NAWJ Judicial Exchange Program

Thank you for your interes		•	•		
NAWJ Headquarters. N	AWJ member	Yesq Noq	IAWJ member	Yes q No q	
Your Name					
Court					
Address					
Email:					
Phone #		Cell #	·		
FAX:	X:Contact Phone in U.S. (if different)				
What Court, City, State, Co	ountry do you	wish to visit?			
What dates do you plan to					
Do you know a judge ther	e? No q Ye	es q (Name)_			
Length of stay desired: Da	ays	_ Weeks	Other		
Traveling to more than on	e location: N	o q Yes q	Please provide details:		
Optional information Home address:					
In case of Emergency, (Cal Relationship:	ll) Name:				
Tell us about you					
Current assignment:			Years in Assig	nment:	
otal years as Judge: What languages do you speak:					