



# STATE OF CONNECTICUT

## JUDICIAL SELECTION COMMISSION

### QUESTIONNAIRE TO SITTING JUDGES SEEKING REAPPOINTMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please answer all questions immediately following the question. Please do not staple any documents together.

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 and any reappointments.
4. Can you perform the duties and functions of the position as a judge at all times as required? If you are unable to so perform, with reasonable accommodation, please explain. Please fill out the attached general medical release form.
5. Do you or any member of your immediate family presently have any business connections, including any membership on any Board of Directors that would give rise to any conflict of interest, per Canon 3 of the Code of Judicial Conduct?

TEL. (860) 256-2957  
FAX: (860) 256-2956  
18-20 Trinity Street, Hartford, CT 06106  
An Equal Opportunity Employer

6. Do you authorize the immediate release to the Judicial Selection Commission of the following information concerning you?

(a) Any Judicial Branch evaluations.

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(b) Any correspondence and/or complaints or actions taken by the Judicial Review Council.

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7. Since the date of your last appointment, have you engaged in the possession, use or sale of illegal drugs?

8. Since the date of your last appointment, have you utilized the contempt power for any action occurring in the presence of the court other than for the enforcement of matrimonial orders? If so, please explain each occasion.

9. Since the date of your last appointment, are you aware of any complaints concerning your conduct being made to a person within the judicial system, including any administrative judge or the Chief Court Administrator, or to the Office of the Governor, the Judicial Review Council or to any Grievance Committee? If so, please explain the complaint and the disposition of the complaint.

10. Since the date of your last appointment, are you aware of any complaints made to or about you by lawyers and/or litigants concerning your temperament or your alleged conduct in the courtroom? If yes, please explain.







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.
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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.



31. During your time on the bench, have you ever revoked the appointment of a public defender or any person for any reason? If so, please describe the circumstances in detail, including the date, court, name of case and reasons. (Provide transcript if available).
32. During your time on the bench, have you ever held anyone in contempt for anything other than non-compliance with a court order? If so, please describe the circumstances, including sanctions imposed, in detail. (Provide transcript if available).

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 Superior Court

Notary Public

My 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 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 request Dr. \_\_\_\_\_, based upon his/her review of my medical records, to disclose to and advise the Judicial Selection Commission whether he/she has any concerns regarding my fitness for judicial office or reason to believe that I am unable to perform the duties and functions of my judicial office. If Dr. \_\_\_\_\_ has no such concerns or knows of no such reasons, this release should not be construed as a general release of my medical records. If Dr. \_\_\_\_\_ has any such concerns or knows of any such reasons, Dr. \_\_\_\_\_ is authorized and requested to disclose any medical records germane to those concerns or reasons.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

Witnessed:

\_\_\_\_\_  
Commissioner of the Superior Court  
Notary Public  
My Commission Expires: \_\_\_\_\_