

Moot Court Judge Volunteer Form

Committee on Courts of Appellate Jurisdiction

Name & Address: _____

Telephone: _____ Email: _____ Years in Practice _____

Judicial Positions Held: _____

| Year(s) | Court(s) |
|---------|----------|
| _____ | _____ |
| _____ | _____ |

Approximate Number Of:

Appeals Briefed: _____ Appellate Arguments Made: _____

Approximate Number Of Cases Mooted: _____

Judicial Clerkships:

| Court | Judge/Justice(s) | Year(s) |
|-------|------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Substantive Law Areas of Experience (please check all that apply):

| | | |
|---|---|--|
| <input type="checkbox"/> Antitrust/Competition | <input type="checkbox"/> Education | <input type="checkbox"/> Torts/Negligence/Products |
| <input type="checkbox"/> Attorney's Fees | <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Post-Conviction Relief |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Environmental | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Const. Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Tort Claims Act |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Health Care | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Wills, Trusts, Estates |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Worker's Comp |
| <input type="checkbox"/> Debtor/Creditor | <input type="checkbox"/> Malpractice | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Defamation/Intentional Torts | <input type="checkbox"/> Municipal | |

Other (explain): _____

Approximately how many cases would you be willing to moot each year? _____

How far are you willing to travel to moot a case? _____

Please note any special requests or concerns: _____

Note: A conflicts check and confidentiality agreement will be required in every case

Please return the completed form to the Committee's staff liaison,
Kirsten Downer at kdowner@nysba.org

