

# Candidate's Declaration of Intention

FORM  
CD

## 1 Ballot Information

Name (as it will appear on the ballot, including punctuation)

City of Residence (as it will appear on the ballot)

Office Sought

District No.

Party Nomination Sought:  Democratic  Republican

Term:  Regular  Unexpired

## 2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

## 3 Contact Information i All information is public record

Select one:  Mr.  Ms.  Mrs.  Dr.

Residential Address

City

County

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email (optional)

Website (optional)

## 4 Candidate Signature

I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

SIGN IN THIS BOX

### ATTESTATION (for office use only)

Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

SIGN IN THIS BOX