

## JURISDICTION

*Application to*

*Applying as*

- Law Student Registrant
- In-House Counsel
- Motion/Reciprocity Applicant
- Notary Public
- Bar Examination Applicant (exam date (Mo/Yr) \_\_\_\_\_)
- Foreign Legal Consultant

## PERSONAL INFORMATION

### *Applicant Information*

*Name*

\_\_\_\_\_  
First Middle Last Suffix

*NCBE Number*

*Social Security Number*

*Date of birth*

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*E-mail address*

*Sex*

- Female     Male     Prefer not to answer

*Place of birth*

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_

*Citizenship*

Country of citizenship \_\_\_\_\_

If you are not a citizen of the United States, what is your immigration status (include visa type if applicable and expiration date)?

Have you ever used or been known by a different name?

**Note:** Your name(s) will be used to identification in correspondence sent to schools, employers, courts, references, etc.

Yes  No

First Middle Last Suffix

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Reason for change \_\_\_\_\_

### Contact Information

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

If business, name of firm \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Mobile or Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

## APPLICATIONS, AUTHORIZATIONS AND CONDUCT

### Law Student Registration

1. Have you ever submitted an application to register as a law student?

**Note:** This question refers to jurisdiction sponsored law student registration programs (not law school applications).

Yes  No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_

Explanation \_\_\_\_\_

### **Bar Exam**

2. Have you ever applied to take a bar exam?

**Note:** Report all exams for which you have applied or registered, even if you did not sit for the exam. Report all exams even if you did not apply for admission to that jurisdiction and regardless of admission status. Omit the MPRE and First-Year Law Student Examinations.

Yes     No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_ Date examination taken \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:    Attorney    In-House Counsel    Foreign Legal Consultant    Other \_\_\_\_\_

Reason not admitted (if applicable):    Failed exam    Withdrew application    Pending    Denied    Other reason

Explanation \_\_\_\_\_

### **Transferred UBE Score**

3. Have you ever applied for admission by transferred UBE score?

Yes     No

Name of U.S. jurisdiction \_\_\_\_\_

Date application made \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:    Attorney    In-House Counsel    Foreign Legal Consultant    Other \_\_\_\_\_

Reason not admitted (if applicable):    Withdrew application    Pending    Denied    Other reason

Explanation \_\_\_\_\_

### **Motion**

4. Have you ever applied for admission on motion?

**Note:** Do not list U.S. federal court or pro hac vice admissions in response to this question.

Yes     No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:  Attorney  In-House Counsel  Foreign Legal Consultant  Other \_\_\_\_\_

Reason not admitted (if applicable):  Withdrew application  Pending  Denied  Other reason

Explanation \_\_\_\_\_

### ***Diploma Privilege***

5. Have you ever applied for admission by diploma privilege?

Yes  No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:  Attorney  In-House Counsel  Foreign Legal Consultant  Other \_\_\_\_\_

Reason not admitted (if applicable):  Withdrew application  Pending  Denied  Other reason

Explanation \_\_\_\_\_

### ***Foreign Legal Consultant***

6. Have you ever registered as a foreign legal consultant?

Yes  No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:  Attorney  In-House Counsel  Foreign Legal Consultant  Other \_\_\_\_\_

Reason not admitted (if applicable):  Failed exam  Withdrew application  Pending  Denied  Other reason

Explanation \_\_\_\_\_

### ***In-House Counsel***

7. Have you ever registered as in-house counsel?

Yes     No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:    Attorney    In-House Counsel    Foreign Legal Consultant    Other \_\_\_\_\_

Reason not admitted (if applicable):    Failed exam    Withdrew application    Pending    Denied    Other reason

Explanation \_\_\_\_\_

### **Other**

8. Have you ever otherwise submitted an application to, or been authorized to practice law in, any U.S. or foreign jurisdiction or tribal court?

Note: In this context, "otherwise" means other than reported in response to question 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question.

Yes     No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Date application made \_\_\_\_\_ Date examination taken \_\_\_\_\_

Admission or readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar number \_\_\_\_\_

Admitted/registered as:    Attorney    In-House Counsel    Foreign Legal Consultant    Other \_\_\_\_\_

Reason not admitted (if applicable):    Failed exam    Withdrew application    Pending    Denied    Other reason

Explanation \_\_\_\_\_

### **Bar Association Membership**

9. List the full name and address of each mandatory or voluntary bar association which you have been or are currently a member.

**NOTE:** You do not need to report membership when you were a law student.

Bar association \_\_\_\_\_

Dates of membership:   From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

### ***Attorney Discipline***

10. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?

Yes     No

Name of regulatory agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Case number (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Action taken \_\_\_\_\_

Explanation \_\_\_\_\_

### ***Attorney Complaint***

11. Have you ever been the subject of any charges, complaints or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?

Yes     No     Never admitted to practice law

Name of regulatory agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Case number (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Action taken \_\_\_\_\_

Explanation \_\_\_\_\_

### ***Unauthorized Practice of Law***

12. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

Yes     No

Name of regulatory agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Case number (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Action taken \_\_\_\_\_

Explanation \_\_\_\_\_

### ***Sanction or Disqualification***

13. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?

If Yes, include a copy of the order of sanction or disqualification.

Yes     No     Never admitted to practice law

Name of Court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Case number \_\_\_\_\_

Case name \_\_\_\_\_

Action taken \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Explanation \_\_\_\_\_

## **EDUCATION**

### ***Law Office Study***

14. Did you engage in law office study in lieu of receiving a J.D.?

Yes     No

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Name of firm \_\_\_\_\_

Proctor \_\_\_\_\_

Firm address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Law School Attendance**

15. List complete information regarding all law school attendance.

**Note:** If you studied abroad during law school, complete an entry for each study abroad period and indicate the sponsoring institution, if different from the school listed.

I have never attended law school

Law School \_\_\_\_\_

ABA Approved     Non-ABA Approved

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Date degree received or expected (from this school) \_\_\_\_\_

Degree received or expected to be received (from this school) or No Degree \_\_\_\_\_

J.D. Degree (from this school)

Full-time student     Part-time student

Check if enrollment was primarily online.

### **Law School Discipline**

16. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to resign in lieu of discipline, otherwise subjected to discipline, or requested to discontinue your studies by any law school?

Yes     No

Name of institution \_\_\_\_\_

Action taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

### **College/University Attendance**



17. List complete information regarding all college/university attendance (other than law school).

**Note:** If you studied abroad, complete an entry for each study abroad period and indicate the sponsoring institution, if different from the school listed.

I have never attended a college or university, other than as reported in the law school section.

College \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Degree received (No degree, B.A., M.S., etc.) \_\_\_\_\_ Field of study \_\_\_\_\_

Check if enrollment was primarily online.

### ***College/University Discipline***

18. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to resign in lieu of discipline, otherwise subjected to discipline, or requested to discontinue your studies by any college or university?

Yes  No

Name of institution \_\_\_\_\_

Action taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

## **RESIDENCES**

### ***Residence History***

19. List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer**. If the previous category does not apply to you, for the last ten years or since age 18, **whichever period of time is longer**.

■ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ County/Parish \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ County/Parish \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ County/Parish \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ County/Parish \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

## EMPLOYMENT

### *Employment History*

20. List your employment and unemployment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer\***.

If the previous category does not apply to you, provide information for the last ten years or since age 18, **whichever period of time is shorter\***.

\* Also list **all law-related employment** that occurred prior to the time period for which you are reporting.

#### Notes:

**Employment** - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment.

**Unemployment** - Provide a brief, but specific, description of your activities while unemployed (e.g. seeking employment, preparing for law school, attending <school name>, vacation, studying for bar exam).

**Employment References** - If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. **Do not list yourself or a relative as a verifying**

**Details** - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.

■  
From Mo/Yr \_\_\_\_\_ To PRESENT

Employment position/Description of unemployment \_\_\_\_\_

Name of supervisor or associate \_\_\_\_\_

Email of supervisor or associate \_\_\_\_\_

Email unknown

Employer or firm name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

Business is defunct

Self-employed or employed by a relative

Business has new name/address

Verifying reference name / Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Employment position/Description of unemployment \_\_\_\_\_

Name of supervisor or associate \_\_\_\_\_

Email of supervisor or associate \_\_\_\_\_

Email unknown

Reason for Leaving \_\_\_\_\_

Employer or firm name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

Business is defunct

Self-employed or employed by a relative

Business has new name/address

Verifying reference name / Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Employment position/Description of unemployment \_\_\_\_\_

Name of supervisor or associate \_\_\_\_\_

Email of supervisor or associate \_\_\_\_\_

Email unknown

Reason for Leaving \_\_\_\_\_

Employer or firm name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

Business is defunct

Self-employed or employed by a relative

Business has new name/address

Verifying reference name / Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Employment position/Description of unemployment \_\_\_\_\_

Name of supervisor or associate \_\_\_\_\_

Email of supervisor or associate \_\_\_\_\_

Email unknown

Reason for Leaving \_\_\_\_\_

Employer or firm name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

- Business is defunct
- Self-employed or employed by a relative
- Business has new name/address

Verifying reference name / Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Details \_\_\_\_\_

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

### ***Employment Actions***

21. Have you ever been disciplined, suspended, laid off, permitted to resign (in lieu of termination), or terminated from any job?

**Note:** If yes, any associated periods of employment must be listed in response to the Employment History question before proceeding.

Yes     No

Employer \_\_\_\_\_

Dates of employment: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Disposition:     Terminated     Suspended     Disciplined     Laid off     Permitted to resign

Date of disposition \_\_\_\_\_ Explanation of circumstances \_\_\_\_\_

### ***Judicial Office***

22. Have you ever held judicial office?

Office held \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Name of court \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Reason for termination (if applicable) \_\_\_\_\_

### **Military Service**

23. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?

If Yes, include a copy of all of your military separation papers (DD Form 214 or equivalent). Forms must indicate character of service.

Yes     No

Attach copies of all of your reports of separation (e.g., DD Form 214 – member copy #4, NGB Form 22, etc.). The DD Form 214 that you provide must indicate your character of service.

Choose Branch:

- Regular Armed Forces – Air Force
- Regular Armed Forces – Army
- Regular Armed Forces – Coast Guard
- Regular Armed Forces – Marine Corps
- Regular Armed Forces – Navy
- Reserve Components – Air Force
- Reserve Components – Army
- Reserve Components – Coast Guard
- Reserve Components – Marine Corps
- Reserve Components – Navy
- National Guard – Air Force
- National Guard - Army

State for National Guard service \_\_\_\_\_

Serial number \_\_\_\_\_ Rank \_\_\_\_\_

Dates of service: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Present duty station \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

Name of commanding officer \_\_\_\_\_

(1). Were you ever court-martialed?

Yes     No

Date of action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
\_\_\_\_\_

**(2). Were you ever awarded non-judicial punishment (Art. 15 UCMJ)?**

Yes     No

Date of action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
\_\_\_\_\_

**(3). Did you receive an honorable discharge?**

Yes     No

Date of action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
\_\_\_\_\_

**(4). Were you allowed to resign in lieu of court-martial?**

Yes     No

Date of action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
\_\_\_\_\_







City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Case number (if applicable) \_\_\_\_\_

Action taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

**Bond**

28. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Yes  No

Name of surety \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Amount of money paid by surety \_\_\_\_\_

Date money paid \_\_\_\_\_

Reason for bond \_\_\_\_\_

Detailed explanation \_\_\_\_\_

**Conduct or Behavior**

29. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

Yes  No

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant dates \_\_\_\_\_

### **Condition or Impairment**

The purpose of this inquiry is to allow jurisdictions to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; jurisdictions' bar admission agencies routinely certify for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.

30. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner?

**Note:** In this context, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

Yes     No

Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

Yes     No

Service provided: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Describe the condition or impairment \_\_\_\_\_

Describe any treatment, or any program that includes monitoring or support \_\_\_\_\_

■ Name of attending physician or counselor (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

■ Name of hospital or institution (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_

### **Defense or Explanation**

The purpose of this inquiry is to allow jurisdictions to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; jurisdictions' bar admission agencies routinely certify for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.

31. Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure?

Yes     No

Name of entity before which the issue was raised \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Nature of the proceeding \_\_\_\_\_

Relevant date(s) \_\_\_\_\_

Disposition, if any \_\_\_\_\_

Explanation \_\_\_\_\_

## LEGAL PROCEEDINGS

### *Civil Action*

32. Have you ever been a named party to any civil action?

**Note:** Family law matters (including divorce actions and continuing orders for child support) should be included here.

If Yes, include a copy of the associated pleadings, judgments, final orders and/or docket report.

Yes     No

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Date filed \_\_\_\_\_

Trial date \_\_\_\_\_ Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes     No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes     No

Date satisfied \_\_\_\_\_

Amount still owing \_\_\_\_\_

Detailed explanation of suit \_\_\_\_\_

Name of court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Plaintiff's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Name of plaintiff's attorney \_\_\_\_\_

Defendant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Name of defendant's attorney \_\_\_\_\_

***Administrative Action***

33. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?

If Yes, include a copy of the associated administrative record.

Yes     No

Date action/complaint initiated \_\_\_\_\_

Name of administrative forum or body \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Name of investigative agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

Detailed explanation \_\_\_\_\_

### **Criminal Action**

34. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that was resolved in juvenile court?

**Note:** Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

If **Yes**, include a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and appeal, if any.

Yes     No

Date (or time period) of incident \_\_\_\_\_

Incident location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Title of complaint, indictment, or citation \_\_\_\_\_

Court file number \_\_\_\_\_

Detailed description of violation \_\_\_\_\_

\_\_\_\_\_

Name of court involved \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Name of law enforcement agency involved \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Attorney name \_\_\_\_\_

Date of initial court hearing \_\_\_\_\_

Charge(s) at time of initial court hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

***Alcohol or Drug Related Traffic Violation***

35. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation other than a violation that was resolved in juvenile court?

**Note:** Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

If Yes, include a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and appeal, if any.

Yes     No

Date (or time period) of incident \_\_\_\_\_

Incident location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Title of complaint, indictment, or citation \_\_\_\_\_



Court file number \_\_\_\_\_

Detailed description of violation \_\_\_\_\_  
\_\_\_\_\_

Name of court involved \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Name of law enforcement agency involved \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Attorney name \_\_\_\_\_

Date of initial court hearing \_\_\_\_\_

Charge(s) at time of initial court hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

### **Traffic Violation**

36. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years?

**Note:** Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit parking violations.

Yes     No

■  
Date of violation (Mo/Yr) \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

Description of violation \_\_\_\_\_

Name of law enforcement agency \_\_\_\_\_

Violation location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■  
Date of violation (Mo/Yr) \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

Description of violation \_\_\_\_\_

Name of law enforcement agency \_\_\_\_\_

Violation location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■  
Date of violation (Mo/Yr) \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

Description of violation \_\_\_\_\_

Name of law enforcement agency \_\_\_\_\_

Violation location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

***Driver's License***

37. List all driver's licenses held during the last ten years.

I have not had a driver's license during the last ten years.

■  
Driver's License state, province, or country \_\_\_\_\_

Driver's License number (if unavailable, enter "unknown") \_\_\_\_\_

Current

■  
Driver's License state, province, or country \_\_\_\_\_

Driver's License number (if unavailable, enter "unknown") \_\_\_\_\_

Current

■  
Driver's License state, province, or country \_\_\_\_\_

Driver's License number (if unavailable, enter "unknown") \_\_\_\_\_

Current

## FINANCIAL RESPONSIBILITY

### *Revocation*

38. Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?

Yes     No

Type of debt:     Charge account     Credit card

Last four digits of account number \_\_\_\_\_ Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_ Date of last payment \_\_\_\_\_

No Payments Made

Current status of this debt \_\_\_\_\_

Describe the history of this debt \_\_\_\_\_  
\_\_\_\_\_

Name of entity extending credit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of retailer if different from above \_\_\_\_\_

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Last four digits of current account number \_\_\_\_\_

### **Defaulted Student Loan**

39. Have you ever defaulted on a student loan?

Yes     No

Full account number \_\_\_\_\_ Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_ Date of last payment \_\_\_\_\_

No Payments Made

Current status of this debt \_\_\_\_\_

Describe the history of this debt \_\_\_\_\_  
\_\_\_\_\_

Name of entity extending credit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Current account number \_\_\_\_\_

### **Other Defaulted Debt**

40. Have you ever defaulted on any debt other than a student loan that was not resolved in bankruptcy?

Yes     No

Type of debt:     Charge account\*\*     Credit card\*\*     Real estate\*     Other \_\_\_\_\_

Property/Real estate assessment\*     Utility/Telephone

(\*Last four digits of) Account number \_\_\_\_\_ Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_ Date of last payment \_\_\_\_\_

No Payments Made

Current status of this debt \_\_\_\_\_

Describe the history of this debt (if this is a medical debt, include date of service and institution name) \_\_\_\_\_

Name of entity extending credit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of retailer if different from above \_\_\_\_\_

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Current account number \_\_\_\_\_

\* For real estate debt, provide address of property associated with debt:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

**Past Due Debt**

41. Have you had a debt of \$500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy?

Yes     No

Type of debt:     Charge account\*\*     Credit card\*\*     Real estate\*     Student loan     Utility/Telephone\*  
 Other \_\_\_\_\_

(\*\*Last four digits of) Account number \_\_\_\_\_ Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_ Date of last payment \_\_\_\_\_

No Payments Made

Current status of this debt \_\_\_\_\_

Describe the history of this debt (if this is a medical debt, include date of service and institution name) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of entity extending credit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of retailer if different from above \_\_\_\_\_

Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

Current account number \_\_\_\_\_

\* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

### **Tax Debt**

42. Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes?

If **yes**, upload a copy of supporting documentation (IRS tax account transcript, release of lien, statement of amount due, etc.).

Yes     No

Type of debt:     Income     Property/Real Estate Assessment     Other \_\_\_\_\_

Full account number \_\_\_\_\_ Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_ Date of last payment \_\_\_\_\_

No Payments Made

Current status of this debt \_\_\_\_\_

Describe the History of This Debt (include applicable tax year(s)) \_\_\_\_\_

Name of agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number \_\_\_\_\_

### **Bankruptcy**

43. Have you ever filed a petition for bankruptcy?

Yes     No

Date filed \_\_\_\_\_ Title of action \_\_\_\_\_

Type of bankruptcy \_\_\_\_\_

Court file number \_\_\_\_\_

Name of court involved \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Total amount discharged in U.S. dollars \_\_\_\_\_

Date of disposition \_\_\_\_\_

Disposition \_\_\_\_\_

Were any adversary proceedings instituted?     Yes     No

Were there any allegations of fraud?     Yes     No

Were any debts not discharged?     Yes     No

Detailed description of circumstances surrounding filing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHARACTER REFERENCES

### *References*

44. Provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years.

Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address.



Do not use names listed in response to the Employment History question. If you provide a business address, please include the names of both the reference and the business.

**Note:** To avoid delays, provide current contact information (email address, mailing address, and telephone number) for each reference.

■ Name \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

■ Name \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

■ Name \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

■  
Name \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

■  
Name \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

■  
Name \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Email Unknown

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

## ADDITIONAL INFORMATION

### *Additional Information*

45. Would you like to provide additional information or further explain any of your previous responses? If you provide further explanation to any of your previous responses, please include the associated question number.

Yes  No

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further explanation(s) \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_