

California Judicial Mentor Program Application San Diego County

PERSONAL INFORMATION				
			2.75	
FULL NAME:	Middle	 Last	DATE:	
HOME ADDRESS:	Street Address	·	Apt/Suite	
	City	State	Zip Code	
WORK ADDRESS:				
	Street Address		Apt/Suite	
	City	State	Zip Code	
	City		·	
E-MAIL:	CELL PHONE:			
		DEC		
		RESUME		
BARS/LOCAL/ST/	ATE/NATIONAL):			
DESCRIBE PRO TI	EM EXPERIENCE:			
DESCRIBE COMM	UNITY INVOLVEMENT	/SERVICE:		

PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW IN ASSIGNING A MENTOR:				
CERTIFICATION				
I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM, WHICH ARE:				
 I AM LICENSED TO PRACTICE AS A LAWYER IN CALIFORNIA I AM IN GOOD STANDING WITH THE BAR I AM COMMITTED TO PUBLIC SERVICE 				
I HAVE NOT YET SUBMITTED AN APPLICATION FOR JUDICIAL APPOINTMENT				
SIGNATURE: DATE:				
EMAIL COMPLETED APPLICATION TO: <u>JudicialMentorProgram@sdcourt.ca.gov</u>				