

SAN JOAQUIN COUNTY BOARD OF SUPERVISORS

APPLICATION FOR APPOINTMENT TO HEARING OFFICER PANEL

MIMI DUZENSKI Clerk of the Board

44 N. San Joaquin St., Ste. 627 Stockton, CA 95202 Telephone: (209) 468-2350 Fax: (209) 468-3694

INSTRUCTIONS: Please complete each item below. Applicants must submit proof of qualification by providing State Bar of California Number below. **Attach a biography or resume to Application**.

QUALIFICATIONS: Applicants must be an attorney admitted to practice before the courts of the State of California for at least five (5) years prior to appointment; must reside in the County; and have worked as an attorney in the County for at least three (3) years.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

MR.	MS.					
		FIRST NAME	MI	LAST NAME		
HOME ADDRESS			CITY/S	STATE/ZIP		
MAILING ADDRESS (if different from Home)			CITY/S	STATE/ZIP		
EM	AIL		CONT	ACT PHONE NUMBER		
STATE BAR OF CALIFORNIA NUMBER			ADMI	SSION DATE		
1.	# OF YEA	ARS WORKING AS AN ATTORNE	Y IN SAN	JOAQUIN COUNTY:		_
2.	Have you served as a legal representative for, or were employed by, the County within the last six (6) months?				Yes	No
	If yes, please specify date representation or employment terminated:					
l deo corr		penalty of perjury under the laws of t	he State o	f California that the forego	bing is true	and
	PLICANT S	IGNATURE		DATE		

Email or Print and Mail to:

Clerk of the Board 44 N. San Joaquin Street, Suite 627 Stockton, CA 95202 rdebord@sjgov.org

If you have any questions, you may call the Clerk of the Board Office at (209) 468-2350.