

INSTRUCTIONS

1. Complete this application form in **duplicate**, following the instruction in paragraph (2), below, as to redaction of exempt information.
2. **One version of the application must be redacted to remove all references to material which is exempt from disclosure under ch. 119, F.S.**, such as information relating to present and former law enforcement officers and their families under Section 119.071(4)(d)1. Mark that version of the application clearly as "Redacted Pursuant to Chapter 119."
3. Mail both versions of the application to:

Executive Office of the Governor
Office of the General Counsel
400 South Monroe Street
Room 209, The Capitol
Tallahassee, Florida 32399
Attention: 15th Circuit State Attorney Applications

4. The deadline for receipt of the application by the Executive Office of the Governor is 5:00 p.m. on February 15, 2012.

QUESTIONNAIRE
for
STATE ATTORNEY APPOINTMENT



QUESTIONNAIRE FOR STATE ATTORNEY APPOINTMENT

Please complete this questionnaire in full. Answer "none" or "not applicable" where appropriate.

- _____ DATE COMPLETED
1. Name: _____
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN
 2. Business Address: _____
STREET OFFICE # CITY
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
 3. Residence Address: _____
STREET CITY COUNTY
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
 4. Date of Birth: _____ Place of Birth: _____
 5. Social Security Number: _____
 6. Driver License Number: _____ Issuing State: _____
 7. Have you ever used or been known by any other legal name? Yes No If "Yes," please state name and explain.
 8. Are you a United States citizen? Yes No How long? _____
If you are a naturalized citizen, date of naturalization: _____
 9. Since what year have you been a continuous resident of Florida?
 10. Please state your marital status, spouse's name, date of marriage, and spouse's occupation:
 11. If you have ever been divorced, for each marriage, please provide the name of the spouse, the current address of the former spouse, and the date of dissolution of the marriage.
 12. Please list the names, ages, addresses, and occupations of your children.
 13. Are you currently addicted to or dependent upon the use of narcotics, drugs, or intoxicating beverages? Yes No
If "Yes," state the details, including the date(s).
 14. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism, or Voyeurism?
Yes No

15. If your answer to question 14 is "Yes," please direct each such professional, hospital and other facility to furnish the Executive Office of the Governor any information the Executive Office of the Governor may request with respect to any such hospitalization, consultation, treatment or diagnosis. "Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist, or Mental Health Counselor.

Please describe such treatment or diagnosis.

16. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner?

- Experiencing periods of no sleep for 2 or 3 nights
- Experiencing periods of hyperactivity
- Spending money profusely with extremely poor judgment
- Suffered from extreme loss of appetite
- Issuing checks without sufficient funds
- Defaulting on a loan
- Experiencing frequent mood swings
- Uncontrollable tiredness
- Falling asleep without warning in the middle of an activity

Yes No

If "Yes," please explain.

17. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise in a competent and professional manner the duties of the position for which you have applied?

Yes No

18. If your answer to the question above is "Yes," are the limitations or impairments caused by your physical or mental health impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring or counseling program?

Yes No

Describe such problem and any treatment or program of monitoring or counseling.

19. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? Yes No If "Yes," give full details as to court, date, and circumstances.

20. During the last ten years, have you unlawfully used controlled substances, narcotic drugs or dangerous drugs as defined by Federal or State laws? Yes No If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more illicit drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal law provisions.)

21. In the past ten years, have you ever been reprimanded, demoted, disciplined or, placed on probation, suspended, cautioned, or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs, or illegal use of drugs? Yes No If "Yes," please state the circumstances under which such action was taken, the names(s) of any persons who took such action, and the background and resolution of such action.

22. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? Yes No If "Yes," please state the date you were requested to submit to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal and the reason why you refused to submit to such a test.

23. List all your places of residence (inside or outside of Florida) for the last 20 years.

ADDRESS CITY & STATE FROM TO

24. Have you ever been arrested, charged, indicted or convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? Yes No If "Yes," give details:

DATE PLACE NATURE DISPOSITION

25. Are you a registered Florida voter? Yes No If "Yes," list:

A. County of Registration: _____ B. Current Party Affiliation: _____

26. Education

A. High School: _____ (NAME AND LOCATION) Year Graduated: _____

B. List all postsecondary educational institutions attended:

NAME & LOCATION DATES ATTENDED CERTIFICATES/DEGREES RECEIVED

27. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

28. Please list your current employer and all past employers since the age of 21, including your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS TYPE OF BUSINESS OCCUPATION/JOB TITLE PERIOD OF EMPLOYMENT

29. Describe the general nature of your current law practice, including any certifications which you possess; additionally, if your current practice is substantially different from your prior practice, or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

30. What percentage of your appearance in courts in the last five years or last five years of practice (include the dates) was in:

Court		Area of Practice	
Federal Appellate	_____ %	Civil	_____ %
Federal Trial	_____ %	Criminal	_____ %
Federal Other	_____ %	Family	_____ %
State Appellate	_____ %	Probate	_____ %
State Trial	_____ %	Other	_____ %
State Administrative	_____ %		
State Other	_____ %		
TOTAL	_____ <u>100</u> %	TOTAL	_____ <u>100</u> %

31. In your lifetime, how many (number) of the cases you have tried to verdict or judgment were:

Jury?	_____	Non-Jury?	_____
Arbitration?	_____	Administrative Bodies	_____

32. List any prior quasi-judicial service:

<i>Dates</i>	<i>Name of Agency</i>	<i>Position Held</i>
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Types of issues heard:

33. If you have had prior judicial or quasi-judicial experience:

(a) List the names, phone numbers, and addresses of six attorneys who appeared before you on matters of substance.

(b) Describe the approximate number and nature of the cases you have handled during your judicial or quasi-judicial tenure.

(c) List citations of any opinions which have been published.

(d) List citations or styles and describe the most significant cases you have tried or heard. Identify the parties, describe the cases, and tell why you believe them to be significant. Give dates tried and names of attorneys involved.

- (e) Has a complaint about you ever been made to the Judicial Qualifications Commission? Yes No
If "Yes," give date, describe Complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.
- (f) Have you ever held an attorney in contempt? Yes No If "Yes," for each instance state name of attorney, approximate date and circumstances.
- (g) If you are a quasi-judicial officer (ALJ, Magistrate, General Master), have you ever been disciplined or reprimanded by a sitting judge? Yes No If "Yes," describe.
34. Have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, or terminated by an employer for any reason? Yes No If "Yes," explain:
35. Have you ever been sued by a client? Yes No If "Yes," give particulars including name of client, date suit filed, Court, case number, and disposition.
36. Has any lawsuit, to your knowledge, been filed alleging malpractice as a result of action or inaction on your part? Yes No
37. Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? Yes No If "Yes," give particulars, including the amounts involved.
38. Have you ever been a candidate for any public office? Yes No If "Yes," state the office, location, and dates of service or candidacy.

39. Do you currently hold an office or position (appointive, civil service, or other) with any federal, state, local, or foreign government? Yes No If "Yes," please list.

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

40. Have you ever been elected or appointed to any public office in this state, any other state or any federal, local or foreign government? Yes No Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes," state the office title, date of election or appointment, term of office, confirmation results if applicable, and level of government (city, county, district, state, federal):

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

41. Have you filed financial disclosure statements in Florida? Yes No If "Yes," what years?

42. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group? Yes No If "Yes," give the particulars.

43. Are you currently the subject of any investigation which could result in civil, criminal, or administrative action against you? Yes No If "Yes," please state the nature of the investigation, the agency conducting the investigation, and the expected date of completion.

44. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes," provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE ORIGINAL
TITLE & NUMBER ISSUE DATE ISSUING AUTHORITY DISCIPLINARY ACTION/DATE

51. Have you ever been a party to a lawsuit either as a plaintiff or a defendant? Yes No If "Yes," please provide the jurisdiction/county in which the lawsuit was filed, style, case number, nature of the lawsuit, and its disposition.

52. In the past 10 years, have you been subject to or threatened with eviction proceedings? Yes No If "Yes," please explain.

53. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes," list:

A. Title of office: _____ C. Reason for suspension: _____
B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

54. Have you filed all tax returns as required by federal, state or local governments? Yes No

55. Have you ever paid a tax penalty? Yes No If "Yes," please explain.

56. Has a tax lien ever been filed against you? Yes No If "Yes," by whom, when, where, and why?

57. Name any business, professional, occupational, civic, or fraternal organizations, club, or association of which you are now a member, or of which you have been a member at anytime since the age of 21. Please include the organization address(es), office(s) held, and date(s) of your membership(s).

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>OFFICE(S) HELD & TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
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58. Please list any published or unpublished book or articles that you have written giving citation and dates.

59. Please list any honor, awards, or recognition that you have received giving dates and the group or organization bestowing the award.

60. Please list any speeches or lectures that you have given along with a brief description of the content.

61. Please list and describe your hobbies and vocational interests.

62. State your experiences and interests or elements of your personal history that qualify you for this appointment.

CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned Notary Public of Florida, personally appeared _____, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me
this _____ day of _____, 20____.

Signature of Notary Public-State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: _____

Personally Known **OR** Produced Identification

Type of Identification Produced _____

(seal)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

**DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)**

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

**CONSUMER'S AUTHORIZATION FOR FDLE
TO OBTAIN CONSUMER REPORT(S)**

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Rev. 021705-OGC

FOR THE GOVERNOR'S APPOINTMENTS OFFICE

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE. **Please type or use black ink.**

1. Position of Interest:

2. Current Employer and Occupation:

3. Are you applying for reappointment? Yes No

4. Do you have a disability: Yes No If "Yes," please describe your disability that would qualify you for this appointment, if applicable.

5. Sex: Male Female

6. Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s) relevant policies and practices, and state whether you intend to continue as a member if appointed by the Governor.

E-mail address: _____

Cellular Telephone Number: _____

Applicant's Name, including name commonly used (Please Print)

*This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.