



# Gate City Bar Association Judicial Section Judicial Mentoring Program Judicial Mentor Questionnaire

## Personal Information

<b>Title:</b>	
<b>Name:</b>	
<b>Business Address:</b>	
<b>City, State/Province:</b>	
<b>Zip/Postal Code:</b>	
<b>E-mail Address:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	

*Optional Alternate information for secretary or law clerk*

<b>Name:</b>	
<b>E-mail Address:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	

*Attorneys participating in the program will be matched with mentors by gender, ethnicity, disability and sexual orientation to the extent possible and desired. Identifying yourself in these categories will assist in the matching process.*

## Court, Judicial Selection Process & Case

- |   |   |
|---|---|
| <input type="checkbox"/> Supreme Court<br><input type="checkbox"/> US District Court<br><input type="checkbox"/> Superior Court<br><input type="checkbox"/> Juvenile Court<br><input type="checkbox"/> Magistrate Court<br><input type="checkbox"/> Municipal Court | <input type="checkbox"/> Federal Appellate<br><input type="checkbox"/> Federal Bankruptcy<br><input type="checkbox"/> State Court<br><input type="checkbox"/> Probate Court<br><input type="checkbox"/> Special Court |
|---|---|

In what areas of the law did you practice before becoming a judge? \_\_\_\_\_

## Commitment

Are there any particular limitations with regards to your participation in this program?

---

---

How many judges are you willing to mentor? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

If you have any questions regarding this form or the program, please contact Judge Crystal Gaines at [cagaines@atlantaga.gov](mailto:cagaines@atlantaga.gov).

## Agreement Statement

\_\_\_\_\_ I agree that all the above information is accurate to my knowledge and that I am solely agreeing to be matched up with judges based on the information provided above to participate in the Judicial Sections Judicial Mentor Program.

*Your information will only be used within the GCBA Judicial Section and its entities. We do not sell or rent e-mail addresses.*

---

---

# Mentee Application

## Personal Information

<b>Title:</b>	
<b>Name:</b>	
<b>Business Address:</b>	
<b>City, State/Province:</b>	
<b>Zip/Postal Code:</b>	
<b>E-mail Address:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	

*Optional Alternate information for secretary or law clerk*

<b>Name:</b>	
<b>E-mail Address:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	

## Court, Judicial Selection Process & Case

- |  |   |
|--|---|
| <input type="checkbox"/> Supreme Court     | <input type="checkbox"/> Federal Appellate  |
| <input type="checkbox"/> US District Court | <input type="checkbox"/> Federal Bankruptcy |
| <input type="checkbox"/> Superior Court    | <input type="checkbox"/> State Court        |
| <input type="checkbox"/> Juvenile Court    | <input type="checkbox"/> Probate Court      |
| <input type="checkbox"/> Magistrate Court  | <input type="checkbox"/> Special Court      |
| <input type="checkbox"/> Municipal Court   |   |

In what areas of the law did you practice before becoming a judge? \_\_\_\_\_

### Agreement Statement

\_\_\_\_\_ I agree that all of the above information is accurate to my knowledge and that I am solely agreeing to be matched up with judges based on the information I provided above to participate in the Judicial Section's Judicial Mentor Program.

\_\_\_\_\_ I agree that this relationship will not be used in any way to assist in my current practice or to solicit employment, references, campaign contributions or any type of campaigning assistance.

*Your information will only be used within the GCBA Judicial Section and its entities. We do not sell or rent e-mail addresses.*

If you have questions regarding this form or the program, please contact Judge Crystal Gaines at 404.954.6763.