

## HEARING COMMITTEE MEMBERSHIP APPLICATION

Complete and return this form to Kimberly M. Henderson, Special Counsel by March 10, 2023.

Fax: Mail:	Kimberly.Henderson@pacourts.us (717) 231-3381 Disciplinary Board Attn: Hearing Committee Member Application 601 Commonwealth Avenue, Suite 5600 PO Box 62625 Harrisburg, PA 17106-2625	Please Include:  Letter of Interest  Application Resume Other pertinent information (if any)	
Applicant's Name:		PA Attorney ID No	
Area of	Concentration:		
	ər:		
Office A	ddress:	· · · · · · · · · · · · · · · · · · ·	
Phone:		Fax:	
Residen	nce Address:		
Primary	Email Address:		
How did	I you hear about applying to become a Hearing	Committee Member?	

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 licensed in a	ny other jurisdictions?					
☐ Yes	Please list:					
☐ No						
	rving, or have you previously served on any Pennsylvania Supreme Court committees, ups, or independent judicial-related entities?					
☐ Yes	If yes, please list:					
☐ No						
	Affirmation of Eligibility					
Have any criminal ch	arges (felony or misdemeanor) ever been filed against you?					
Yes	Please explain in a separate document.					
☐ No						
<u>Disciplinary Board Rule 89.4(c):</u> 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				
<b>Diversity Information (Optional)</b>				
The Disciplinary Board is committed to ensuring diversity in its appointments of Hearing Committee Members. Therefore, if you choose, we ask that you provide us with information to help us to achieve this goal.				
Race and Ethnicity Select one or more.				
American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment				
Asian – A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam				
☐ Black or African American – A person having origins in any of the Black racial groups of Africa or the Caribbean				
☐ <b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race				
■ Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands				
■ White or Caucasian – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East				
☐ Other				
<u>Gender</u>				
☐ Female				

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

Signature:	Date: