



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA, GEORGIA 30334

May 2, 2003

TO THE BAR MEMBERS OF THE TALLAPOOSA JUDICIAL CIRCUIT:

This is to announce that the Governor is accepting nominations for District Attorney to succeed and to fill the balance of the unexpired term of the Honorable Gerry E. Holmes in accordance with O.C.G.A. § 15-18-16.

Applicants for this position should fill out the attached application and send by mail or electronically to:

Aimee Brandenburg
Special Assistant
Suite 201, State Capitol
Atlanta, Georgia 30334
Abrandenburg@gov.state.ga.us

An online copy of the application is available at www.gov.state.ga.us. The deadline for **receipt** of applications in this Office is May 19, 2003.

We look forward to hearing from all interested applicants who qualify for the position in accordance with O.C.G.A. § 15-18-3.

Sincerely,

A handwritten signature in black ink that reads "Sonny Perdue".

Sonny Perdue
Governor

**DISTRICT ATTORNEY/SOLICITOR-GENERAL APPLICATION
OFFICE OF THE GOVERNOR
State of Georgia
Suite 201, State Capitol
Atlanta, Georgia 30334-1300
www.gov.state.ga.us**

PLEASE PRINT OR TYPE		PERSONAL DATA				ATTACH ADDITIONAL SHEETS AS NECESSARY
1. Last Name		First	Middle		2. Social Security Number	
3. Apt. No.	4. Street Address		5. City	6. State	7. Zip Code	
8. Is this your permanent residence? <input type="radio"/> Yes <input type="radio"/> No		9. Have you been a resident of this state for 3 years or more? <input type="radio"/> Yes <input type="radio"/> No		10. Date of Birth		
11. Telephone (Daytime)		12. Mailing Address if different from above.				
13. Are you a citizen of the U.S.? <input type="radio"/> Yes <input type="radio"/> No		14. List all names you have used, including nicknames			15. Marital Status	
16. Spouse's Name: Last First Middle				17. Spouse's Occupation		
18. Are you a member of any bar? <input type="radio"/> Yes <input type="radio"/> No			19. Date of Admission to Georgia Bar		20. Georgia Bar Number	
21. List Other States Where Admitted to the Bar and the Date of Admission			22. Have you ever been disbarred from the practice of law? If yes, attache a detailed explanation. <input type="radio"/> Yes <input type="radio"/> No		23. Work Availability Date	

GOVERNMENT EMPLOYMENT

24. Have you ever been dismissed from any government position? If yes, attach a detailed explanation. <input type="radio"/> Yes <input type="radio"/> No			
25. Have you ever been employed by the State of Georgia? <input type="radio"/> Yes <input type="radio"/> No If YES complete the following.			
Job Title	Name of Supervisor	Inclusive Dates	Employing State Agency
26. Do any of your relatives work in any of the counties in the applicable judicial circuit? <input type="radio"/> Yes <input type="radio"/> No If YES complete the following.			
Last Name	First	Middle	Relationship

EDUCATION

Name and location of Colleges or Universities attended	Field of Study/Areas of Concentration		Type of Degree Awarded	Degree Date or Anticipated
	Major	Minor		
Graduate School				
Law School				
State your law school class standing honors and activities.				
While in law school if you were <i>expelled, reprimanded, cited for an honor violation</i> , or otherwise disciplined please attach a detailed explanation.				

LEGAL BACKGROUND

1. Please describe the general character of your current practice and any legal specialties you possess.

2. Please describe your experience in managing an office or providing managerial oversight and direction to employees.

3. Please summarize your experience in court during the course of your practice. Include what percentage of your appearances have been in federal or state court, have involved civil or criminal matters, and have been jury or non-jury trials. Also indicate whether you have been sole, associate, or chief counsel in these cases.

4. Please describe your practice in areas other than litigation.

5. Have you had any legal articles or books published? If so, please list them, giving the citations and dates.

7. Have you ever been disciplined, cited, or otherwise sanctioned for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, disciplinary commission, or other professional group? If so, please give the particulars.

8. List all bar associations and professional societies of which you are a member, and any offices which you have held in such groups.

MILITARY SERVICE (if applicable)

Active Armed Forces Service	Job Title	Inclusive Periods of Active Service		Reserve Status
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Other: specify _____		From (month/year)	To (month/year)	
<input type="checkbox"/> Navy <input type="checkbox"/> Marines				
Type of Discharge _____ . If other than honorable attach a detailed explanation.				

REFERENCES

List three (3) attorneys not associated with you who can give a professional reference as to your legal abilities.

Name	Address	City	State	Zip Code	Telephone No.

COURT RECORD - CHARGES PENDING

Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where: (a) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (b) an adjudication of guilt or sentence was otherwise withheld or not entered on the charge, except with respect to a plea of nolo contendere? Yes No If Yes, attach a detailed explanation. Have you ever been convicted, entered a plea of nolo contendere, or any charges now pending against you by federal, state, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed or would likely be imposed. All other convictions and pleas of nolo contendere must be included even if they are pardoned.) Yes No. If Yes, provide the following:

CONVICTIONS - PLEAS OF NOLO CONTENDERE

Charge	Date	Name of Court and Place	Pardoned
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES PENDING

Violation Charged	Name of Government	Name of Court & Location Where Pending

CERTIFICATION

By my signature, I hereby certify that the above information, and the information contained on the attachments to this application for employment, are true and correct and are made under the penalties of false swearing. I authorize the Department of Law, its employees and agents to verify this information.

Signature of Applicant

Date

EMPLOYMENT HISTORY

Describe your employment history beginning with your current or most recent job, including volunteer experience. If you worked for the same employer but at various times held different jobs, describe each separately. Please describe in detail the specific duties beginning with your primary duties. If desired you may attach a resume to provide additional information.

Current or Last Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			

Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			

Employer		Address	
Job Title	From (Month & Year)	To (Month & Year)	May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Phone	
Description of Duties			

**DISTRICT ATTORNEY/SOLICITOR-GENERAL APPLICATION
OFFICE OF THE GOVERNOR
State of Georgia
Suite 201, State Capitol
Atlanta, Georgia 30334-1300
www.gov.state.ga.us**

PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Apt. No.	5. Street Address		6. City	7. State	8. Zip Code

PLACES OF RESIDENCE						
<i>Please list the address of each place where you have lived during the past five (5) years</i>						
Inclusive Dates		Apt No.	Street Address	City	State	Zip Code
From	To					

WAIVER
<p>This waiver authorizes the release of information to the Georgia Bureau of Investigation concerning my driver's history, criminal history, credit history, employment history, medical history, and all other information which may be necessary to establish my personal character. This further releases all persons and companies of any liability in relinquishing the requested information to representatives of the Georgia Bureau of Investigation for the purpose of my being considered for employment or appointment to a position within State government. This release further authorizes the Georgia Bureau of Investigation to disseminate the above information to the State agency which is considering me for employment or appointment.</p>
_____ Signature
_____ Date