

HEARING COMMITTEE MEMBERSHIP APPLICATION

Complete and return this form to Kimberly M. Henderson, Special Counsel by March 20, 2023.

| Fax: (1 Mail: D A 6 P | 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 | t's Name: | PA Attorney ID No | |
| Area of C | Concentration: | | |
| Employer: | | Title: | |
| Office Ad | ldress: | | |
| Phone: _ | | Fax: | |
| Residenc | ce Address: | | |
| Primary E | Email Address: | | |
| How did | 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 cha | 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 char | ges 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 | | | |
| | | | |
| Diversity Information (Optional) | | | |
| 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 | | | |
| ☐ Hispanic or Latino – 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 knowle | dge. I authorize |
|---|-------------------|
| investigation of all statements contained in this application which may include a criminal ba | ckground check |
| pursuant to 18 Pa.C.S. §9101 et seq. Furthermore, I acknowledge that my appointment or rea | ppointment 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 | tion Description. |

| Signature: | Date: |
|------------|-------|