings pending against you as an attorney or as a judge?	
Have you ever been held in contempt or sanctioned by a court or other tribunal?	

If you answered "yes" to any question in this section, state fully the facts concerning the matter, including the jurisdiction in which the matter occurred, relevant dates, the case number, the facts of the case, and the disposition of the matter.

**CIVIL AND CRIMINAL ACTIONS**

Do you have any outstanding judgments against you?	
Other than minor traffic offenses, have you been convicted of any criminal charge that has not been expunged or is any criminal charge pending against you?	
Have you ever had a protective order entered against you?	
Are you aware of any circumstance that would create a conflict of interest, create the appearance of impropriety or bring the judiciary into disrepute?	

If you answered "yes" to any question in this section, state fully the facts concerning the matter, including the jurisdiction in which the matter occurred, relevant dates, the name and location of the court, the case number, the names of the parties, the name and location of the law enforcement agency, the facts of the case, the disposition of the matter, including any civil judgment or criminal sentence, whether an appeal was taken, and the results of the appeal.

**MENTAL AND PHYSICAL HEALTH**

Are you aware of any condition that would impair your ability to serve effectively as a judge pro tempore? \_\_\_\_\_ If "yes," please offer details as necessary.



PLEASE RETURN TO:

Office of Professional Conduct  
645 South 200 East  
Salt Lake City, Utah 84111  
Telephone: 801-531-9110  
Fax: 801-531-9912  
Email: opc@opcutah.org

**GENERAL AUTHORIZATION, WAIVER AND RELEASE**

I, \_\_\_\_\_, pursuant to Rule 11-561(a)(1) of the Rules of  
FIRST & LAST NAME, BAR NUMBER  
Discipline, Disability, and Sanctions hereby expressly, in writing, waive confidentiality and request that  
the Office of Professional Conduct provide a complete report on my grievance history.

I will pick up the file in person and show proper identification.

Or

I authorize \_\_\_\_\_ to pick up this information for me, who will  
show proper identification.

Or

I authorize the Office of Professional Conduct to mail this information to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) :SS

On this \_\_\_ day of \_\_\_\_\_, 20\_\_, before me, \_\_\_\_\_, personally appeared  
\_\_\_\_\_, proved to me through satisfactory evidence of identification, which was,  
\_\_\_\_\_, to be the person whose name is signed above in my presence and  
acknowledged to me that he/she has read and understands the contents thereof.

\_\_\_\_\_  
NOTARY PUBLIC

Residing at: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_