NOMINATION QUESTIONNAIRE SIXTEENTH JUDICIAL CIRCUIT PROBATE COURT COMMISSIONER

1.	Full Name:
	Social Security Number:
2.	Missouri Bar Enrollment Number:
3.	All other names under which you have worked:
4.	Office address: City/State/Zip: Telephone:
5.	Residential address:
6.	Place of Birth:
7.	Length of residence in Missouri:
8.	Are you a qualified voter in Missouri?
9.	Citizenship:
10.	Marital Status:
11.	If your spouse or children are employed or engaged in any business, state their names and the name and address of their employer or the business in which they are engaged:
12.	Do you have any outside responsibilities, which might conflict with the position? If so, please specify:
13.	Education: List all colleges and universities attended and degree(s) earned: Undergraduate College/School: Degree earned: Legal: Degree earned: Class standing:

Have you ever served in the military discharge, if any:	? If so, state branch, rank, type
	office?
•	been a candidate for judicial office?terms of service or candidacy:
full-time judicial or quasi-judicial off	served as a mediator, an arbitrator or a part-tin ficer, give dates and details, including the cour ected or appointed, periods of service and a ch court or agency.
full-time judicial or quasi-judicial off and/or agencies involved, whether ele description of your assignments at ea	ficer, give dates and details, including the cour ected or appointed, periods of service and a

21. List all places of employment by name and address with which you have been associated in practice, and all governmental agencies or private business organizations with which

you have been employed, periods you have practiced as a sole practitioner, and other prior practice:		
FIRM	ADDRESS	DATES
possess, and a ger	tline of your current practice, including any leneral description of your typical clients. Additional rent now than previously, please provide details.	itionally, if your practice is
Missouri? in that Division? Can you perform	appear in the Probate Division of the Circuit What percentage of your practice in the the essential functions required of the Probate easonable accommodations?	ne last three years has been
provide a brief de	ations and legal professional societies of which scription of your activities in these organization held in such groups and committees:	-
description of you	charitable organizations of which you are a market activities in these organizations and provide ald in such groups and committees:	-

dut	siness enterprise, state the name of the enterprise, nature of the business, nature of your ties, and whether you intend to resign such position immediately upon your pointment:
Lis	st affiliations outside of the legal profession:
sin	ve you had any occupation, business or profession(s), other than the practice of law, ce admission to the Bar?so, provide specifics:
	ve you ever been arrested, pled or found guilty, and/or convicted of a violation of leral law, state law, county or municipal law, regulation or ordinance?
tra	yes, provide details, including jurisdiction, case styling and dates. (Do not include ffic violations for which a fine of \$150 or less was imposed unless it also included a l sentence or loss or suspension of license):
	ve you ever been charged in any civil or criminal proceedings (including municipal) th conduct alleged to have involved moral turpitude, dishonesty or unethical conduct
If s	so, please provide details, including full case styling:
cor	ve you ever been disciplined or cited for a breach of ethics or for unprofessional nduct by any court, administrative agency, bar association or other professional grouso, provide specific details:

	you or your professional liability insurance carriers ever settled a claim again of essional malpractice?
If yes,	, please explain
were a	tigation that was not related to the practice of law, not stated above, in which a party to or personally involved. Include all litigation, both state and federal you were a litigant, complaining party or witness, with case name, number, nary of the nature of the case and disposition:
Have	you filed all tax returns required by federal, state and local laws?
	, please explain:
Intern	ou owe any taxes and/or have any liens or claims outstanding against you by all Revenue Service, the Missouri Department of Revenue, Jackson County, capality (other than those for 2021)?
	please explain fully:

(ATTACH TAX CLEARANCE FORMS)

Have you com the last five (5)		apreme Court CLE requirements during each
If not, explain:	:	
-	<u> </u>	ence you believe would assist you in perfo
		have accomplished, demonstrating your Probate Court Commissioner:
three (3) indivi may contact as	iduals who are familiar was references. Please do no	and <u>complete mailing addresses</u> of no more ith your abilities and personal character that list any judge or family member, as a refean three people to write letters of reference
NAME	E & TITLE	ADDRESS & PHONE
1.		
2.		
2.		

have with reference to the scholastic records I may h	privacy of any and all police,	it Court to make whatever inquiries
Date		Signature

I declare, under penalty of perjury, that the foregoing is true and correct.