ILLINOIS ATTORNEY GENERAL LISA MADIGAN
APPLICATION FOR LAW CLERK POSITION

INSTRUCTIONS

Current law students who would like to serve as law clerks in the Office of Illinois Attorney General Lisa Madigan are asked to:

1. Fill out this application form
2. Fill out the background check authorization form (attached)
3. Attach a current resume
4. Mail or fax the entire packet to:

Adelaida Otero
Attorney Recruitment and Professional Development
Office of the Attorney General
100 West Randolph St., 12th Floor
Chicago, IL 60601
(312) 814-5024 (Fax)

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

APPLICATION DUE DATES

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Winter/Spring Semester</th>
<th>Summer Semester</th>
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<tr>
<td>September 1st</td>
<td>December 1st</td>
<td>March 1st</td>
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All inquiries or questions regarding this application or the Law Clerk Program may be directed to Adelaida Otero at (312) 814-5197 or aotero@atg.state.il.us.

The Illinois Attorney General’s Office is an equal opportunity employer. The Office considers applicants without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or the presence of a nonjob-related medical condition or disability.
PART ONE
BACKGROUND

GENERAL INFORMATION

Name ___________________________________  
FIRST  MIDDLE  LAST

Law school _______________________________  City ___________________ State ______________

Current status (circle one):  1L  2L  3L  
Current overall GPA _________________

Undergraduate school _________________________  City ___________________ State ______________

Year of graduation __________  Degree ___________________ Undergraduate overall GPA __________

CURRENT CONTACT INFORMATION

Street address ________________________________________________

City ___________________ State ___________________ Zip __________

Phone ___________________________  Alternate phone ___________________________

Preferred e-mail address _________________________________________

Alternate e-mail address _________________________________________

In the past, the Attorney General’s Office and law clerk applicants have found it convenient to correspond by e-mail. May we contact you by e-mail at the above e-mail address? (circle one)  YES  NO

PRIOR WORK IN OUR OFFICE

Have you worked in our office before? (circle one)  YES  NO

Bureau / Division _____________________________________________

Dates of Service _____________________________________________
PART TWO
YOUR INTEREST IN SERVING AS A LAW CLERK

PROPOSED DATES AND HOURS
During the fall and spring semesters law clerks must work at least 12 hours per week for at least 8 consecutive weeks. During the summer semester we expect law clerks to work at least 16 hours per week for at least 10 consecutive weeks. Many law clerks choose to work longer hours for a greater number of weeks, and some preference may be given to law clerks that are able to work a greater number of weeks or hours per week. Please indicate approximately when you would be able to begin working as a law clerk, when you would plan to stop working, the total number of weeks you would work, and how many hours per week you would be available to work.

Start date_________________________ End date_________________________

Total number of weeks ____________ Hours per week ____________

OFFICE LOCATION
Where would you like to serve as a law clerk? (circle one)

CHICAGO SPRINGFIELD REGIONAL

ASSIGNMENT
Please indicate your assignment preference by using the number “1” for first choice, “2” for second choice, and “3” for third choice. Although we will do our best to honor your preferences, we cannot make any guarantees. Please note that if you have a 711 license and are placed in a litigation division, you may have the opportunity to appear in court. See Agency Profile for information about placements. You can also contact us for additional information.

Chicago Placements

___ Appeals (Civil)
___ Appeals (Criminal)
___ Consumer Protection
___ Crime Victim Services
___ Criminal Enforcement
___ Environmental & Asbestos Litigation
___ Government Representation
___ Policy and Legislative Affairs
___ Public Access (FOIA/OMA)
___ Public Interest

Springfield Placements

___ Consumer Protection
___ Criminal Enforcement
___ Environmental & Asbestos Litigation
___ Government Representation
___ Public Access and Opinions
___ Public Interest

Regional Placements

___ Belleville (Civil Litigation)
___ Carbondale (Civil Litigation)
___ Urbana (Civil Litigation)

Additional comments (optional):
PART THREE
LAW SCHOOL CREDIT & FINANCIAL ASSISTANCE

LAW SCHOOL CREDIT
If invited to serve as a law clerk, will you seek academic credit for your service? (circle one)  YES  NO

If yes, what is the minimum number of hours you will need to serve in order to receive such credit? Based on the policies of your law school, please indicate either (1) the total number of hours you must work over the course of the term (e.g., at least 150 hours), or, alternatively, (2) the number of weeks and the number of hours per week you must work (e.g., at least 12 weeks for at least 15 hours per week):

EXTERNAL FINANCIAL ASSISTANCE
Some law schools and organizations provide stipends to students in public interest internships.

Will you be receiving any external financial assistance? (circle one)  YES  NO

If yes, from what source?

If no, have you pursued all possible sources of external financial assistance, including those available through your law school? (circle one)  YES  NO

PART FOUR
ADDITIONAL MATERIALS AND NOTES

BACKGROUND CHECK
Like other law-enforcement offices, we must check the background of every person who seeks a position in our office, whether compensated or uncompensated. Therefore, we ask you to complete the attached background check authorization and return it with this application form. Thank you for your cooperation.

CERTIFICATION
I certify that all of the statements contained in this application form and attachments are true to the best of my knowledge.

__________________________________________  ____________  ____________  __________________________  ____________
SIGNATURE  DATE
TO WHOM IT MAY CONCERN:

I authorize the Illinois Attorney General’s Office to conduct a complete background investigation on myself, including, but not limited to, personal information, criminal background, and driver’s license history.

LAST NAME (PRINTED)        FIRST NAME        MIDDLE NAME

SOCIAL SECURITY NUMBER

DRIVER’S LICENSE # and/or STATE I.D.#       STATE ISSUED

SIGNATURE        DATE