NEW YORK STATE BAR ASSOCIATION

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):

___ Antitrust/Competition
___ Attorney's Fees
___ Civil Rights
___ Const. Law
___ Construction
___ Contract
___ Business/Corporate
___ Criminal
___ Debtor/Creditor
___ Defamation/Intentional Torts
___ Education
___ Employment/Labor
___ Environmental
___ Family Law
___ Guardianship
___ Health Care
___ Insurance Coverage
___ Landlord/Tenant
___ Malpractice
___ Municipal
___ Torts/Negligence/Products
___ Post-Conviction Relief
___ Real Property
___ Taxation
___Tort Claims Act
___ Utilities
___ Wills, Trusts, Estates
___ Worker's Comp
___ Zoning

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, Kathryn Calista, at kcalista@nysba.org

NYSBA