

# NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)

## Request for Preparation of a Character Report

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_  
First Middle Last

APPLICANT EMAIL: \_\_\_\_\_

### Fee Schedule

FEE CATEGORY	DESCRIPTION
<input type="checkbox"/> <b>I: LAW STUDENT REGISTRANT</b> \$225	→ Law student whose request for a character report is received at NCBE <b>less than</b> 15 months after first enrollment in law school.
<input type="checkbox"/> <b>II: FIRST BAR ADMISSION <u>OR</u></b> \$315 <b>LATE LAW STUDENT REGISTRANT *</b>	→ Anticipated or recent law school graduate; <b><u>AND</u></b> → J.D. was awarded less than one year before this application is received at NCBE; <b><u>AND</u></b> → The applicant has not been admitted to the practice of law in any jurisdiction at the time this application is filed; <b><u>OR</u></b> → The applicant is a law student whose request for a character report is received at NCBE <b>more than</b> 15 months after first enrollment in law school.
<input type="checkbox"/> <b>III: ATTORNEY/BAR ADMISSION *</b> \$450	→ Presently a member of a bar; <b><u>OR</u></b> → Not a member of a bar, but the application is received at NCBE more than one year after the J.D. was awarded.
<input type="checkbox"/> <b>IV: FOREIGN-EDUCATED <u>OR</u></b> \$825 <b>FOREIGN-LICENSED ATTORNEY</b>	→ Applicant's first law degree was not obtained in the United States, whether or not a subsequent U.S. law degree was conferred; <b><u>OR</u></b> → Current or former member of a bar of a foreign country; <b><u>OR</u></b> → Otherwise authorized to practice law in a foreign country.
<b>V: SUPPLEMENTAL</b> ( <i>see fees below</i> ) If NCBE has previously completed a character report, the applicant may be eligible for a reduced supplemental fee. An applicant is eligible for a supplemental fee only if the conditions in the right-hand column are satisfied. <b>Completion of a new application (by answering all questions again) is required.</b>	<b>CONDITIONS</b> → The original jurisdiction releases the original report; <b><u>AND</u></b> → The jurisdiction to which application is being made is willing to accept a copy of the original NCBE character report together with a supplemental report with the understanding that no additional work will be undertaken to verify the original report; <b><u>AND</u></b> → The original NCBE report was completed less than four years before the date this request for a supplemental report is received at NCBE.
<input type="checkbox"/> <b>V(a): SUPPLEMENTAL *</b> \$200	→ This report is prepared when the original NCBE report was completed for a <b>different</b> jurisdiction.
<input type="checkbox"/> <b>V(b): SUPPLEMENTAL *</b> \$90	→ This report is prepared when the original NCBE report was completed for the <b>same</b> jurisdiction.
<input type="checkbox"/> <b>V(c): SUPPLEMENTAL</b> \$350	→ This report is prepared when the original NCBE report was completed as a Category IV Foreign report.

\*Applicants with foreign credentials (education or bar admission) are processed under Category IV or Category V(c) —see Fee Categories and Descriptions above.

**Check with the jurisdiction to which you are applying to determine if you should remit the fee directly to NCBE.**

### METHOD OF PAYMENT

Payment (check or money order payable to NCBE) is enclosed. A returned check is subject to a \$25 fee.

Charge fee to my:          

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Credit Card#     -     -     -        Expiration Date   -

Signature \_\_\_\_\_

*(required for credit card payment)*

Note that if you withdraw your application prior to the generation of correspondence, a processing fee will be retained. Once correspondence is generated, the entire fee is nonrefundable. In addition to the processing fee, NCBE reserves the right to pass along the cost of obtaining records in conjunction with this application.

## DIRECTIONS

Answer all questions in full. Complete all forms in full, as applicable. Your application will be processed only after receipt of completed application, payment and valid authorizations.

- Incomplete applications will not be accepted.
- Inaccurate, incomplete or unclear responses to questions will delay your application.
- Provide your full legal name and all previously used names. Your name(s) will be used for identification in correspondence sent to references, schools, employers, courts, etc.
- Provide the correct number, street name, city, state, and zip code for each address. For addresses outside the U.S., provide country and provide state/province/territory, and postal code, if applicable.
- Consult with employers, courts, agencies, or other entities to obtain dates, locations, or other required information.
- Be concise. You must answer, or begin your answer, in the space provided; responses similar to “see answer attached” or “will provide later” are NOT acceptable. Some fields are deliberately restricted. If you need additional space to answer a question, attach a separate sheet of paper with the question number clearly identified.
- Sign all forms requiring your signature in front of a notary public.
- Include three original properly executed Authorization and Release Forms (found near the end of the application). These forms must be single-sided.
- Keep a copy of your completed application for your personal records.
- Inform references, current and former employers, and creditors that our agency may be contacting them.
- Respond to requests for additional information promptly.
- Application processing may take 6 months or longer.
- Subsequent applications – Report all subsequent applications to state, foreign and tribal jurisdictions (as described in question 6) that are submitted while this application is pending.
- It is your responsibility to update your application during its pendency. You may obtain amendment forms by logging in to your NCBE Account at [www.ncbex.org](http://www.ncbex.org). Select “Character & Fitness” and then the application to be amended.

If you have any questions regarding these directions, you may contact NCBE at:

National Conference of Bar Examiners 302 South Bedford Street Madison, WI 53703-3622	Phone: (608)280-8550 Fax: (608)316-3101 TDD: (608)661-1275	Website: <a href="http://www.ncbex.org">www.ncbex.org</a> Email: <a href="mailto:contact_cf@ncbex.org">contact_cf@ncbex.org</a>
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## APPLICATION PREAMBLE

The National Conference of Bar Examiners (NCBE) has been authorized to conduct an investigation into your ability to meet the professional responsibilities of a lawyer. NCBE reports information gathered in the course of its investigation to the jurisdiction in which you are seeking admission and makes no recommendation as to your qualifications. All decisions about admission are made by the agency in the admitting jurisdiction.

The jurisdiction in which you are seeking admission has requested the use of this questionnaire. The underlying purpose of inquiries is to produce information that will assist the jurisdiction in evaluating your character and fitness.

The evaluation of an applicant’s character and fitness is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant in most jurisdictions.

Failure to disclose information often yields a more serious outcome than the matter itself would have produced had it been revealed by the applicant. Information gathered in the course of our investigation is treated confidentially by NCBE and restricted to official use by the proper admitting authorities.

\_\_\_\_\_ I have read the above

**APPLICATION TO THE BAR OF \_\_\_\_\_**  
(Jurisdiction)

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number\**

NCBE Number \_\_\_\_\_ If you need to make any changes to your name, date of birth and/or Social Security Number you must do so by updating your [NCBE Number information](#).

**APPLYING AS (choose one category):**

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

List below all the other names or surnames you have used or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce).

■ First, Middle, Last Name, Suffix

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

Reason for change \_\_\_\_\_

■ First, Middle, Last Name, Suffix

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

Reason for change \_\_\_\_\_

Sex:  Male  Female Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of birth: City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_

Of what country are you a citizen? \_\_\_\_\_

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

Telephone numbers and an e-mail address at which you can be reached during the next six months:

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Mobile or Home Office E-mail*

Mailing address at which you can be contacted about this application during the next six months:

Check if address is:  Residence or  Business

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

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

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

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

\*Furnishing your Social Security Number (SSN) is voluntary pursuant to the Federal Privacy Act of 1974. Your SSN will be used for purposes of investigation and verification and will help avoid errors of identity which might introduce problems and delays into the certification and licensure process. For example, many educational institutions and law enforcement agencies can only access your records if the SSN is provided.

RESIDENCE INFORMATION  
Make additional copies of this page as necessary.

1. List every permanent or temporary physical address where you have resided for a period of one month or longer in reverse chronological order:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your residency 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 your residency information for the last ten years or since age 18, **whichever period of time is longer.**

**Current Address**                      *From Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

■ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

■ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

■ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

■ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

■ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_  
*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

EDUCATION INFORMATION  
Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all law-related education and law schools in Question 3.** If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■  
College \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Degree received (No Degree, B.A., M.S., etc.) \_\_\_\_\_  
Field(s) of Study \_\_\_\_\_

■  
College \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Degree received (No Degree, B.A., M.S., etc.) \_\_\_\_\_  
Field(s) of Study \_\_\_\_\_

3. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying law, including institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or expected to be received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■  
Law School \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Date degree received or expected (Mo/Yr) \_\_\_\_\_  
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) \_\_\_\_\_

■  
Law School \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Date degree received or expected (Mo/Yr) \_\_\_\_\_  
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) \_\_\_\_\_

EDUCATION INFORMATION

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4. Did you engage in law office study in lieu of receiving a J.D.? (This is permitted only in certain jurisdictions.)  Yes  No

If yes, under the approval of what jurisdiction? \_\_\_\_\_

Indicate when and where: *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Name of Firm* \_\_\_\_\_

*Proctor* \_\_\_\_\_

*Firm Address* \_\_\_\_\_

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

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5. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, or allowed to resign in lieu of discipline from any college or university (including law school), or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies there?  Yes  No

If you answered yes, provide the following information:

*Name of Institution* \_\_\_\_\_

*Action Taken* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation of Institution Action* \_\_\_\_\_

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ADMISSION INFORMATION

6. PRIOR APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

Have you ever submitted an application to pre-register as a law student, applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding admission to the U.S. federal courts or authorizations to appear pro hac vice.)

Yes  No

If yes, list every U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
• been admitted, registered, licensed, or authorized to practice law.
• submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

If admitted to the bar of New York, indicate the judicial department to which admitted, and complete FORM 10.

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

Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number\*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

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

Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number\*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

\*If the jurisdiction does not issue a Bar Number leave this space blank.

LEGAL AND OTHER EMPLOYMENT INFORMATION

7. List your employment and unemployment information, beginning with the most recent:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your employment 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 your employment information for the last ten years or since age 18, **whichever period of time is shorter.\***

**\*Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

- 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. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

■  CURRENT EMPLOYMENT       Currently Unemployed    Since Mo/Yr \_\_\_\_\_

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

Employment Position/Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

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

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

Employer Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

*If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of this page as necessary.

DO NOT furnish your own name or your own contact information for verifying employment.



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  Unemployment Period

Employment Position/Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_  
(At time of employment)

Reason for leaving \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

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

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

Employer Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's 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 (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  Unemployment Period

Employment Position/Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_  
(At time of employment)

Reason for leaving \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

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

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

Employer Telephone (\_\_\_\_) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's 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 (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)

Yes  No

If yes, provide the following information about *each* occurrence:

■  
Employer or Firm \_\_\_\_\_  
Dates of Employment: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Disposition:  Terminated  Suspended  Disciplined  Laid-Off  Permitted to resign  
Date of disposition (Mo/Yr) \_\_\_\_\_  
Explanation of circumstances \_\_\_\_\_

■  
Employer or Firm \_\_\_\_\_  
Dates of Employment: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Disposition:  Terminated  Suspended  Disciplined  Laid-Off  Permitted to resign  
Date of disposition (Mo/Yr) \_\_\_\_\_  
Explanation of circumstances \_\_\_\_\_

9. List the full name and address of each mandatory or voluntary bar association of which you have been or are currently a member. If you have been or are currently a member, review question 6 and report all applicable entries.

Check here if you have never been a member.

■  
Name of Bar Association \_\_\_\_\_  
Dates of Membership: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

■  
Name of Bar Association \_\_\_\_\_  
Dates of Membership: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

CHARACTER AND FITNESS INFORMATION

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

Yes  No

**B.** 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

Check here if you have never been admitted to practice law.

If you answered yes to 10A and/or 10B, please provide the following information for *each* matter:

Name of Regulatory Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

Case Number (if applicable) \_\_\_\_\_

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

**11.** 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

If the answer is yes, please provide the following information for *each* matter:

Name of Regulatory Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

Case Number (if applicable) \_\_\_\_\_

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

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

Yes  No

Check here if you have never been admitted to practice law.

If the answer is yes, please provide the following for *each* sanction or disqualification:

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

Address \_\_\_\_\_

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

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

Case Number \_\_\_\_\_

Case Name \_\_\_\_\_

Action Taken \_\_\_\_\_

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

Reason for the sanction or disqualification \_\_\_\_\_

**Attach a copy of the order of sanction or disqualification.**

CHARACTER AND FITNESS INFORMATION

13. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?  Yes  No

If yes, complete a separate **FORM 1** for *each* period of service.

14. Have you ever held judicial office?  Yes  No

If yes, provide the following information about *each* office:

Office Held \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Name of Court \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Reason for termination (if applicable) \_\_\_\_\_

15. 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

If yes, provide the following information about *each* license:

Type of License \_\_\_\_\_  
Issued to (include business name, if applicable) \_\_\_\_\_  
Current Status of License \_\_\_\_\_ Application Date (Mo/Yr) \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_ Expiration/Inactive Date (Mo/Yr) \_\_\_\_\_  
Issuing Authority \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

Type of License \_\_\_\_\_  
Issued to (include business name, if applicable) \_\_\_\_\_  
Current Status of License \_\_\_\_\_ Application Date (Mo/Yr) \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_ Expiration/Inactive Date (Mo/Yr) \_\_\_\_\_  
Issuing Authority \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

CHARACTER AND FITNESS INFORMATION

16. Have you ever been denied a license or had a license revoked for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? (If the license was not previously listed, please go back and add it to Question 15.)

Yes  No

If yes, please provide the following information for *each* denial or revocation:

Action Taken:  Denial  Revocation Date \_\_\_\_\_

License (Type, Application Date, License Number) \_\_\_\_\_

Name of Regulatory Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

Explanation \_\_\_\_\_

17. A. 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

- B. 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

If you answered yes to 17A and/or 17B, please provide the following information for *each* matter:

Name of Regulatory Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

Case Number (if applicable) \_\_\_\_\_

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

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

Yes  No

If yes, complete **FORM 2**.

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

Yes  No

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

If yes, complete a separate **FORM 3** for *each* action.

CHARACTER AND FITNESS INFORMATION

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20. 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?  Yes  No

If yes, complete a separate **FORM 3A** for *each* complaint or action.

---

21. A. 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?  Yes  No

If yes, complete a separate **FORM 5** for *each* incident.

- B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.)  Yes  No

If yes, report *each* incident on **FORM 5T**.

**NOTE:** Your responses to Questions 21A and 21B must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

---

22. 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? (Report traffic violations at Questions 21.)  Yes  No

If yes, complete a separate **FORM 5** for *each* incident.

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

---

23. Have you ever filed a petition for bankruptcy?  Yes  No

If yes, complete a separate **FORM 4** for *each* bankruptcy petition filed.

---

24. A. Have you ever had a credit card or charge account revoked?  Yes  No

- B. Have you ever defaulted on any student loans?  Yes  No

- C. Have you ever defaulted on any other debt?  Yes  No

- D. Have you had any debts of \$500 or more (including credit cards, charge accounts, and student loans) that have been more than 90 days past due within the past three years?  Yes  No

- E. If your answer to Question 23 is yes, are there any additional debts not reported in Questions 24(A-D) that were not discharged in bankruptcy?  Yes  No

If you answered yes to 24A, 24B, 24C, 24D, and/or 24E, complete a separate **FORM 6** for *each* debt.

---

CHARACTER AND FITNESS INFORMATION

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25. 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

If you answered yes, furnish a thorough explanation below:

*Explanation* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

26. A. 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?  Yes  No
- B. If your answer to Question 26(A) is yes, 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

If your answer to Question 26(A) or (B) is yes, complete a separate **FORM 7 & 8** for each service provider. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

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CHARACTER AND FITNESS INFORMATION

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27. 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

If you answered yes, furnish a thorough explanation below:

Name of entity before which the issue was raised (i.e., court, agency, etc.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

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

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

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

Explanation \_\_\_\_\_

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



PERSONAL AND PROFESSIONAL REFERENCES

28. 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 Question 7 (employment). If you provide a business address, please include the names of both the reference and the business.

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

**ACKNOWLEDGMENT OF COMPLETE APPLICATION**

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true to the best of my knowledge. I have not modified the questions in any respect, and I understand that should they be modified, work on my application by NCBE will be terminated and any fees paid to NCBE will be forfeited. I understand that I should update my application during its pendency and that failure to do so may result in delays in its processing.

\_\_\_\_\_  
*Signature of Applicant*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

DO NOT ALTER THESE FORMS  
Corrections/erasures VOID this form  
Execute three original copies  
Please use black or blue ink

NCBE Number \_\_\_\_\_

## AUTHORIZATION AND RELEASE

I, (*Name*) \_\_\_\_\_,

born at (*City*) \_\_\_\_\_, (*State*) \_\_\_\_\_,

(*COUNTRY*) \_\_\_\_\_, on (*Date of Birth*) \_\_\_\_\_,

having filed an application with the admission authority of the bar of \_\_\_\_\_ as one  
(*Jurisdiction*)

of the following: Law Student Registrant, Motion/Reciprocity Applicant, Bar Examination Applicant, In-House Counsel, Notary Public, or Foreign Legal Consultant, hereby apply for a character report to be prepared by the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by NCBE and are reported only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information. The records, however, will not include information relating to any juvenile offense.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to NCBE information or photocopies from my military record.

I hereby release, discharge, and exonerate NCBE, its agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by NCBE or by the admitting authority.

\_\_\_\_\_  
*Signature of Applicant*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

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NCBE Number \_\_\_\_\_

## AUTHORIZATION AND RELEASE

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born at (*City*) \_\_\_\_\_, (*State*) \_\_\_\_\_,

(*COUNTRY*) \_\_\_\_\_, on (*Date of Birth*) \_\_\_\_\_,

having filed an application with the admission authority of the bar of \_\_\_\_\_ as one  
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\_\_\_\_\_  
*Signature of Applicant*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

Authorization and Release Form

DO NOT ALTER THESE FORMS  
Corrections/erasures VOID this form  
Execute three original copies  
Please use black or blue ink

NCBE Number \_\_\_\_\_

## AUTHORIZATION AND RELEASE

I, (*Name*) \_\_\_\_\_

born at (*City*) \_\_\_\_\_, (*State*) \_\_\_\_\_,

(*COUNTRY*) \_\_\_\_\_, on (*Date of Birth*) \_\_\_\_\_,

having filed an application with the admission authority of the bar of \_\_\_\_\_ as one  
(*Jurisdiction*)

of the following: Law Student Registrant, Motion/Reciprocity Applicant, Bar Examination Applicant, In-House Counsel, Notary Public, or Foreign Legal Consultant, hereby apply for a character report to be prepared by the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by NCBE and are reported only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

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I hereby release, discharge, and exonerate NCBE, its agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by NCBE or by the admitting authority.

\_\_\_\_\_  
*Signature of Applicant*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

FORM 1 / MILITARY SERVICE

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

- I am presently a member of the armed forces.
I was a member of the armed forces.

- A. 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

My serial number was/is \_\_\_\_\_ My rank was/is \_\_\_\_\_
Dates of service: Active Duty - From Mo/Yr To Mo/Yr
Reserve Duty - From Mo/Yr To Mo/Yr
National Guard - From Mo/Yr To Mo/Yr

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.

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active, Reserve, National Guard

Present duty station \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Country \_\_\_\_\_ Province \_\_\_\_\_
Telephone number (\_\_\_\_) \_\_\_\_\_
Name of commanding officer \_\_\_\_\_

- C. As a member of the armed forces of the United States:
1. Were you ever court-martialed? \*Yes, No
2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) \*Yes, No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

- 3. Did you receive an honorable discharge? Yes, \*No
4. Were you allowed to resign in lieu of court-martial? \*Yes, No
5. Were you administratively discharged? \*Yes, No

\*If you checked a box followed by an asterisk, provide an explanation for each answer:

Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_
Explanation of circumstances \_\_\_\_\_

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

Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_
Explanation of circumstances \_\_\_\_\_

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

To be used with Question 18  
**FORM 2 / BONDING COMPANIES**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Name and complete address of surety (bonding company):

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

*Address* \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAMPLE

**FORM 3 / RECORD OF CIVIL ACTIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix*

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

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

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

Name and complete address of court involved:

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

*Address* \_\_\_\_\_

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

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

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

*Address* \_\_\_\_\_

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

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

*Plaintiff's attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

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

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

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

*Address* \_\_\_\_\_

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

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

*Defendant's attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

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

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

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  Not Applicable (Disposition did not result in a judgment.)

*If yes, give the date the judgment was satisfied* \_\_\_\_\_

*If no, what amount is still owing?* \_\_\_\_\_

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

Attach a copy of the pleadings, judgments, and/or final orders.

Form 3



**FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix*

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

Name and complete address of administrative forum or body:

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

*Address* \_\_\_\_\_

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

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

Name and complete address of investigative agency (body, board, commission, committee, etc.):

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

*Address* \_\_\_\_\_

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

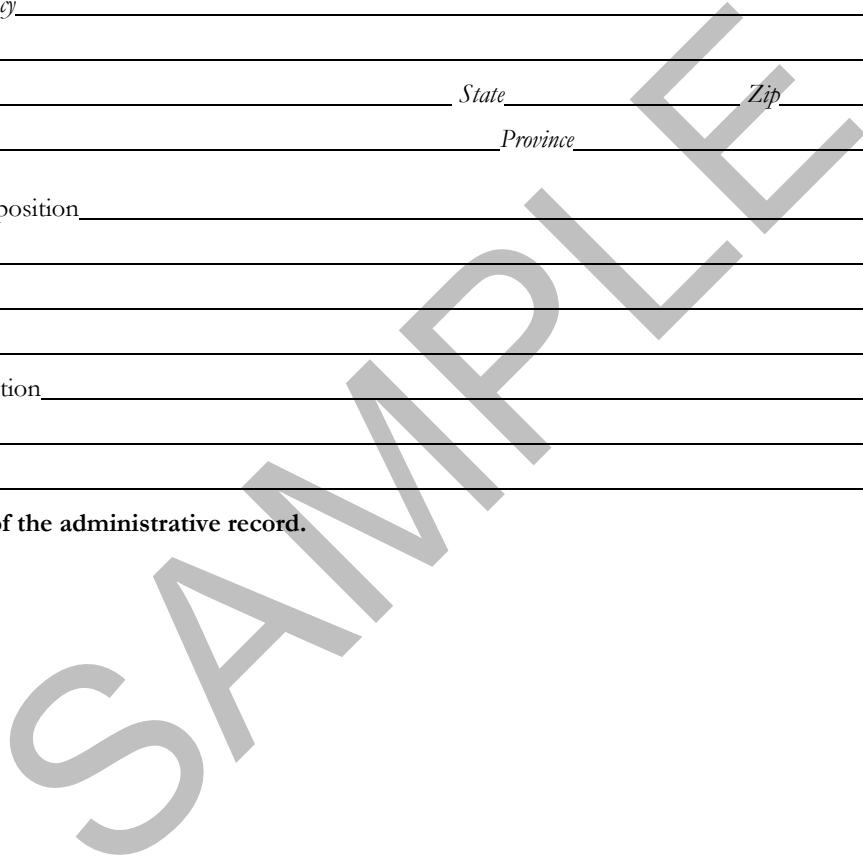
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

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

Disposition \_\_\_\_\_

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

**Attach a copy of the administrative record.**



**FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY**

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

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

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

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

Name and complete address of court involved:

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

*Address* \_\_\_\_\_

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

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

**Debts discharged:**

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final 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 petition for bankruptcy:

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

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

To be used with Questions 21A and 22  
**FORM 5 / RECORD OF CRIMINAL CASES**

Name \_\_\_\_\_  
*First Middle Last Suffix*

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

Charge(s) on date of arrest or citation \_\_\_\_\_

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

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

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

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

Name and complete address of court involved:

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

*Address* \_\_\_\_\_

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

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

Name and address of law enforcement agency involved:

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

*Address* \_\_\_\_\_

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

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

Name and address of defendant's attorney:

*Name of attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

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

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

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 \_\_\_\_\_

Detailed description of incident \_\_\_\_\_

**Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.**

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name \_\_\_\_\_  
First Middle Last Suffix Social Security Number

Current driver's license issued by \_\_\_\_\_  
State, Province or Country

Current driver's license number \_\_\_\_\_

Previous driver's licenses (during the past ten years):

State, Province or Country Previous driver's license number (if unavailable, enter "Unknown")

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

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

Please complete the following information for each incident. Provide approximate dates if exact dates are not available.

■ Name of law enforcement agency \_\_\_\_\_  
Incident location (city, county, state) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_

■ Name of law enforcement agency \_\_\_\_\_  
Incident location (city, county, state) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_

**FORM 6 / DEBTS: Defaults; Past Due; Revocations**

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

**This copy of FORM 6 refers to Question 24:**     **A Revocation**                       **B Defaulted student loan**  
 **C Defaulted other debt**     **D Past due debt**  
 **E Debt not discharged**

Type of debt:     Charge Account     Credit Card                       Real Estate\* (e.g., mortgage, tax lien, etc.)  
 Student Loan     Utility/Telephone\*     Other \_\_\_\_\_

**If this debt was discharged in bankruptcy, check here and do not complete the rest of the form**   

Full account number \_\_\_\_\_

Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_

Date of last payment \_\_\_\_\_                       No payment made

Name and complete address of entity extending credit:

*Name of entity* \_\_\_\_\_

*Address* \_\_\_\_\_

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

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

*Telephone number ( )* \_\_\_\_\_

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

Name and address of current creditor or collection agency if different from above:

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

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

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

*Telephone number ( )* \_\_\_\_\_

*Full account number* \_\_\_\_\_

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

Describe the history of this debt (include date(s) incurred, actions taken to collect, defenses, etc.):

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

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

*Address* \_\_\_\_\_

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

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

*Telephone number ( )* \_\_\_\_\_

DO NOT ALTER THIS FORM  
Corrections/erasures VOID this form  
Please use black or blue ink

To be used with Question 26

## FORM 7 / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Applicant's name \_\_\_\_\_

Name of institution, doctor, or counselor \_\_\_\_\_

Address \_\_\_\_\_

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

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

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol concerning advice, care, or treatment provided to me, to representatives of the National Conference of Bar Examiners who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the admitting authority. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below. A photocopy of this form is acceptable for purposes of obtaining this information.

I hereby release, discharge, and exonerate the National Conference of Bar Examiners, its agents and representatives, the admitting authority, its agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of any documents, records, and other information, or out of the investigation made by the National Conference of Bar Examiners or by the admitting authority.

I am not required to sign this authorization in order to receive treatment from the above provider. I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the provider above.

\_\_\_\_\_  
Signature of Applicant

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

The National Conference of Bar Examiners is aware of HIPAA requirements.

**FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Relevant dates: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

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

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

Name and complete address of attending physician or counselor (if applicable):

*Name of physician or counselor* \_\_\_\_\_  
*Physician's or counselor's current address* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
*Telephone* ( ) \_\_\_\_\_

Name and complete address of hospital or institution (if applicable):

*Name of hospital or institution* \_\_\_\_\_  
*Hospital's or institution's current address* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
*Telephone* ( ) \_\_\_\_\_

The National Conference of Bar Examiners is aware of HIPAA requirements.

**FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Date of admission \_\_\_\_\_

Department in which you were admitted (check one):

- First Department       Second Department  
 Third Department       Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

- I have not practiced law in any department in New York.
- First Department; County(ies) \_\_\_\_\_
- Second Department; County(ies) \_\_\_\_\_
- Third Department; County(ies) \_\_\_\_\_
- Fourth Department; County(ies) \_\_\_\_\_

Form 10

SAMPLE