

APPLICATION FOR ADMINISTRATIVE LAW JUDGE OKLAHOMA WORKERS' COMPENSATION COMMISSION

Failure to answer accurately any of the questions contained in this Application may result in rejection of the Application. Please attach additional sheets, if necessary.

GENERAL INFORMATION

1. Full Name: _____
All Other Names Which You Have Used: _____

2. Social Security No: _____ Driver's License No: _____

3. Date of Admission to
Practice of Law in Oklahoma: _____ OBA No. _____

4. Are You a United States Citizen? _____

5. Residence Address: _____

Phone Number: _____ E-mail: _____
Length of Residence in Oklahoma: _____

6. Residence Mailing Address, if different from above.

7. Business Address: _____

Phone Number: _____ E-mail: _____

8. Military Service:

Service	Branch	Dates

Type of Discharge: _____
If Reserve or National Guard Member, give Service Branch, Unit and Rank:

9. List your place of residence by city and state, and approximate dates of residence for the past ten years: _____

EDUCATION

10. List all preparatory schools, colleges and law schools you have attended. If you withdrew from school prior to graduation, please state reason for withdrawal:

School	Dates	Degree	Year

11. Have you complied with the applicable requirements for mandatory continuing education during your career as an attorney or judge?

_____ Yes _____ No

LEGAL PROFESSION

12. List all courts, administrative bodies and commissions in which you are admitted to practice, include dates of admission:

Court	Date of Admission

13. Provide the name of all law firms, governmental agencies or private business organizations in which you have been employed, or any other types of legal practice in which you have been engaged. List dates of employment and addresses.

Employer	Address	Position	Dates

14. Provide the names, addresses and dates of employment of all employers outside the legal profession by whom you were employed during the past five (5) years. Please state your position.

Employer	Address	Position	Dates

15. If your employment was terminated or you were asked to resign from any of the previously listed employments, please state the employment and the reason for your termination or resignation.

16. Describe the general nature of your current practice, providing a chronological history of your work.

17. Describe in detail your workers' compensation experience. Please include the length of time you have practiced workers' compensation law, the nature of your practice and the number of worker's compensation trials you have had.

18. Summarize your courtroom experience, if any, for the past five (5) years.

What percentage of your work has been devoted to:

Active civil litigation? _____

Active criminal litigation? _____

Other? _____

Number of criminal cases tried to verdict: _____

Number of civil cases tried to verdict: _____ Bench

Trials _____ Jury Trials

19. Provide the names of three (3) judges before whom you have tried cases.

Name	Address	Phone

20. Provide the names of three (3) attorneys against whom you have tried cases.

Name	Address	Phone

21. List the names of professional organizations or societies to which you belong.

22. Have disciplinary proceedings been commenced against you by any Bar Association during your practice? (Do not disclose the mere filing of a complaint which did not result in the institution of proceedings) _____

Are any proceedings now pending? _____

If yes, name the Bar Association, describe the nature of the proceedings and provide the results:

23. Have you ever been cited or sanctioned for a breach of ethics or unprofessional conduct by any Court or administrative agency? _____

If yes, please describe: _____

24. Have you ever been sued by a client? _____

PRIOR JUDICIAL OR ADMINISTRATIVE LAW JUDGE EXPERIENCE

25. List all positions applied for in the past five (5) years:

Position	State	Date

26. List all judicial offices or administrative law judge positions held in the past five (5) years:

27. List all quasi-judicial service, including administrative law judge service:

Name of Agency/Position	Type of Cases	# Cases Heard

PUBLIC OFFICE

28. Have you ever been a candidate for, or held public office (unless previously stated in judicial or administrative law judge experience)? _____

BUSINESS PURSUITS

29. List all business affiliations and occupations in which you are engaged outside of the legal profession: _____

30. Have you been involved as a litigant in any civil action within the past ten (10) years? ____
If yes, provide specifics, including the Court, case number and your role in the proceedings:

31. Have you ever been charged with or convicted for any misdemeanor or felony offense, excluding minor traffic violations? _____

If yes, state the offense, Court, case number and resolution:

32. Have you timely filed federal and state tax returns? _____

33. Do you have tax liens or claims outstanding? _____

SUPPLEMENTAL INFORMATION

34. List any legal honors, prizes or awards which you have received:

35. List any legal books or articles which you have published:

36. List any accomplishments which reflect on your ability to serve as an administrative law judge:

37. List any Bar committee work you have performed:

38. Do you agree to abide by the standards set by the Commission if appointed by the Oklahoma Workers' Compensation Commission? _____

39. Why are you seeking this position?

In filing this application for this administrative law judge position, I authorize all persons, firms, officers, corporations, associations, organizations, State or Federal Agencies and institutions to furnish to the Oklahoma Workers' Compensation Commission ("Commission") or its authorized representative, all relevant documents, records or other information that may be requested in the investigation of this application. I further agree that all information received by the Commission will be treated confidentially (to the extent allowable under the Oklahoma Open Records Act) by the Commission and I specifically waive any right to review the material submitted to the Commission.

Applicant's Signature

In accordance with the laws of the State of Oklahoma, the Oklahoma Workers' Compensation Commission is an equal opportunity employer. Applications will be considered without regard to race, sex, age, color, religion, national origin or physical handicap.

Each person submitting an application must also attach a completed IRS form 4506-T. Under item 6, please select (b) Account Transcript. Under item 9, fill in the three tax years prior to your application. A link to the IRS form is below.

<http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

**OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR FEDERAL TAX RECORDS**

Name: _____ SSN: _____

Address: _____

Spouse Name: _____ Spouse SSN: _____

I hereby request and direct that the Internal Revenue Service deliver to Agent _____ of the Oklahoma State Bureau of Investigation, copies of my income tax returns and return information for the tax period(s) of _____ which were made on IRS Form 1040.

Signature

Date

State of Oklahoma)
) ss.
County of _____)

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My Commission Expires:

(seal)

**OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR STATE TAX RECORDS**

Name: _____ SSN: _____

Address: _____ DOB: _____

I, _____, hereby request that _____
(Name of Agency)
deliver to _____ Agent of the Oklahoma State Bureau of

Investigation, copies of my income tax returns and return information for the tax period(s) of __

which were made on (State) _____ form(s).

Signature

State of Oklahoma)
) ss.
County of _____)

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My Commission Expires:

(seal)