

National Conference of Bar Examiners – Amendment Form

Provide full details in the section labeled **Information on my Submitted Application** has Changed and submit the completed form to NCBE one of the following ways:

- **Email:** cfdocs@ncbex.org *Please do not email credit card or sensitive personal information (e.g. SSN)*
- **Fax:** 608-442-7999
- **Mail:** 302 South Bedford Street, Madison, WI, 53703

Name:

NCBE Number:

Email:

You must review the amendment guide included with this form to ensure you provide all necessary information. Incomplete amendments will delay the processing of your case.

Information on my Submitted Application has Changed

Jurisdiction:

Signature: _____

Date:

Amendment Guide

If you are amending one of the following sections of your application, please provide all of the requested information below.

Applications to Practice Law

- Jurisdiction to which you applied
- Date of application
- Type of application (bar exam, transferred UBE, motion, etc)
- Date of exam (if applicable)
- Result of your application (admitted, failed, withdrew, etc)
- Date admitted (if applicable)
- Bar number (if applicable)
- **Note: If referencing an application to New York, please also include:**
 - The department to which you applied
 - Departments in which you have practiced law in New York (none, First Department, Second Department, etc)

Civil Cases/Actions

- Name and contact information of the court involved with the case
- Title of the case
- Plaintiff and defendant associated with the case
- Case number
- Date of final disposition
- Result of final disposition
- Amount owed (if applicable)
- An explanation of the circumstances surrounding the case

Criminal Cases

- Name and contact information of the court involved with the case
- Date of the incident
- City, County, and state in which the incident occurred
- Law enforcement agency involved with the incident
- Case number
- Title of the case
- Charges at arrest
- Charges at final disposition
- An explanation of the circumstances surrounding the incident

Debt

- Name and full contact information for the creditor
 - **Note: If the debt went to collections, list the name and contact information for both the original creditor and the collections agency**
- Type of debt (credit card, student loan, utility, medical, etc)
- Account number
 - **Note: If you are providing an account number relating to a credit card, please only provide the last 4 digits of the card/account number**
- Original amount owed
- Current amount owed
- Date of last payment (if applicable)
- Current status of the debt (outstanding, settled, paid in full, etc)
- An explanation of the circumstances surrounding the debt

Education: Undergraduate College/Law School

- Name and full mailing address of the institution
- Dates of attendance
- Degree received (please note if no degree was conferred)

Employment

- Name and full contact information for the employer
- Date of employment (mm/yyyy to mm/yyyy)
- Position title
- Supervisor name
- How the position ended (resigned, went back to school, etc)
- **Note: If the employer is now defunct, you were self-employed, or you were employed by a relative, please also provide the full contact information (mailing address, email address, and phone number) of an individual that can verify the length and nature of your employment. This contact does not need to be associated with the employer but should not be anyone related to you by blood or marriage or a character reference previously listed on the application.**

Employment Discipline/Involuntary Separation

- The employer at which the discipline/involuntary separation occurred
- Type of discipline/involuntary separation (verbal warning, laid off, terminated, etc)
- Date of the incident
- A brief explanation of the circumstances around the discipline/involuntary separation

Name/AKAs

- Full name
- Dates this aka was in use (mm/yyyy to mm/yyyy)
- The reason for the name change/use of AKA

Professional Licenses

- Name and contact information for the entity through which you were licensed
- Type of professional license
- Date of the original application
- Date of expiration (if applicable)
- Current status of license (active, expired, etc)

Residential Information

- Full address of the residence (mailing address, county, city, and state)
- Dates of residence (mm/yyyy to mm/yyyy)

***Note – Please include relevant documentation if you are providing information regarding:**

- Administrative Actions
- Alcohol or Drug Related Traffic Violations
- Bankruptcies
- Civil Actions
- Criminal Actions
- Military Service
- Sanctions or Disqualifications
- Tax Debt