

Course Application Form

The National Judicial College

ENROLL BY FAX
(864) 888-1462
PLEASE MAIL ORIGINAL



PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND COMPLETE ALL REQUESTED INFORMATION

Mr./Mrs./Ms./Hon. _____ FF _____

Title (circle one if applicable) _____ First Name _____ Middle Initial _____ Last Name _____

Your name as you wish it to appear on name badge _____

Name of (circle one) Court/Agency/Company _____

Office Mailing Address (Required) _____

City _____ State _____ Zip _____

Office Phone () _____ Ext. _____ Fax () _____ Home () _____

E-Mail address _____

What is your Position/Function? _____

(i.e. Chief Judge, Court Administrator, Military Rank)

Number of years as a judge (if applicable) _____ Month/Year Elected/Appointed to the Position _____ / _____ Full Time Part Time

Type of Jurisdiction: General Special Administrative Law Tribal Military Appellate Court Personnel Professional

Population your court serves: 0 – 50,000 50,000 – 250,000 250,000 – 500,000 500,000 plus

Law Degree: Yes No Other degrees: (please specify) _____

TYPES OF CASES YOU HEAR

- Appellate Review
- Civil: Limit \$ _____
- Criminal
- Equity/Chancery
- Family Court
- Felony
- Jury Trial
- Juvenile
- Misdemeanor
- Military
- Ordinances
- Preliminary Hearing
- Probate
- Traffic
- Tribal

ADMINISTRATIVE LAW

- Human Resources
- Labor Relations
- Licensing
- Motor Vehicle
- Public Utilities
- Personnel
(including employment discrimination)
- Social Security
- Tax
- Unemployment
- Welfare/Govt. Benefits
- Workers' Compensation
- Natural Resources/Environmental
- Other _____

Have you previously attended a National Judicial College course? Yes No

If yes, have you ever served as an NJC group facilitator/group discussion leader? Yes No Would you like to? Yes No

Are you a Judicial Studies degree candidate? Yes No If yes, year of admission _____

Do you have any special needs or requirements that we should be aware of? _____

What specific problems would you like this course to help you solve? _____

What specific skills do you hope to gain from this course? _____

PROFESSIONAL CERTIFICATE IN JUDICIAL DEVELOPMENT PROGRAM

Are you currently a Professional Certificate in Judicial Development candidate? Yes No If yes, year of admission _____

Please enroll me in the following Professional Certificate in Judicial Development Program: (please see pages 19-21)

- Administrative Law Adjudication Skills
- Court Management Skills
- Dispute Resolution Skills
- General Jurisdiction Trial Skills
- Special Court Trial Skills

PLEASE ENROLL ME IN (be specific)

Name of course(s) SCSCJA ANNUAL CONFERENCE _____ Course dates SEPTEMBER 4 & 5, 2003 _____

_____ Course dates _____

_____ Course dates _____

METHOD OF PAYMENT

Full name and address of funding agency _____

Funding Agency Telephone () _____

Please charge my credit card (check one) VISA MC AMEX DISCOVER The sum of \$ _____

Card No. _____ Exp. Date: Month/Year _____

Name on Card (please print) _____

SIGNATURE _____ (Or call the NJC Business Office 800-255-8343 for more information)

If you would like your confirmation letter mailed to an address other than your office address, please write your mailing address below.

Mailing Address _____

City _____ State _____ Zip _____