


STATE OF NORTH CAROLINA

Judicial Branch Of Government

BIOGRAPHICAL DATA FOR JUDICIAL OFFICIALS

INSTRUCTIONS: Please type or print. Information contained herein may be used to respond to media inquiries with the exception of confidential information specified below.

MAIL TO:  Administrative Office of the Courts, Attention: HR, PO Box 2448, Raleigh, NC 27602. OR: Send by State Courier Service #56-10-50.

Full Name	Place Of Birth	Date Of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Office Address		
Home City, State, Zip	Office City, State, Zip		
Home Telephone No.	Office Telephone No.		
Make Home Address And Telephone Number Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Preferred For Your Business Mail <input type="checkbox"/> Home <input type="checkbox"/> Office		

MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No

Give dates of your active military service:

Entered: _____ Separated: _____ Branch: _____ Rank _____

Are you a member of the military reserves or National Guard? Yes No Branch: _____ Rank _____

EDUCATION

Schools	Name And Location	Date Attended (mo/yr) From To	Major Course Work Concentration	Type Of Degree
High School				
College(s) University(s)				
Graduate Schools				
Law Schools				

LICENSE

Date NC Law License Issued	Attorney Bar No.	Are You Licensed To Practice Law In Any Other State? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Give State(s)		

CONFIDENTIAL INFORMATION

Social Security Number (last four digits only)	Full Name
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Ethnic Group

- | | | |
|--|---|--|
| <input type="checkbox"/> White (Non-Hispanic/Latino) | <input type="checkbox"/> Asian (Non-Hispanic/Latino) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (Non-Hispanic/Latino) |
| <input type="checkbox"/> Black or African American (Non-Hispanic/Latino) | <input type="checkbox"/> American Indian or Alaskan (Non-Hispanic/Latino) | <input type="checkbox"/> Two or More Races (Non-Hispanic/Latino) |
| | <input type="checkbox"/> Hispanic or Latino | |

Handicap:

A handicap is any impairment which substantially limits one or more major life activities. A handicapped person is one who: (i) actually has such an impairment; (ii) has a record of such impairment; or (iii) is regarded as having such an impairment. (G.S. 168A-4) Non-handicapped persons should check item A.

The reporting of a handicap is strictly voluntary. Handicapped persons who do not wish to report their handicaps should check item A.

- | | | |
|---|---|---|
| A <input type="checkbox"/> None/Prefer not to report | F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.) | I <input type="checkbox"/> Mental illness/Emotional disturbance |
| B <input type="checkbox"/> Blind or severely visually handicapped | G <input type="checkbox"/> Respiratory impairment | J <input type="checkbox"/> Mental retardation |
| C <input type="checkbox"/> Deaf or severely hearing impaired | H <input type="checkbox"/> Nervous system/Neurological disorder | K <input type="checkbox"/> Learning disability |
| D <input type="checkbox"/> Loss or limited use of arms and/or hands | | L <input type="checkbox"/> Others (Please describe): _____ |
| E <input type="checkbox"/> Non-ambulatory (must use wheelchair) | | |

Full Name

Work History

Please include all Elected, Appointed and Non-Elected Positions for the State of NC, all local Government political offices, all private and non-state governmental employment and all internships/clerkships. Use additional sheets if necessary.

Current Or Last Employer	Job Title	Beginning Date Or Date Oath Taken
City/State Or District County		Ending Date Or Expiration Of Term

Employer	Job Title	Beginning Date Or Date Oath Taken
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City/State Or District County		Ending Date Or Expiration Of Term

Full Name

PROFESSIONAL AND BUSINESS ORGANIZATIONS

(Providing this information is optional.)

List the professional and business organizations of which you are a member and offices you currently hold or have held.

CIVIC AND FRATERNAL AFFILIATIONS

(Providing this information is optional.)

List by full name the organizations of which you are a member and offices you currently hold or have held.

PUBLICATIONS

(Providing this information is optional.)

List any books or journal/magazine articles which you have authored.

RELIGIOUS ACTIVITIES

(Providing this information is optional.)

Name and location of your church.

List any church offices held and give dates.

Full Name

FAMILY INFORMATION

Parents

(Providing this information is optional.)

Name Of Father	Name Of Mother
Occupation	Occupation

Spouse

Name Of Spouse (If Wife, Maiden Name)	Occupation
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Children

Name	Son/Daughter	City And State Of Residence

OTHER NOTEWORTHY FACTS

(Use this space to communicate additional career, personal or family achievements, honors, history or other information that you feel is noteworthy.)

Date	Signature Of Official
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