

**JEFFERSON COUNTY
OFFICE OF THE DISTRICT COURT ADMINISTRATOR
APPLICATION FOR APPOINTMENT TO
202A MENTAL HEALTH DOCKET**

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

LAW SCHOOL: _____ YEAR GRADUATED: _____

DATE ADMITTED TO THE KENTUCKY BAR: _____

DESCRIBE PRIOR EXPERIENCE REPRESENTING CLIENTS IN ANY OF THE MENTAL HEALTH COURTS

WHY ARE YOU INTERESTED IN THIS POSITION?

An appointment as AN ATTORNEY on this docket shall be for a two (2) year period, unless terminated by the General Term, and is renewable for extra two (2) year periods upon notification by you to the Jefferson Court Administrator of your desire to continue in that capacity.

PLEASE EMAIL APPLICATION TO SUSAN ELY AT SUSANELY@KYCOURTS AND ATTACH YOUR RESUME