

Alaska Judicial Council

Appellate Judge Questionnaire

For Judges Standing for Retention in 2020

Deadline: November 29, 2019

Instructions for Filling out Questionnaire in Adobe Reader

The following pages contain the judge questionnaire in a fillable .pdf format. If your browser and software are compatible with this file, you will be able to save this form by clicking the pink “Save” button below. Please test this feature before you begin to avoid losing any work.

When filling out this form, please remember:

- The form can be filled out online and printed, and the Adobe Reader program should allow you to **save the questionnaire as a file on your computer and to save as you enter information**. Please be aware that software incompatibility may prevent you from being able to use this feature. If you cannot save the file, simply print each page as you go.
- It is very important that you **print your questionnaire before you close** and it may be beneficial to **print each page once completed**. By taking these precautions, you will avoid having to reenter data if your computer shuts down or the program is accidentally closed before your information has been saved.
- Use the “tab” key to advance through the fields.
- There are three types of fields on the questionnaire: single line text fields, multi-line boxes, and check boxes. The text fields and the multi-line boxes limit the number of characters that can be entered. If you need more space, please attach a separate labeled sheet to your questionnaire.
- To operate the check boxes, click your cursor on the box of your choice and a checkmark will appear.
- To print your completed questionnaire, use one of the green print buttons on the first or last page of the questionnaire. You can also use the print options in your Adobe Reader.
- Please mail your completed questionnaire to the Alaska Judicial Council at 510 L Street, Suite 450, Anchorage, AK 99501.
- Please mail this questionnaire no later than **November 29, 2019**.



alaska judicial council

510 L Street, Suite 450, Anchorage, Alaska 99501
<http://www.ajc.state.ak.us>

(907) 279-2526

FAX (907) 276-5046
E-mail: postmaster@ajc.state.ak.us

Alaska Judicial Council Appellate Judge Questionnaire

2020 Candidates for Judicial Retention

November 2019

Name	Court
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- Please estimate your workload during your present term.
 - _____ % civil cases
 - _____ % criminal cases
 - _____ % court administrative work
 - 100 % Total

b) _____ # of trials/year (as trial judge, if any)
- Please describe your participation on court/bar committees or other administrative activities during your current term of office.

3. Please describe any judicial or legal education you have undertaken or provided during your current term in office.

4. Please describe any public outreach activities.

5. Please assess, in one or two paragraphs, your judicial performance during your present term. Appropriate areas of comment could include: satisfaction with your judicial role, specific contributions to the judiciary or the field of law, increases in legal knowledge and judicial skills, or other measures of judicial abilities that you believe to be important.

For questions 9 and 10, please do not list any cases that have pending issues in your court.

- 9. Please list your six most recent opinions including case names and numbers. Please list the names, current addresses, including zip codes and suite numbers where applicable, of each attorney involved in these appeals. (Attach additional pages if necessary.)

Case Number 1

Case Name: _____ *Case Number:* _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 2

Case Name: _____ *Case Number:* _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 3

Case Name: _____ *Case Number:* _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 4

Case Name: _____ **Case Number:** _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 5

Case Name: _____ **Case Number:** _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 6

Case Name: _____ **Case Number:** _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

- 10. *Optional:* If you deem it helpful to the Council, please list up to three other cases during your past term in which you believe your work was particularly noteworthy. Please list the names, current addresses, including zip codes and suite numbers where applicable, of each attorney involved in these appeals. (Attach additional pages if necessary.)

Case Number 1

Case Name: _____ Case Number: _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 2

Case Name: _____ Case Number: _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Case Number 3

Case Name: _____ Case Number: _____

v. _____

Attorneys Involved:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

Confidential Information

11. During your most recent term, were any complaints, charges or grievances filed against you with the Alaska Commission on Judicial Conduct, the Alaska Bar Association, the Alaska Court System, or any other agency that were not public or that resulted in any private proceedings or sanctions? Yes No

If so, please give full details, including dates, facts, case numbers and outcomes.

12. During your most recent term, have concerns about your judicial performance been brought to your attention? Yes No If so, what were the concerns and what was your response?

13. What do you do to improve your judicial performance?

14. Do you have any medical, physical, or mental or behavioral health condition (including but not limited to substance use or abuse) that impairs, or is reasonably likely to impair, your ability or fitness to perform the duties of an appellate court judge¹ in a competent, professional, and ethical manner? Yes No

If yes, please describe.

Please explain how the condition causing the impairment is ameliorated, or reasonably accommodated, so that you are able to perform your judicial duties in a competent, professional and ethical manner.

Home Address: _____

Mailing Address if
Different: _____

Social Security Number²: _____

Date of Birth: _____

¹ Contact the Alaska Judicial Council for detailed position descriptions.

² Social security number is used for the sole purpose of identification for background checks.

Certification and Waiver

I hereby certify that, to the best of my knowledge, the information provided on this questionnaire is true and complete. I waive any privilege of confidentiality I may have with respect to information concerning my judicial performance that the Alaska Judicial Council may desire to obtain. I specifically authorize the Council to obtain and examine my personnel files from current and past employers, including all files maintained by the Alaska Court System, and to obtain information from any law enforcement agency, any bar association, any occupational licensing board, any educational institution, and any disciplinary body, including specifically the Alaska Bar Association. I further authorize these institutions, organizations, and individuals, and any other institutions, organizations and individuals to make available to the Council all confidential and non-confidential documents, records and information concerning me that the Council may request.

Name

Signature

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public, State of Alaska

My Commission expires: _____

Release to Obtain Credit History

I specifically authorize the Alaska Judicial Council to obtain information regarding me from any credit reporting agency. I authorize these agencies to make available to the Council all confidential and non-confidential documents, records, and information concerning me that the Council may request.

Name

Signature

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public, State of Alaska

My Commission expires: _____

Alaska Commission on Judicial Conduct Waiver of Confidentiality

Pursuant to Commission Rule 5(e), I waive my rights to confidentiality concerning any actions taken by the Commission under Rule 11(b)(2)-(4). I am seeking a position as (or seeking to retain my judicial position as) a judge or justice on the _____ Court, and

name and level of court

authorize Commission staff to provide a factual summary of any and all actions taken by the Commission to the Alaska Judicial Council and its staff for purposes of determining my qualifications for the position. No other use is authorized by this waiver; however, I recognize that once released, further dissemination of this information may not necessarily be restricted by law.

Name

Signature

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public, State of Alaska

My Commission expires: _____