

**UNIFIED COURT SYSTEM  
APPLICATION FOR APPOINTMENT AS HEARING OFFICER  
SMALL CLAIMS ASSESSMENT REVIEW PROGRAM**

Please prepare an original and send to: Office of Court Administration, Small Claims Assessment Review Program, 25 Beaver Street, Room 1028, New York, N.Y. 10004

1. Name of Applicant

Last Name	First Name	MI
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Mailing Address

City or Post Office	State	Zip Code
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Home Telephone Number	Business Telephone Number
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2. Citizenship: Are you a citizen of the United States? Yes  No   
 If no, do you have a legal right to work in the United States? Yes  No

3. Legal Residence: Fill in the names of the city, town or village, county and state of which you are a permanent resident. Show the number of years and months that you have continually lived in each of these units immediately preceding the date of this application.

Name of City, Town or Village	Years	Months
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County	Years	Months
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State	Years	Months
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4. Answer all questions by placing "X" in the appropriate column. If your answer is "YES" to any of these questions, give particulars in item 7.

Except for minor traffic offenses and adjudications as a youthful offender, wayward minor or juvenile delinquent:

Have you ever been convicted of an offense against the law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever forfeited bail or other collateral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you now have any criminal charges pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you currently have a physical, mental or medical impairment that would interfere with your ability to perform the job for which you are applying? Yes  No

Are you currently addicted to the unlawful use of narcotics or intoxicating beverages? Yes  No

Have you ever been dismissed from any employment for reasons other than lack of work or funds?

Yes  No

Have you ever received a discharge from the Armed Forces which was other than honorable?

Yes  No

5. Requirements Section. Please indicate which of the following requirements you meet, and attach a copy of your certificate, diploma or other notification:

- a. If an attorney, date and department of admission: \_\_\_\_\_  
Date Department
- b. If an attorney, are you registered with the Office of Court Administration pursuant to section 468-a of the Judiciary Law? Yes  No
- c. Licensed Real Estate Broker? Yes  No  Registration No: \_\_\_\_\_
- d. Assessing or Appraising Qualifications: Yes  No 
  - 1. Course title and description: \_\_\_\_\_
  - 2. Date(s) and location: \_\_\_\_\_
  - 3. Agency, organization or college: \_\_\_\_\_
  - 4. Certification title and date: \_\_\_\_\_

6. Current employment. Enter the name, address and business of employer:

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7. Remarks: (add additional pages if more space is needed): \_\_\_\_\_

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8. Please indicate the counties in which you wish to serve: \_\_\_\_\_

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9. Please complete this affirmation: I affirm that the statements made on this application (including any attached paper) are true. False statements made in this application are punishable under the Penal Law (Section 210.45)

Signature \_\_\_\_\_

Date \_\_\_\_\_