

Application for Justice of The Peace Commonwealth of Massachusetts

For Persons Who Are Not City, Town, or Court Clerks/Assistant Clerks

All facts required by this application are regarded as if made under oath, and a false statement will be cause for revocation of commission.

		T. Healey for appointment as a less for the following reasons:	Justice of the Feace, with a	
			□ Male □ Female	
		Zip Code		
Date of Birth Place of Birth			ity, State <u>)</u>	
Occupation				
Business ad	ldress			
		Zip Code		
Daytime Ph	one	Evening Phone		
Email Addre	ess			
	ever been convicte			
Circle: Yes	s No			
B) Have you	ever had a profess	sional license revoked or susp	ended?	
Circle: Yes	s No			
		above, please explain in detail by and outcome briefly or on an a		ge(s),

•	t, in the interest of full disclosure, should a litability for appointment as Justice of the	
Signed under the pains and	penalties of perjury	/ /
Signature of applicant		Date
needs to write a letter of recon	by four references, from the city or town in nendation, not exceeding one page, one page include the letter with your application	n your behalf. To ensure the
	that the named applicant, who is persor in every way fitted for the position of Ju	
NAME (Please sign and print)	ADDRESS (Include City/Town)	Phone Number
Please return the application	n, reference letter and a resume to:	Executive Council 24 Beacon Street State House, Room 184 Boston, MA 02133 617-725-4016