

# 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, Ms. Patricia Wood, at [pwood@nysba.org](mailto:pwood@nysba.org)

