

FEB 16 2006

GOVERNOR'S APPOINTMENTS  
OFFICE

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**QUESTIONNAIRE**  
for  
**GUBERNATORIAL APPOINTMENTS**

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# FOR THE GOVERNOR'S APPOINTMENT OFFICE

The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.  
Please type or use black ink.

1. Board of Interest: Judicial Nominating Committee
2. Current Employer and Occupation: Nichols & Ahmed, P.A., Attorney
3. Are you applying for reappointment: Yes  No
4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  Native-American/Alaskan Native   
Hispanic-American  Asian/Pacific Islander   
African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

Not applicable.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

I presently volunteer as an Attorney Ad Litem representing the interests of children in contested custody proceedings.

Dawn D. Nichols

Applicant's Name, including name  
commonly used (Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.



9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: Not applicable

10. Since what year have you been a continuous resident of Florida? July 31, 1965

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of registration: Volusia B. Current party affiliation: Republican

12. Education

A. High School: Edgewater, Orlando, Florida Year Graduated: 1983

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<u>NAME &amp; LOCATION</u>	<u>DATE ATTENDED</u>	<u>CERTIFICATE/DIPLOMA RECEIVED</u>
<u>University of Florida</u>	<u>1983-1987</u>	<u>B.A. (Criminal Justice)</u>
<u>University of Florida</u>	<u>1989-1991</u>	<u>J.D.</u>

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of service: \_\_\_\_\_  
B. Branch or component: \_\_\_\_\_  
C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
<u>1989</u>	<u>Gainesville, FL</u>	<u>driver's license suspended for not paying ticket on time</u>	<u>Withhold Adj... paid fine</u>

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME &amp; ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION/JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>
<u>Nichols &amp; Ahmed, P.A.</u>	<u>Law practice</u>	<u>Attorney/Partner</u>	<u>1996 - present</u>

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>
<u>Assistant Public Defender</u>	<u>Public Defender 7th Judicial Circuit</u>	<u>1994 (1 year)</u>

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I am a board certified attorney in family law and have been practicing for 13 years. I have extensive litigation  
experience and have had the opportunity to see on a first-hand basis the qualities found in superior judges.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Board certification in Marital and Family Law

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

Dunn Blount Inns of Court

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?

Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>OFFICE TITLE</u>	<u>DATE OF ELECTION OR APPOINTMENT</u>	<u>TERM OF OFFICE</u>	<u>LEVEL OF GOVERNMENT</u>

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<u>MEETINGS ATTENDED</u>	<u>MEETINGS MISSED</u>	<u>REASON FOR ABSENCE</u>

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

<u>DATE</u>	<u>NATURE OF VIOLATION</u>	<u>DISPOSITION</u>

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No

If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE/CERTIFICATE</u>	<u>CREDENTIAL</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
<u>TITLE &amp; NUMBER</u>	<u>ISSUE DATE</u>		
0971839	1993	Florida Bar	None

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>
Mitchell Gordon	P.O. Box 968, Daytona Beach, FL	32115-0968	(386) 258-0020
Diane Rou	55 Interlaken Rd., Orlando, FL	32804	(386) 295-2690
James Rose	P.O. Box 2599, Daytona Beach, FL	32115-2599	(386) 257-1222

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>OFFICER/HELD A TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
Dunn-Blount Inn of Court	150 S. Palmetto Ave., Box A Daytona Beach, FL 32114	N/A	2003 - present

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

**CERTIFICATION**

**STATE OF FLORIDA, COUNTY OF VOLUSIA**

Before me, the undersigned Notary Public of Florida, personally appeared

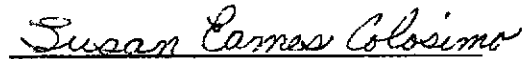
DAWN D. NICHOLS, who, after being duly sworn, say: (1) that she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.



Signature of Applicant-Affiant

Sworn to and subscribed before me

this 14 day of February, 2006.



Signature of Notary Public-State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(see)