



The  
**DISCIPLINARY BOARD**  
*of the Supreme Court of Pennsylvania*

**HEARING COMMITTEE  
MEMBERSHIP APPLICATION**

*Complete and return this form to Kimberly M. Henderson, Special Counsel by March 11, 2022.*

**Email:** [Kimberly.Henderson@pacourts.us](mailto:Kimberly.Henderson@pacourts.us)  
**Fax:** (717) 231-3381  
**Mail:** Disciplinary Board  
 Attn: Hearing Committee Member Application  
 601 Commonwealth Avenue, Suite 5600  
 PO Box 62625  
 Harrisburg, PA 17106-2625

- List of Attachments**
- Letter of Interest
  - Application
  - Resume
  - Other Pertinent Information

Applicant's Name: \_\_\_\_\_ Area of Concentration: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**The Disciplinary Board requires that all Hearing Committee Members appointed or reappointed on or after July 1, 2022, be fully-vaccinated against COVID-19 and provide proof of vaccination status. Are you fully-vaccinated against COVID-19 in accordance with the Hearing Committee Member Position Description and willing to provide the Disciplinary Board proof of vaccination status?**

- Yes
- No

**Are you currently serving, or have you previously served on any Supreme Court of Pennsylvania committees, boards, advisory groups, or independent judicial-related entities?**

Yes      Please list: \_\_\_\_\_

No

**Have any criminal charges ever been filed against you?**

Yes      Please explain in a separate document.

No

**Disciplinary Board Rule 89.4(c): Restrictions on representation.** Members of the Board, partners, or employees of any firm in which a member of the Board practices, hearing committee members and special masters shall not appear as counsel for a respondent-attorney.

**Will compliance with this Rule preclude you from serving as a Hearing Committee Member?**

Yes      Please explain in a separate document.

No

**Have any formal charges of professional misconduct ever been filed against you?**

Yes      Please explain in a separate document.

No

**Do you have any conflicts of interest that would prevent you from impartially discharging your duties as a Disciplinary Board Hearing Committee Member?**

Yes      Please explain in a separate document.

No

**I certify that the facts contained herein are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application which may include a criminal background check pursuant to 18 Pa.C.S. §9101 et seq. Furthermore, I acknowledge that my appointment or reappointment as a Hearing Committee member is contingent upon The Disciplinary Board's approval as well as submitting proof of being fully-vaccinated against COVID-19 as outlined in the Hearing Committee Member Position Description.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_