



Commission & Board Application

Please attach a cover letter and current resume.

COMMISSION FOR WHICH YOU ARE APPLYING:					
Name (Last, First, Middle)		County	Primary Phone	Primary E-mail Address	
Home Address		City	State	Zip Code	
Business Address		City	State	Zip Code	
Occupation and Present Employer		Work Phone	Work E-Mail Address		
Date of Birth	Gender Identity	Party Affiliation	Congressional District	Ethnicity: Black/African American Hispanic/Latinx Asian American Indian/Alaska Ntve. White/Caucasian Pacific Islander/Hawaiian Ntve. 2+ Races (not Hispanic/Latinx)	

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Law School or Trade/Business					
Memberships in Organizations And Offices Held. (Indicate if Past or Present)					
Volunteer Activities (Indicate if Past or Present)					
Special Skills and Qualifications					

REFERENCES (List three persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE NO.

Is there anything in your background which might be an embarrassment to the Chief Justice or the Colorado Judicial Branch if it were to become public?
 NO YES (If YES, please explain in attachment to this application.)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that pursuant to Colorado Supreme Court Rule, Public Access to Information and Records Rule 2, (P.A.I.R.R. 2) certain information, excluding "confidential personal information" as that term is defined at P.A.I.R.R. 2, §1(b), may be available for inspection by the general public.

I understand that as a commissioner or board member I may be required to attend regular training sessions.

Return Completed Forms to:

State Court Administrator's Office
 Executive Division
 1300 Broadway, Suite 1200
 Denver, CO 80203

SIGNATURE _____

Your application will be forwarded to Appointing Authorities.

DATE _____