

# EASTERN CARIBBEAN SUPREME COURT

*(Please have regard to the marking scales on page 8)*

## APPOINTMENT TO THE OFFICE OF JUDGE OF THE HIGH COURT REFEREE ASSESSMENT FORM

Name of Referee:

Name of Applicant:

### 1. PLEASE GIVE DETAILS OF YOUR KNOWLEDGE OF THE APPLICANT:

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### 2. PLEASE USE THE FOLLOWING CATEGORIES TO EVALUATE THE APPLICANT

|                                                 |                                                                               |
|-------------------------------------------------|-------------------------------------------------------------------------------|
| Detailed Comments:                              | <b>High Level of Understanding of the Principles of Law and Jurisprudence</b> |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | 1 2 3 4 5                                                                     |
|                                                 | Lowest to Highest                                                             |
|                                                 | Unable to State <input type="checkbox"/>                                      |







|                    |                                          |
|--------------------|------------------------------------------|
| Detailed Comments: | <b>Integrity</b>                         |
|                    | 1 2 3 4 5                                |
|                    | Lowest to Highest                        |
|                    | Unable to State <input type="checkbox"/> |

|                    |                                          |
|--------------------|------------------------------------------|
| Detailed Comments: | <b>Fairness</b>                          |
|                    | 1 2 3 4 5                                |
|                    | Lowest to Highest                        |
|                    | Unable to State <input type="checkbox"/> |





|                                                                                                 |                                                                 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Any additional comments:-                                                                       | <b>Overall Marking</b><br>1    2    3    4<br>Lowest to Highest |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | Unable to State <input type="checkbox"/>                        |

Kindly provide, on a separate sheet, reasons for your overall assessment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Marking Scales

#### Criteria

- [1] Not demonstrated
- [2] Insufficiently demonstrated
- [3] Demonstrated
- [4] Well demonstrated
- [5] Very well demonstrated

#### Overall Mark

- [1] Not suited for appointment
- [2] Not yet suited for appointment
- [3] Suited for appointment
- [4] Well suited for appointment