

STATE OF CONNECTICUT

JUDICIAL SELECTION COMMISSION

QUESTIONNAIRE TO SITTING JUDGES SEEKING REAPPOINTMENT

NAMI	ME: DA	ATE:		
	se answer all questions immediately following the ments together.	question.	Please do no	ot staple any
1.	State your home address and telephone number.			
2.	State the date and place of your birth.			
3.	State the date of your initial appointment as a judge	e and any re	eappointments.	
4.	Can you perform the duties and functions of the required? If you are unable to so perform, with explain. Please fill out the attached general medical	th reasonal	ble accommod	
5.	Do you or any member of your immediate connections, including any membership on any Boany conflict of interest, per Canon 3 of the Code of	ard of Dire	ctors that would	

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Any Judicial Branch evaluations.
Any correspondence and/or complaints or actions taken by the Judicial Review Council.
nce the date of your last appointment, have you engaged in the possession, use or sale illegal drugs?
nce the date of your last appointment, have you utilized the contempt power for any ion occurring in the presence of the court other than for the enforcement of atrimonial orders? If so, please explain each occasion.
nce the date of your last appointment, are you aware of any complaints concerning your nduct being made to a person within the judicial system, including any administrative lage or the Chief Court Administrator, or to the Office of the Governor, the Judicial view Council or to any Grievance Committee? If so, please explain the complaint and edisposition of the complaint.
nce the date of your last appointment, are you aware of any complaints made to or out you by lawyers and/or litigants concerning your temperament or your alleged and in the courtroom? If yes, please explain.
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11.	Since the date of your last appointment, please provide your court assignments chronologically.
12.	Since the date of your last appointment, have you been arrested, charged or held by federal, state or other law enforcement authorities for violation of any law? If so, please explain.
13.	State all civic, charitable or social organizations with which you are associated.
14.	List any honors, prizes, awards or other forms of recognition which you have received.
15.	Since the date of your last appointment, have you ever been a party (real rather than nominal) in any legal proceedings? If so, please explain.

16.	List the five most significant decisions and/or cases in which you have been involved since the date of your last appointment.
17.	Have you published legal writings, other than judicial opinions, during the last term of your appointment? If so, please provide the citation(s).
18.	Please provide a list of cases since the date of your last appointment in which an appeal was taken to the Appellate Court or Supreme Court from a decision rendered by you. Please provide the citations to the Appellate and Supreme Court opinions and briefly state the central issue and the result of the appeal.

19.	Was any criminal sentence imposed by you subsequently reduced or increased by the Sentence Review Division? If so, please explain.
20.	Have you ever been asked to disqualify yourself where you have refused to do so? If so please explain.
21.	Please provide the names and addresses of five lawyers who have appeared mos frequently before you in the past two years.
	In addition, please list two judges with whom the Commission can consult concerning your continuing qualifications/ability to serve as a judge of the Superior Court.

22.	Do you presently sit on any state boards or commissions, such as Sentencing Review Division, Judicial Inquiry Commission, Criminal Justice Commission, Public Defender Commission, and/or Judicial Review Council? If so, what are the terms of such appointments?
23.	Please attach a copy of your latest resume to your completed questionnaire.
24.	Have you ever filed for bankruptcy or had bankruptcy proceedings initiated against you. If so, please explain.
25.	Do you presently have any non-current unpaid tax obligations? If so, please explain.
26.	Is there anything not otherwise disclosed above concerning you or any member of your immediate family that (i) would be embarrassing with respect to the judicial office you hold should that information be publicized or (ii) could adversely affect your ability to continue to serve as a judge? If so, please explain.

27.	Please make any additional statement about your judicial or personal experiences that you believe are relevant to your reappointment.
28.	During your time on the bench, have you fined a lawyer for any reason whatsoever? If so explain each such incident even if it was subsequently vacated (date, court, amount, case circumstances). (Provide transcript if available).
29.	During your time on the bench, have you ever ordered anybody (including a party of witness) detained or incarcerated for being late? If so, describe in detail the circumstances, including the date, court, identity of the individuals involved and the circumstances. (Provide transcript if available).
30.	During your time on the bench, have you ever raised the bond of any criminal defendan as a result of his/her being late for court? If so, describe the circumstances in detail including the date, court and name of case. (Provide transcript if available).

31.	During your time on the bench, I defender or any person for any reas including the date, court, name of ca	son? If so, plea	se describe	the circumsta	ances in detail,
32.	During your time on the bench, have than non-compliance with a cour including sanctions imposed, in details	t order? If s	o, please d	escribe the o	
accur	I hereby attest that the responses rate to the best of my knowledge and b	-	estions in th	nis applicatio	n are true and
Signa	nture	_			
Print	or type name	_			
Subso	cribed and sworn to before me this	day of	,	20	
Notai	missioner of the Superior Court ry Public Commission expires:				

GENERAL RELEASE

Please complete and attach this page to your response to the questionnaire.

I understand that the completion and filing of this questionnaire and supplemental information and the interview with members of the Connecticut Judicial Selection Commission will be the basis for a finding by such Commission of my present qualifications for judicial office. I agree to furnish additional information orally or in writing as may be required to said Commission. I hereby request and authorize any persons whose knowledge of my person and character might otherwise be considered privileged to furnish such information as it relates to my qualifications to serve as a judge as may be requested by such Commission.

I hereby authorize the Commission to release a copy of this questionnaire to the Office of the Governor and to the Judiciary Committee of the General Assembly.

I hereby request and authorize any Grievance Committee, the Office of the Governor, the Chief Court Administrator's Office, the Judicial Review Council, the Judiciary Committee of the Connecticut Bar Association, and the Judicial Branch to disclose to said Commission the contents of any file containing a complaint or evaluation concerning me. I understand that such disclosures will be made in order that said Commission may make a general evaluation of my fitness for judicial office. I further understand that said Commission will not disclose to any person the existence of any such file or the contents thereof.

I hereby attest that the responses made to the questions in this application are true and accurate to the best of my knowledge and belief.

Signature		
Print or type name		
Subscribed and sworn to before me this	day of	, 20
Commissioner of the Sympaign Count		
Commissioner of the Superior Court		
Notary Public		
My Commission expires:		

MEDICAL RELEASE

Please complete and attach this page to your response to the questionnaire.				
Name and address of your primary care physician:				
I hereby authorize and req my medical records, to disclose to	uest Dr	, based upo	n his/her review of	
has any concerns regarding my fit perform the duties and functions of	tness for judicial offic	e or reason to believe	e that I am unable to	
concerns or knows of no such rea	sons, this release shou	ald not be construed a	as a general release of	
my medical records. If Drreasons, Dr	is authorized and re	equested to disclose a	ny medical records	
germane to those concerns or reas				
Dated at	, this	day of	, 20	
Signature				
Deiest on Terror Name				
Print or Type Name				
Witnessed:				
Commissioner of the Superior Co Notary Public	ourt			
My Commission Expires:				