

## 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.

**CONSENT, CERTIFICATION AND ACKNOWLEDGMENT**

I certify that the information contained in this application and resume is true to the best of my knowledge.

I understand that providing false information may subject me to removal from office.

I consent to the release of records necessary to verify the information contained in this application and resume.

Pursuant to Rule 14-515(a)(1) of the Rules Governing the Utah State Bar, I expressly waive confidentiality and request a copy of any and all complaints and informations submitted to the Office of Professional Conduct against me be mailed to the person and address shown below.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or Printed Name \_\_\_\_\_

I certify that \_\_\_\_\_, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: \_\_\_\_\_ Sign here ► \_\_\_\_\_  
Typed or printed name (Court Clerk or Notary Public) \_\_\_\_\_

Notary Seal

Please send completed application and resume to:

Amy Hernandez  
Administrative Office of the Courts  
450 South State Street  
P.O. Box 140241  
Salt Lake City, Utah 84114-0241

Email: [amymh@utcourts.gov](mailto:amymh@utcourts.gov)  
Phone: 801-578-3809

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, \_\_\_\_\_ **FIRST & LAST NAME, BAR NUMBER** pursuant to Rule 14-515(a)(1) of the Rules of Lawyer Discipline and Disability 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:

Amy Hernandez (amymh@utcourts.gov)  
Administrative Office of the Courts  
P.O. Box 140241  
450 South State Street  
Salt Lake City, Utah 84114-0241

\_\_\_\_\_  
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:

\_\_\_\_\_