



**APPLICATION BY CANDIDATE FOR POSITION AS A
PROVINCIAL COURT JUDGE IN THE PROVINCE OF PRINCE EDWARD ISLAND**

(This application is a fillable form. **Once completed, this application must be printed and signed by the candidate.** Once signed, it can be scanned and emailed or mailed by regular mail to submit it.)

PERSONAL INFORMATION:

Name: _____

Residential address: _____

_____ Phone No. _____

Business Address: _____

_____ Phone No. _____

E-mail address: _____ FaceBook: _____

Website: _____

Date of Birth: Month _____ Day _____ Year _____

Date(s) and Province(s) of Call(s) to Bar: _____

Languages spoken or written: (Indicate level of proficiency if other than English-regarding ability to read, write, and speak):

Area(s) of Practice: _____

I, _____, hereby authorize the Judicial Appointments Advisory Committee to make discreet inquiries with respect to my suitability and qualifications for appointment as a Provincial Court Judge from any source at the appropriate stage of the Committee's deliberations.

Signature

Date

RELEASE OF INFORMATION

TO THE PRINCE EDWARD ISLAND JUDICIAL APPOINTMENTS ADVISORY COMMITTEE

c/o Provincial Court of P. E.I.

P.O. Box 2290

Charlottetown, P.E.I.

C1A 8C1

I, _____, have applied to the Prince Edward Island Judicial Appointments Advisory Committee for consideration for appointment as a Provincial Court Judge and hereby authorize the Law Society of Prince Edward Island and any other law society of which I am a member, namely: _____, to furnish to the Prince Edward Island Judicial Appointments Advisory Committee all details of formal and informal complaints or charges, insurance or compensation claims, copies of those complaints, charges or claims and the result of such complaints, charges or claims against me, and the present status of same.

I release the Law Society and its staff from any and all liability of every nature and kind arising from the release of information and documents to the Prince Edward Island Judicial Appointments Advisory Committee pursuant to this Release.

DATED at _____, this ____ day of _____ 20__.

Signature : _____

Print Name _____

ADDRESS: _____

Phone: _____

E-Mail: _____

RELEASE OF MEDICAL INFORMATION

TO THE PRINCE EDWARD ISLAND JUDICIAL APPOINTMENTS ADVISORY COMMITTEE

c/o Provincial Court of P. E.I.

P.O. Box 2290

Charlottetown, P.E.I.

C1A 8C1

I, _____, have applied to the Prince Edward Island Judicial Appointments Advisory Committee for consideration for appointment as a Provincial Court Judge, and hereby authorize my health care professionals, namely:

_____, to furnish to the Prince Edward Island Judicial Appointments Advisory Committee all details of any physical or mental conditions or challenges that could reasonably preclude my performance of the duties as a Provincial Court Judge.

I hereby release the said health care professionals and staff from any and all liability of every nature and kind arising from the release of information and documents to the Prince Edward Island Judicial Appointments Advisory Committee pursuant to this Release.

DATED at _____, this ____ day of _____ 20__.

Signature _____

Print Name _____

ADDRESS: _____

Phone: _____ E-mail _____

2. Professional and Employment Experience:

In chronological order, give a brief account of each position you have held, beginning with your pre-law work experience. For each position, indicate the years you held it and describe briefly the general nature of the work you did and the experience you gained.

(a) Pre-law and Non-Legal Experience:

(b) Legal Career Experience:

7. Education:

(a) Secondary School: (Name and location of schools attended/years):

(b) University (other than law school):

(i) name/location from/to degree/diploma

Major subject(s): _____

Extracurricular activities: _____

Scholarships/awards: _____

(ii) name/location from/to degree/diploma

Major subject(s): _____

Extracurricular activities: _____

Scholarships/awards: _____

(c) Law School:

(i) name/location from/to degree/diploma

Major subject(s): _____

Extracurricular activities: _____

Scholarships/awards: _____

(d) Post graduate studies in Law:

name/location from/to degree

Focus of study: _____

(e) Other:

name/location from/to degree/diploma

Focus of study: _____

8. Continuing Education after call to the Bar:

Please provide details regarding courses taken/date/ brief description. The Committee is particularly interested in any programs taken in respect to ethics, criminal law, and social issues, including, amongst others, diversity, gender, equality, and indigenous issues.

11. REFERENCES:

Please provide the names of NOT MORE THAN FIVE (5) references, together with address, email and telephone numbers. The Committee does NOT require any reference letters. Your references should include one or more persons who have had direct and recent experience with your participation in community activities, and one or more who have had direct and recent experience with your professional work. Please be advised that your references may be contacted by members of the Committee. All information will be kept in confidence by the Committee. The Committee may also wish to obtain information from other sources. In making these inquiries, every effort will be made to maintain confidentiality.

Please specify if your references are law-related or other, and provide both residential and business telephone numbers and emails.

1. Name: _____

Address: _____

Business # _____ Home # _____ email: _____

2. Name: _____

Address: _____

Business # _____ Home # _____ email: _____

3. Name: _____

Address: _____

Business # _____ Home # _____ email: _____

4. Name: _____

Address: _____

Business # _____ Home # _____ email: _____

5. Name: _____

Address: _____

Business # _____ Home # _____ email: _____