

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

Of what country are you a citizen? _____

If you are not a citizen of the United States, what is your immigration status?

As an adult, 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 _____

Office _____

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

Law Student Registration

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

Yes No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Bar Exam

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

 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 _____

UBE

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?

 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?

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

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

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.

Full-time student Part-time student

Law School _____

ABA Approved Non-ABA Approved

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

Date degree received or expected _____ Degree received or expected to be received _____

Check here if your enrollment at this institution was entirely through an online degree or program.

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.

College _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

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

Check here if your enrollment at this institution was entirely through an online degree or program.

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.

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 (seeking employment, preparing for law school, attending <school name>, vacation, studying for bar exam, e.g.).

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 reference.

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 _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

If you are self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

- If the employer's/firm's name or address has changed, check this box and provide the current information below.
- If you were self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

- If the employer's/firm's name or address has changed, check this box and provide the current information below.
- If you were self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

If the employer's/firm's name or address has changed, check this box and provide the current information below.

If you were self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

Employment Discipline

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

Yes No

Employer _____

Dates of employment: From _____ To _____

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

Regular armed forces: Air Force Army Coast Guard Marine Corps Navy

Reserve components: Air Force Army Coast Guard Marine Corps Navy

National guard: Air Force Army State _____

Serial number _____ Rank _____

Dates of service: From Mo/Yr _____ To Mo/Yr _____

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 _____

(5). Were you administratively discharged?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

Licenses

24. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?

Yes No

Type of license _____

Issued to (include business name, if applicable) _____

Current status _____ Application date (Mo/Yr) _____

License number (if applicable) _____ Expiration/Inactive date (Mo/Yr) _____

Issuing authority _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

License Denial/Revocation

25. Have you ever been denied a license or had a license revoked for a business, trade, or profession?

Yes No

Action taken: Denial Revocation Date _____

License (Type, application date, license number) _____

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Explanation _____

CHARACTER & FITNESS

Professional Discipline

26. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Professional Complaint

27. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending?

Yes No

Name of regulatory agency _____

Address _____

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 _____

Condition or Impairment

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

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 _____

Telephone _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

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 _____

Name of defendant's attorney _____

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**, upload 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 _____
Name of defendant's attorney _____
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 _____

Incident 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 _____

Incident 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 _____

Incident location (city, county, state) _____

Country _____ Province _____

Driver's License

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

■
Driver's License state, province, or country _____

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

Is this a current license?

Yes No

■
Driver's License state, province, or country _____

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

Is this a current license?

Yes No

■
Driver's License state, province, or country _____

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

Is this a current license?

Yes No

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 _____

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 _____

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 _____

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 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 _____

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

Current balance _____ Date of last payment _____

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 _____

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 _____

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 _____

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?

Yes No

Type of debt: Income Property/Real Estate Assessment Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

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.

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

SAMPLE

Telephone _____ E-mail _____

Occupation _____ Years known _____

■
Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

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) _____

SAMPLE