California Judicial Mentor Program Application

PERSONAL INFORMATION					
FULL NAME:				DATE:	
First	ı	Middle	Last	<i>DATE</i> :	
HOME ADDRESS:	:	-	1000 1100		
	Street Address	Jan Barrell	737	100	Apt/Suite
	155				
	City	· 上京市市	State	200. 75	Zip Code
WORK ADDRESS	Street Address	F V1	BER	(T) (1) (1) (1)	Apt/Suite
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14.70	City		State	1000	Zip Code
E-MAIL:			CELL	PHONE:	300
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DT. STATE	Drior An	plication fo	or Judicial /	\ nnointmont	2003809000
4.0 00000	Prior Ap	plication	or Judiciai F	Appointment	- STATE OF WALL
☐ YES ☐ NO	The Samp	1			
*IF YES, DATE(S)	APPLIED: _	M		Resident I	THE PERSON NAMED IN
COUNTIES IN OR	The second	FERENCE:	1	Mak Al	231 3 3
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SEXUAL ORIENTATION:			GEN	IDER IDENTITY	/ :
DISABILITY:					
MENTOR RAISE	D FAMILY I	DURING .III	IDICIAL CA	RFFR.	

RESUME

ATTACH YOUR RESUME AND ANSWER QUESTIONS BELOW THAT ARE NOT INCLUDED IN IT.

DESCRIBE BAR ASSOCIATION PART BARS/LOCAL/STATE/NATIONAL):	ICIPATION/LEADERSHIP (SPECIALTY
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E AT	OF
DESCRIBE PRO TEM EXPERIENCE: _	UREICHE
11/2/2	V 32.20 III
DESCRIBE COMMUNITY INVOLVEMENT	NT/SERVICE:
11-12-12-12	
PROVIDE ANY ADDITIONAL INFORMA KNOW IN ASSIGNING A MENTOR:	ATION YOU WOULD LIKE THE COMMITTEE TO
CE	RTIFICATION
/// Samuel 1925	TY REQUIREMENTS FOR THE CALIFORNIA
 I HAVE AT LEAST 10 YEARS OF E BEEN LICENSED IN CALIFORNIA I AM IN GOOD STANDING WITH TI I AM COMMITTED TO PUBLIC SER 	HE BAR AND THE COMMUNITY
SIGNATURE:	DATE:
EMAIL COMPLETED APPLICATION TO: JUDICIALME	