

Board of Magistrate and Municipal Judge Certification

APPLICATION FOR CERTIFICATION/RECERTIFICATION EXAMINATION

I wish to take portion(s) of the certification/recertification examination on these date(s) and at these times:

DATE	TIME	<input type="checkbox"/> Criminal	<input type="checkbox"/> Civil
_____	_____	<input type="checkbox"/> Criminal	<input type="checkbox"/> Civil
_____	_____	<input type="checkbox"/> Criminal	<input type="checkbox"/> Civil

I understand that Supreme Court Rules give the Director of S.C. Court Administration the responsibility for receiving and processing applications and that this application must be received at the Office of South Carolina Court Administration before the first day of the month in which the examination is offered [For example, the application for an examination offered on April 30 must be received on or before March 31.]

I request the following special accommodations for using the review materials and/or for taking the examination: .

I certify that I am a duly appointed, active Magistrate judge.

Date: _____ Signature: _____

Name: _____

Home Address: _____

County of Residence: _____

RETURN TO:

Mrs. Rosalyn Frierson
South Carolina Court Administration
1015 Sumter Street, 2nd Floor
Columbia, SC 29201-3739
Telephone: (803) 734-1800
Fax: (803) 734-0269

**PLEASE DIRECT ALL QUESTIONS TO
WALTER T. LEVERETTE**
Telephone: (803) 734-1842

FOR SCCA USE ONLY DATE RECEIVED
