

**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.	Make Home Address And Telephone No. Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office Telephone 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
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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"/> American Indian or Alaskan (Non-Hispanic/Latino) | <input type="checkbox"/> Asian (Non-Hispanic/Latino)                                     | <input type="checkbox"/> Black or African American (Non-Hispanic/Latino) |
| <input type="checkbox"/> Hispanic or Latino                               | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (Non-Hispanic/Latino) |  |
| <input type="checkbox"/> Two Or More Races (Non-Hispanic/Latino)          | <input type="checkbox"/> White (Non-Hispanic/Latino)                                     |  |

**Disability:**

A disability is any impairment which substantially limits one or more major life activities. A person with a disability 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-3) Persons without disabilities should check item A.

The reporting of a disability is strictly voluntary. Persons with disabilities who do not wish to report their disabilities should check item A.

- |   |  |  |
|---|--|--|
| A <input type="checkbox"/> None/Prefer not to report                | F <input type="checkbox"/> Semi-Ambulatory (limited mobility, but wheelchair not needed) | J <input type="checkbox"/> Intellectual Disability         |
| B <input type="checkbox"/> Blind or severely visually impaired      | G <input type="checkbox"/> Respiratory impairment  | K <input type="checkbox"/> Learning disability             |
| C <input type="checkbox"/> Deaf or severely hearing impaired        | H <input type="checkbox"/> Nervous system/Neurological disorder                          | L <input type="checkbox"/> Others (Please describe): _____ |
| D <input type="checkbox"/> Loss or limited use of arms and/or hands | I <input type="checkbox"/> Mental illness/Emotional disturbance                          | _____  |
| E <input type="checkbox"/> Non-ambulatory (must use wheelchair)     |  | _____  |

(Over)

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

(Over)

Full Name

**PROFESSIONAL AND BUSINESS ORGANIZATIONS**

*(Providing this information is optional.)*

List the professional 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 you have authored.

(Over)

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

**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