

# Commonwealth of Massachusetts Office of the Governor Application for Appointment to the Position of Department of Industrial Accidents Administrative Judge and/or Administrative Law Judge

# I. <u>Position</u>

Which position are you applying for:

- Administrative Judge Yes D No D
- Administrative Law Judge Yes □ No □ (Please note that to be considered for the Administrative Law Judge position you must be a member of the Massachusetts Bar for 5 years OR a "past or current member of the industrial accident board or reviewing board." M.G.L. c. 23E, §5.)

# **II** <u>Qualifications for Applicant</u>

The qualifications for judicial office fall into two areas (1) legal and (2) professional and personal.

Executive Order 456 (03-14) and M.G.L. c. 23E specify the legal qualifications for judicial office. Please provide the following information:

> If not, do you have four (4) years of demonstrated writing ability where writing skills are a major responsibility of your employment? Yes  $\Box$  No  $\Box$

4. Massachusetts Bar Membership: Yes 🛛 No 🗆

| 5.       | Graduate from a law school accredited by the Commonwealth of Massachusetts or American Bar Association accredited law school: Yes $\Box$ No $\Box$                                                                 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>.</i> |                                                                                                                                                                                                                    |
| 6.       | Resident of the Commonwealth at the time of the application $Yes \square$ No $\square$                                                                                                                             |
| 7        | United States Citizen or naturalized citizen: Yes  No No                                                                                                                                                           |
| 8.       | Legal experience:<br>Administrative Judge- Have you practiced law for 3 years? Yes $\Box$ No $\Box$<br>a. If not, do you have at least five (5) years of relevant professional experience?<br>Yes $\Box$ No $\Box$ |
|          | Administrative Law Judge- Have you practiced law for 5 years? Yes $\Box$ No $\Box$<br>b. If not, are you a current or past member of the industrial accident board or<br>reviewing board? Yes $\Box$ No $\Box$     |
| 9.       | Pursuant to M.G.L. 23E §4 and § 5 please state your political party affiliation and any change in your voter registration in the past two years.                                                                   |
| III.     | Personal Information:                                                                                                                                                                                              |
| 10.      | <ul> <li>(a) Full name:</li> <li>(b) Have you ever used or been known by any other name? If so, please identify:</li> </ul>                                                                                        |
| 11       | Residential Address (Please include your zip code):                                                                                                                                                                |
| 12.      | Residential Telephone Number:                                                                                                                                                                                      |
| 13.      | Residential E-mail:                                                                                                                                                                                                |
| 14.      | Residential Facsimile:                                                                                                                                                                                             |
| 5.       | Office Address:                                                                                                                                                                                                    |
| 16.      | Office Telephone Number:                                                                                                                                                                                           |
| 17       | Office E-mail                                                                                                                                                                                                      |
| 18.      | Office Facsimile:                                                                                                                                                                                                  |

| 19. | Race <sup>*</sup> (Optional):                                                                                                                                             |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20. | Date and place of birth:Age                                                                                                                                               |
| 21  | Social Security Number                                                                                                                                                    |
| 22. | How long have you been a resident of the Commonwealth of Massachusetts immediately preceding this application? years months                                               |
| 23. | How long have you been engaged in the active practice of law immediately preceding the date of this application?                                                          |
| 24. | How long have you been engaged in the practice of law in the Commonwealth of Massachusetts immediately preceding the date of this application?                            |
| 25. | Board of Bar Overseers Number:                                                                                                                                            |
| 26. | Spouse/Domestic Partner's Full Name:                                                                                                                                      |
| 27. | Spouse/Domestic Partner's Maiden/Birth Name:                                                                                                                              |
| 28. | Spouse/Domestic Partner's Social Security Number:                                                                                                                         |
| 29. | Spouse/Domestic Partner's Current Employer:         a.       Please include company name, address and phone:         b.       Nature of business:         c.       Title: |
| 30. | Please list the names of all immediate family as well as persons related to immediate family by marriage who serve as employees or elected officials of the Commonwealth. |

# IV. <u>General Information</u>

- 31 a. Year admitted to the Massachusetts bar:
  - b Each month and year in which you took the Massachusetts Bar Examination:

<sup>\*</sup> This information will be used to provide demographic statistics.

- 33 List all courts in which you have been admitted to the practice of law with dates of admission. Please provide the same information for administrative bodies which require special admission to practice.
- 34. Have you ever been denied admission to the Bar of any state due to failure to pass the character and fitness screening? \_\_\_\_\_. If so, please explain.

Have you ever applied for a judgeship? Please list dates and judgeships applied for, as well as whether you were nominated by the Nominating Panel or any other nominating body and whether you were appointed.

#### V. <u>Education</u>

- a. Please state the names and dates of attendance of all colleges and professional schools (other than law schools) attended and degrees conferred. If no degree was conferred please state the reason for leaving the educational institution.
- b. Please describe significant activities, honors or awards at college and/or professional school giving dates and offices or leadership positions held.
- 37. a. List all law schools, dates attended and degrees conferred. If no degree was conferred please state the reason for leaving the educational institution.
  - b. Did you receive any honors in law school or belong to any honorary societies or groups? \_\_\_\_\_\_. If yes, please list said societies and groups and provide a description of same.

#### **Professional**

- 38. Books, articles or other publications authored, giving the citations and dates. Include any speeches made on issues involving workers' compensation, personal injury or legal policy.
- 39. Describe your participation as either a faculty member or attendee in law courses or lectures at bar association conferences, law school forums or continuing legal education programs in the last 5 years.
- 40. Have you held any appointive or elective public office, or have you been a candidate for elective office? If so, please provide details.

#### **Employment History (Non-legal)**

41 Have you ever been engaged in any occupation other than the practice of law (including any occupation while practicing)? If so, please provide details, including dates and percentage of time spent in such occupation, exclusive of part-time or summer employment during school. Also, please provide the name, current address and telephone number of a person, preferably your supervisor, who can verify your employment for each position listed below.

42 Have you ever been discharged from employment for any reason or have you ever resigned after being informed that your employer intended to discharge you?

#### VIII. Legal Experience

- 43 Describe chronologically your employment or legal practice since becoming a member of any state bar. Include dates, names and addresses of all law offices, firms, companies or government agencies with which you have ever practiced law, the nature of your affiliation with each, the general nature of your practice, and any other relevant particulars. Also, please provide the name, current address and telephone number of a person, preferably your supervisor, who can verify your employment for each position listed below.
- 44 Have you ever served as a hearing officer, master or arbitrator? If so, please provide details.

## IX. Conduct:

- 45 Within the last ten years, have you ever been arrested, charged with, pled guilty or "nolo contendere" to, or been convicted of a violation of any federal, state or local law, regulation or ordinance (other than traffic violations for which a fine of \$50 or less was imposed)?
- 46 To the best of your knowledge, has any complaint ever been made against you to or by the Board of Bar Overseers or any other bar grievance committee or professional association? (If currently an administrative judge or administrative law judge, has any complaint ever been made against you to the BBO and/or the State Ethics Commission?) If so, please provide details.
- 47. To the best of your knowledge, are you currently under investigation for any alleged violation of any law, regulation or ordinance or rule of conduct? If so, please provide details.
- 48. Have you ever been a party to or been involved in any other legal proceedings other than as counsel? If so, please provide details. Do not list proceedings in which you were a guardian ad litem, executor or administrator, but do include all bankruptcies and proceedings in which you were a party in interest.
- 49. If as a past or current member of the armed forces, have you been the subject of any charges which resulted in disciplinary action or court martial?

50. a. Have you filed all state and federal tax returns in each year since you became a member of the bar? If not, please provide the reasons.

b. Have federal, state or local authorities ever instituted a tax lien or other collection procedure against you? If so, please provide details, including case numbers and court.

- 51 State the nature and disposition of any the following actions which may apply to you:
  - (a) Are there any unsatisfied judgments against you?
  - (b) Have you ever defaulted in the performance of any court-imposed obligations, including payment of child support or alimony or compliance with another court order or decree?
  - (c) In each case, please list the name and address of the creditor, the court which rendered the judgment, the docket number, the date, the amount of the judgment, and the circumstances on which such claim was based.
- 52. Have you ever made an assignment for the benefit of creditors? Has any petition in bankruptcy ever been filed by you? If so, please state the circumstance, docket number, and the outcome.
- 53. Is there any other information tending to reflect adversely on your personal or professional background or qualifications, or which you think might be so interpreted by others, which the Panel and the Governor should know in the interests of full disclosure.

## X. <u>Health</u>

- 54. Is there any information in your medical history, which might tend to affect your fitness for appointment or affect your ability to perform the essential functions of your appointment? If so, please describe.
- 55. Is there any reason why it might be difficult for you to perform the essential functions of this position? If so, please explain how you will be able to perform job-related functions, with or without reasonable accommodation.

## XI. Additional Information

- 56. Please explain how you are qualified to be an Administrative Judge and/or Administrative Law Judge and indicate how your experience meets the following statutory criteria for appointment:
  - a. Skills in fact-finding and how it was demonstrated in the positions held; and
  - b. Basic understanding of human anatomy and physiology, where and how acquired.
- 57. If you were advising the Governor on who should be appointed to the vacancy in question, what are the three or four attributes or accomplishments you believe should be given the greatest weight in assessing candidates, and how do you assess yourself?

- 58. What is the greatest challenge confronting the Department of Industrial Accidents and how would you address it?
- 59. What is the greatest asset of the Department of Industrial Accidents and how would you preserve and improve it?
- 60. Optional: Please make any additional comments that you wish to bring to the Industrial Accident Board Nominating Panel attention regarding your experience and suitability for this judicial position.

#### **CERTIFICATION AND WAIVER**

I hereby swear or affirm under penalties of perjury that the information provided within my application is true and complete to the best of my knowledge and belief; and that I am a citizen of the United States and of the Commonwealth of Massachusetts.

I waive any privilege of confidentiality I may have with respect to information concerning my qualifications for appointment to the Department of Industrial Accidents that the Industrial Accident Board Nominating Panel ("Panel") may desire to obtain. I specifically authorize the Panel to obtain and examine my personnel files from current and past employers, including all files maintained by the Massachusetts Court System, and to obtain information, records and documents regarding me from any credit reporting agency, any law enforcement agency, any bar association, any occupational licensing board, any educational institution, and any disciplinary body, including specifically the Board of Bar Overseers. I further authorize these institutions, organizations, and individuals, and any other institutions, organizations and individuals to make available to the Panel all confidential and non-confidential documents, records and information concerning me that the Panel may request.

I understand the submission of this application expresses my willingness to accept appointment to the Commonwealth of Massachusetts Department of Industrial Accidents, if tendered by the Governor, and further, my willingness to abide by the rules of the Industrial Accident Board Nominating Panel with respect to my application.

Date

**Signature of Applicant** 

Type Name

#### APPENDIX A-1 WRITING SAMPLE

Please attach as Appendix A-1 <u>one</u> example of a writing which illustrates your writing experience or a brief, memorandum of law, or legal opinion or similar example of legal writing (not to exceed 10 pages) prepared solely by you within the last five years. If you do not have a sample of this length, please include an excerpt from a longer writing. Please do not exceed the 10-page limit.

# APPENDIX A-2 JUDGE'S WRITING SAMPLE

Please attach as Appendix A-2 a copy of each of the three decisions you submitted for the Senior Judge's most recent Reappointment Performance Evaluation prepared in accordance with M.G.L. c. 23E, §9.