

INFORMATION SHEET
for POTENTIAL OAM BOARD OF TRUSTEES MEMBER

_____ DATE SUBMITTED

I am interested in being a candidate for the following position on the Board of Trustees:

_____ DISTRICT REPRESENTATIVE _____ AT-LARGE REPRESENTATIVE
_____ PRACTICE AREA CHAIR

NAME _____

Mailing Address _____

EMAIL ADDRESS _____

TELEPHONE _____ CELL _____

Appointing Court(s) _____

_____ Years as a judicial officer

Appellate District (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Check all Jurisdictions you cover: _____ Domestic Relations
_____ Juvenile _____ Municipal _____ Probate _____ Common Pleas
(Gen. Div.) _____ Court of Appeals _____ Court of Claims

Please provide a brief biographical summary of your professional background, including any previous involvement with the Ohio Association of Magistrates. (This will be reprinted and distributed to the membership and/or Board.)

RETURN THIS FORM TO: OAM Administrator, Pamela A Heringhaus, pheringhaus@ohiomagistrates.org. or P.O. Box 145 Port Clinton, OH 43452.