

NATIONAL ASSOCIATION FOR COURT MANAGEMENT
CONFLICT OF INTEREST CERTIFICATE

This form must be completed annually and also whenever a potential conflict arises.

Officer or Director Name
(Typed or Printed)

Board Position

1. I have read the NACM Conflict of Interest Policy. I understand and will follow the policies and procedures outlined therein, and I am in compliance with such policies and procedures.

Disclosed below are interests or relationships, which are subject to review. I shall advise the President promptly of any interest or relationship that may arise in the future, which should be disclosed under Section 2 or 3 below.

2. I disclose the following positions, activities, jobs, transactions, interests or relationships, together with a brief description of the business or activities of the company or organization (if None write "None"):

Other Employment/ Consulting	Name of Organization	Nature of Work Performed	Dates of Employment/ Service	
Board Memberships	Name of Organization	Type of Organization	Dates of Service	Paid/ Unpaid
Relatives who work for or provide services to NACM	Name of Person	Employee/Consultant	Current/Past	

3. I disclose any other relationships, activities, transactions, employment or gifts not previously listed that may constitute a conflict of interest.

Date

Signature of Officer or Director