

NEW JUDGE INFORMATION REQUEST FORM

Please fill out and fax to 512-435-6118

Last Name _____ First _____ MI _____

Non-Attorney _____ Attorney _____ State Bar # _____

Completed Education: High School 1 2 3 4 College 1 2 3 4 5 6 7

Status: Presiding _____ Alternate _____ Associate _____ Justice of the Peace _____

Other _____

Date Appointed/Elected: _____

Perform Clerk Duties _____ Full time _____ Part time _____

Mayor _____

If you are a mayor, is there currently a city ordinance providing for the appointment or election of the municipal judge? _____

Were you recently active in another court? Yes ___ No ___ Name of court: _____

Primary City Represented _____

Other Cities Where You Are A Judge _____

Court Mailing Address:

Street _____

City _____ County _____ Zip _____

Court Phone _____ Court Fax: _____

Your email address: _____

Court of Record: Yes _____ No _____ Court automated (computerized): Yes _____ No _____