Hearing Examiner Application

Individuals wishing to be considered as a Hearing Examiner shall complete, sign, and email the application along with a current resume to coccbidprotest@miamidadeclerk.gov.

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Gender: _____ Ethnicity: _____ Race: _____

Have you served as a Miami-Dade County Hearing Examiner? ☐ Yes ☐ No

If yes, when did your term expire? _____

Do you or your firm have substantial involvement, directly or indirectly, in matters involving the County? ☐ Yes ☐ No

If yes, what is the matter involving the County? _____

Retired Judges Only

Have you served ten years or more as a Circuit Judge in the Eleventh Judicial Circuit for Miami-Dade County? ☐ Yes ☐ No

If yes, are you currently retired? ☐ Yes ☐ No

Attorneys Only

Have you demonstrated professional competence and the highest levels of integrity and ethical conduct? ☐ Yes ☐ No

Are you an elector of the state of Florida? ☐ Yes ☐ No

Do you reside in Miami-Dade County? ☐ Yes ☐ No

Have you been a continuous member of the Florida Bar Association for at least 10 years immediately preceding submission of this application? ☐ Yes ☐ No

Are you in good standing with the Florida Bar Association? ☐ Yes ☐ No

Florida Bar No.: _____

Disclaimer and Signature

I certify that the information and answers provided in this application and my attached resume are true, complete, and accurate to the best of my knowledge. I further certify that I have read Section 2-8.4 of the Code of Miami-Dade County and understand the role, responsibilities, eligibility requirements, and applicable deadlines associated with serving as a Miami-Dade County Hearing Examiner. I understand that any false, misleading, or materially incomplete information may affect my eligibility for selection or continued service as a Hearing Examiner.

Signature: _____ Date: _____