

**IX. COURT RECORD (continued)**

3. To your knowledge, have any members of your immediate family been arrested? Yes No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details

**X. FINANCIAL STATUS**

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection? Yes No
2. Are you currently delinquent on any debt(s)? Yes No
3. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? Yes No
4. Have you ever had your wages garnished or had any property repossessed for any reason? Yes No
5. Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes No
6. Have you ever had any judgments filed against you? Yes No
7. Are you currently delinquent or have you ever been in default on any student loan? Yes No

If you answered "Yes" to items 1-7, provide the information requested below:

Month/Year	Action Taken	Amount	Name Action Occurred Under	Name/ Address of Court or Agency Handling Case	City	Zip Code

8. Are you current on all federal, state and local tax debts? (Include individual and employer tax debts that apply to you).  
Yes No If no, provide details.

9. Do you have income from sources other than your salary or your spouse's salary? Yes No If yes, specify the source and amount

**XI. SPECIAL QUALIFICATIONS AND SKILLS**

1. Do you have foreign language abilities? Yes No If yes, indicate your foreign language proficiency by rating each category of ability as "slight," "good" or "fluent."

Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (If applicable)

Date	State	Grievance/Complaint Information

3. Are you a Certified Public Accountant? Yes No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (If applicable)

Date	State	Grievance/Complaint Information

4. a. Are you a licensed automobile driver? Yes No b. Are you a licensed motorcycle driver? Yes No  
Do you possess a Commercial Driver's License? Yes No If yes to a., b., or c. indicate the following:

State: ..... Expiration Date: ..... License # (s): .....

State: ..... Expiration Date: ..... License # (s): .....

5. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Pilot, Real Estate, Cosmetology, etc.)