Disclosure and Authorization Application for Judiciary Applicants
2026 General Election

Name: _____   Date of Birth: _____

Address: _____

_____

Self-Disclosure Statement – Mental Disability

By my signature below, I state and acknowledge that I am not mentally disabled and am able to perform the requirements of the judicial position for which I am applying to be a candidate.

_____

Signature   Date

Self-Disclosure Statement – Mental Unstable

By my signature below, I state and acknowledge that I am not mentally unstable and am able to perform the requirements of the judicial position for which I am applying to be a candidate.

_____

Signature   Date

Acknowledgement of Required Testing and Testing Deadline

I agree to schedule and submit to a psychological exam and additional examination deemed necessary. I agree to sign any authorization for the release of protected health information necessary to: a.) allow the clinician to obtain information necessary to complete the examination, if necessary; and b.) allow the release of the examination results delivered to the Oneida Election Board.

I understand and acknowledge failure to comply with self-disclosure, testing, or authorization(s) for the release of protected health information may result in disqualification from candidacy by the Oneida Election Board. **I understand and acknowledge that I am responsible for having such test completed.**

_____

Signature   Date