## Judicial Mentor Program Application Superior Court of California, County of Fresno

	PERSO	NAL INFORMATI	<u>ON</u>
FULL NAME:			DATE:
First	Middle	Last	<u> </u>
HOME ADDRESS		AND THE PERSON NAMED IN	
	Street Address	0.10	Apt/Suite
	City	State	Zip Code
<b>WORK ADDRESS</b>		URELT	##2575/2880
105	Street Address	Pier	Apt/Suite
1270	City	State	Zip Code
E-MAIL:		CELL PHONE	
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CA Bar #:	Name of the last		
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*IF YES, DATE(S)	APPLIED:		<b>開催性 100 25 元 8 日 25 日 27 日 27 日 27 日 27 日 27 日 27 日 27</b>
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DESCRIBE PRO	TEM EXPERIENCE: _		
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DESCRIBE COMI	MUNITY INVOLVEME	NT/SERVICE:	

## **California Judicial Mentor Program**

Superior Court of California, County of Fresno

## MENTORSHIP REQUEST

PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO CONSIDER IN ASSIGNING A MENTOR, (such as preference for race, ethnicity, gender, gender identity, sexual orientation, similar family obligations, etc.):				
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CERTIFICATION				
I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM, WHICH ARE:				
<ul> <li>I HAVE AT LEAST 8 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 8 YEARS.</li> <li>I AM IN GOOD STANDING WITH THE BAR AND THE COMMUNITY.</li> <li>I AM COMMITTED TO PUBLIC SERVICE.</li> </ul>				
SIGNATURE:DATE:				
EMAIL COMPLETED APPLICATION TO: JudicialMentorshipProgram@fresno.courts.ca.gov				
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