## 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**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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</thead>
</table>

**NCBE Number**

**Social Security Number**

**Date of birth**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
</table>

**E-mail address**

**Sex**

- [ ] Female
- [ ] Male
- [ ] Prefer not to answer

**Place of birth**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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</table>

**Country**

**Citizenship**

<table>
<thead>
<tr>
<th>Country of citizenship</th>
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STANDARD NCBE

Revised 01/12/2021
If you are not a citizen of the United States, what is your immigration status (include visa type if applicable and expiration date)?

________________________________________________________________________________________________________________________________________

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

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

☐ Yes  ☐ No

First Name   Middle Name   Last Name   Suffix

From Mo/Yr _______ To Mo/Yr _______ Reason for change ___________________________

__________________________________________

Contact Information

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

If business, name of firm __________________________________________________________

Address/P.O. Box _________________________________________________________________

City __________________________ State _______ Zip _______

Country __________________________ Province __________

Mobile or Home Phone __________________________

Office Phone __________________________

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

Law Student Registration

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

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

☐ Yes  ☐ No

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

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Revised 01/12/2021
### Bar Exam

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

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

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

**Name and address of foreign bar authority**

**Date application made** ____________________________ **Date examination taken**

**Admission or readmission date (Mo/Day/Yr)** ________________ **Bar number**

**Admitted/registered as:**
- □ Attorney
- □ In-House Counsel
- □ Foreign Legal Consultant
- □ Other ____________

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

**Explanation**

### Transferred UBE Score

3. Have you ever applied for admission by transferred Uniform Bar Examination (UBE) score?

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

**Name of U.S. jurisdiction**

**Date application made**

**Admission or readmission date (Mo/Day/Yr)** ________________ **Bar number**

**Admitted/registered as:**
- □ Attorney
- □ In-House Counsel
- □ Foreign Legal Consultant
- □ Other ____________

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

**Explanation**

### Motion

4. Have you ever applied for admission on motion?

**Note:** Do not list U.S. federal court or pro hac vice admissions in response to this question.
<table>
<thead>
<tr>
<th>□ Yes  □ No</th>
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</thead>
<tbody>
<tr>
<td>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction ____________________________</td>
</tr>
<tr>
<td>Name and address of foreign bar authority ________________________________________________</td>
</tr>
<tr>
<td>Date application made _____________________________________________________________</td>
</tr>
<tr>
<td>Admission or readmission date (Mo/Day/Yr) ____________________ Bar number ____________________</td>
</tr>
<tr>
<td>Admitted/registered as:  □ Attorney  □ In-House Counsel  □ Foreign Legal Consultant  □ Other ___________</td>
</tr>
<tr>
<td>Reason not admitted (if applicable):  □ Withdrew application  □ Pending  □ Denied  □ Other reason</td>
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<tr>
<td>Explanation ________________________________________________________________</td>
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</table>

**Diploma Privilege**

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

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<th>□ Yes  □ No</th>
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<tbody>
<tr>
<td>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction ____________________________</td>
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<tr>
<td>Name and address of foreign bar authority ________________________________________________</td>
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<tr>
<td>Date application made _____________________________________________________________</td>
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<tr>
<td>Admission or readmission date (Mo/Day/Yr) ____________________ Bar number ____________________</td>
</tr>
<tr>
<td>Admitted/registered as:  □ Attorney  □ In-House Counsel  □ Foreign Legal Consultant  □ Other ___________</td>
</tr>
<tr>
<td>Reason not admitted (if applicable):  □ Withdrew application  □ Pending  □ Denied  □ Other reason</td>
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<tr>
<td>Explanation ________________________________________________________________</td>
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</table>

**Foreign Legal Consultant**

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

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<th>□ Yes  □ No</th>
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<tr>
<td>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction ____________________________</td>
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<tr>
<td>Name and address of foreign bar authority ________________________________________________</td>
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<tr>
<td>Date application made _____________________________________________________________</td>
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<tr>
<td>Admission or readmission date (Mo/Day/Yr) ____________________ Bar number ____________________</td>
</tr>
<tr>
<td>Admitted/registered as:  □ Attorney  □ In-House Counsel  □ Foreign Legal Consultant  □ Other ___________</td>
</tr>
</tbody>
</table>
### In-House Counsel

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

- [ ] Yes
- [ ] No

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<thead>
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<th>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction</th>
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<tr>
<th>Name and address of foreign bar authority</th>
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<th>Date application made</th>
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<th>Admission or readmission date (Mo/Day/Yr) Bar number</th>
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<th>Admitted/registered as: Attorney</th>
<th>In-House Counsel</th>
<th>Foreign Legal Consultant</th>
<th>Other</th>
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<tr>
<th>Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason</th>
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<th>Explanation</th>
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### Other

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

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

- [ ] Yes
- [ ] No

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<thead>
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<th>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction</th>
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<tr>
<th>Date application made Date examination taken</th>
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<tr>
<th>Admission or readmission date (Mo/Day/Yr) Bar number</th>
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<th>In-House Counsel</th>
<th>Foreign Legal Consultant</th>
<th>Other</th>
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<th>Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason</th>
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</table>

<table>
<thead>
<tr>
<th>Explanation</th>
</tr>
</thead>
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</table>

### 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?

If Yes, upload a copy of the associated action or complaint.

☐ Yes  ☐ No  ☐ Never admitted to practice law

Name of regulatory agency __________________________________________________

Address ________________________________________________________________

City __________________________ State ________________ Zip _______________

Country __________________________ Province __________________________

Case number (if applicable) __________________________ Date _______________

Action taken ___________________________________________________________

Explanation ____________________________________________________________

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?

If Yes, upload a copy of the associated action or complaint.

☐ Yes  ☐ No  ☐ Never admitted to practice law

Name of regulatory agency ________________________________________________

Address ________________________________________________________________

City __________________________ State ________________ Zip _______________

Country __________________________ Province __________________________

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National Conference
of Bar Examiners
### 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?

If Yes, upload a copy of the associated action or complaint.

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
<th>□ Never admitted to practice law</th>
</tr>
</thead>
</table>

Name of Court ____________________________________________________

Address __________________________________________________________

City ___________________________ State ___________ Zip ____________

Country ___________________________ Province ____________________

Case number ___________________________ Date ____________

Case name _______________________________________________________

Action taken _____________________________________________________

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Revised 01/12/2021
### Education

**Law Office Study**

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

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

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 and law degrees (J.D., L.L.B., L.L.M., etc.).

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

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>I have never attended law school</td>
<td></td>
</tr>
</tbody>
</table>

Law School ______________________________________________________________

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA Approved</td>
<td>Non-ABA Approved</td>
</tr>
</tbody>
</table>

Mailing address __________________________________________________________

City ___________________________ State ______________ Zip ____________

Country ___________________________ Province ____________________________

From ___________________________ To ___________________________

Date degree received or expected (from this school) _______________________

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>J.D. Degree (from this school)</td>
<td></td>
</tr>
<tr>
<td>Full-time student</td>
<td>Part-time student</td>
</tr>
</tbody>
</table>
Check if enrollment was primarily online.

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

- [ ] Yes
- [ ] No

Name of institution ____________________________________________________________

Action taken ___________________________________________ Date ________________

Explanation ________________________________________________________________

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

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

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

College _________________________________________________________________

Mailing address __________________________________________________________

City ______________________________ State __________ Zip ___________

Country __________________________ Province __________________________

From __________________________ To __________________________

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

- [ ] Check if enrollment was primarily online.

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

- [ ] Yes
- [ ] No

Name of institution _________________________________________________________

Action taken ___________________________________________ Date ________________
**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 age 18, *whichever period of time is shorter*.

<table>
<thead>
<tr>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Physical address</th>
<th>City</th>
<th>County/Parish</th>
<th>State</th>
<th>Zip</th>
</tr>
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*STANDARD NCBE*

Revised 01/12/2021
## Employment History

20. List all employment and unemployment information for the last ten years or since age 18, whichever period is shorter. In addition, list all law-related employment you have ever had.

### Notes:

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

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

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

<table>
<thead>
<tr>
<th>From Mo/Yr</th>
<th>To PRESENT</th>
</tr>
</thead>
</table>

**Employment position/Description of unemployment**

**Name of supervisor or associate**

**Email of supervisor or associate**

- [ ] Email unknown

**Employer or firm name**

**Mailing address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Province</th>
</tr>
</thead>
</table>

**Telephone**

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

**Verifying reference name / Business name**
<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo/Yr ________________ To Mo/Yr ________________</td>
</tr>
<tr>
<td>Employment position/Description of unemployment __________________________________________________________________________________</td>
</tr>
<tr>
<td>Name of supervisor or associate __________________________________________________________________________________________________</td>
</tr>
<tr>
<td>Email of supervisor or associate _______________________________________________________________________________________________</td>
</tr>
<tr>
<td>□ Email unknown</td>
</tr>
<tr>
<td>Reason for Leaving ______________________________________________________________________________________________________________</td>
</tr>
</tbody>
</table>
Details ____________________________________________________________

____________________________________________________________________

From Mo/Yr _____________________________ To Mo/Yr _______________________

Employment position/Description of unemployment ______________________________________

Name of supervisor or associate _________________________________________________

Email of supervisor or associate _________________________________________________

☐ Email unknown

Reason for Leaving _____________________________________________________________

Employer or firm name __________________________________________________________

Mailing address _______________________________________________________________

City __________________________ State __________ Zip __________

Country __________________________ Province _________________________________

Telephone __________________________

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

Verifying reference name / Business name __________________________________________

Address ________________________________________________________________

City __________________________ State __________ Zip __________

Country __________________________ Province _________________________________

Telephone __________________________ E-mail _________________________________

Details ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

STANDARD NCBE
Revised 01/12/2021

NCBE National Conference of Bar Examiners
From Mo/Yr ____________________________________________ To Mo/Yr ____________________________

Employment position/Description of unemployment ____________________________________________

Name of supervisor or associate ______________________________________________________________

Email of supervisor or associate ______________________________________________________________

☐ Email unknown

Reason for Leaving __________________________________________________________________________

Employer or firm name _________________________________________________________________

Mailing address _________________________________________________________________

City __________________________________________ State ________________ Zip _____________

Country __________________________________________ Province ________________

Telephone _________________________________________________________________

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

Verifying reference name / Business name _________________________________________________

Address _________________________________________________________________

City __________________________________________ State ________________ Zip _____________

Country __________________________________________ Province ________________

Telephone __________________________________________ E-mail ________________

Details _______________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

**Employment Actions**

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

**Note:** If Yes, any associated periods of employment must be listed in response to the Employment History question before proceeding.
□ Yes □ No

Employer ____________________________________________________________

Dates of employment: From Mo/Yr ____________________________ To Mo/Yr ____________________________

Disposition: □ Terminated □ Suspended □ Disciplined □ Laid off □ Permitted to resign

Date of disposition ____________________________ Explanation of circumstances ____________________________

Judicial Office

22. Have you ever held judicial office?

Office held ____________________________________________________________ From Mo/Yr ____________ To Mo/Yr ____________

Name of court ________________________________________________________

Address ______________________________________________________________

City ____________________________ State ____________ Zip ____________

Country ____________________________ Province__________________________

Reason for termination (if applicable) ______________________________________

Military Service

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

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

□ Yes □ No

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

Choose Branch: □ Regular Armed Forces – Air Force
□ Regular Armed Forces – Army
□ Regular Armed Forces – Coast Guard
□ Regular Armed Forces – Marine Corps
□ Regular Armed Forces – Navy
□ Reserve Components – Air Force
□ Reserve Components – Army
□ Reserve Components – Coast Guard
□ Reserve Components – Marine Corps
□ Reserve Components – Navy
□ National Guard – Air Force
□ National Guard – Army
□ National Guard – Coast Guard
□ National Guard – Marine Corps
□ National Guard – Navy
State for National Guard service ____________________________________________

Serial number ___________________________________________ Rank ____________________________

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

Present duty station ____________________________________________

Address ____________________________________________

City ___________________________ State ___________ Zip ___________________________

Country ___________________________ Province ___________________________

Telephone ____________________________

Name of commanding officer ____________________________________________

(1). Were you ever court-martialed?

☐ Yes  ☐ No

Date of action ____________________________

Explanation of circumstances ____________________________

Result, including any punishment ____________________________

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

☐ Yes  ☐ No

Date of action ____________________________

Explanation of circumstances ____________________________

Result, including any punishment ____________________________

(3). Did you receive an honorable discharge?

☐ Yes  ☐ No
(4). Were you allowed to resign in lieu of court-martial?

☐ Yes  ☐ No

(5). Were you administratively discharged?

☐ Yes  ☐ No

License

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 of license

License number (if applicable)
Application date (Mo/Yr) ____________________________________________
Expiration/Inactive date (Mo/Yr) ______________________________________
Issuing authority _____________________________________________________
Address ___________________________________________________________
City ______________________ State _______________ Zip ____________
Country ______________________ Province ______________________
Telephone ____________________________

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

☐ Yes  ☐ No

License ____________________________________________________________
Action taken:  ☐ Denial  ☐ Revocation

Name of regulatory agency ____________________________________________
Address ___________________________________________________________
City ______________________ State _______________ Zip ____________
Country ______________________ Province ______________________
Action Date _______________________________________________________
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?

If Yes, upload a copy of the associated action or complaint.

☐ Yes  ☐ No

Name of regulatory agency ____________________________________________
<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
<th>Province</th>
<th>Case number (if applicable)</th>
<th>Action taken</th>
<th>Date</th>
<th>Explanation</th>
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**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?

If Yes, upload a copy of the associated action or complaint.

- [ ] 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 ________
**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**

-  
-  
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**Condition or Impairment**

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

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

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 ________________
## 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.

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
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</thead>
<tbody>
<tr>
<td>Complete title of action</td>
<td></td>
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<tr>
<td>Court file number</td>
<td></td>
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<tr>
<td>Date filed</td>
<td></td>
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<tr>
<td>Trial date</td>
<td>Date of final disposition</td>
</tr>
<tr>
<td>Disposition</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the disposition resulted in a judgment, has the judgment been satisfied?</td>
<td></td>
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<tr>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>Date satisfied</td>
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<tr>
<td>Amount still owing</td>
<td></td>
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<tr>
<td>Detailed explanation of suit</td>
<td></td>
</tr>
</tbody>
</table>
Name of court

Address

City __________________________ State ______ Zip ______

Country _______________________ Province ______________________

Plaintiff’s name _______________________________ ______________________

Address ________________________________ ______________________________

City __________________________ State ______ Zip ______

Country _______________________ Province ______________________

Name of plaintiff’s attorney ________________________________ ______________________

Defendant’s name ________________________________ ______________________

Address ________________________________ ______________________________

City __________________________ State ______ Zip ______

Country _______________________ Province ______________________

Name of defendant’s attorney ________________________________ ______________________

**Administrative Action**

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

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

☑ Yes ☐ No

Date action/complaint initiated ________________________________

Name of administrative forum or body ________________________________

Address ________________________________ ______________________________

City __________________________ State ______ Zip ______

Country _______________________ Province ______________________

Name of investigative agency ________________________________ ______________________

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Revised 01/12/2021

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### 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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
<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Country</td>
<td>Province</td>
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<tr>
<td>Attorney name</td>
<td></td>
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<tr>
<td>Date of initial court hearing</td>
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<tr>
<td>Charge(s) at time of initial court hearing</td>
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<tr>
<td>Date of final disposition</td>
<td></td>
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<tr>
<td>Charge(s) at time of final disposition</td>
<td></td>
</tr>
<tr>
<td>Final disposition</td>
<td></td>
</tr>
</tbody>
</table>

### Alcohol or Drug Related Traffic Violation

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

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

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

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
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</thead>
<tbody>
<tr>
<td>Date (or time period) of incident</td>
<td></td>
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<tr>
<td>Incident location (city, county, state)</td>
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<tr>
<td>Country</td>
<td>Province</td>
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<tr>
<td>Title of complaint, indictment, or citation</td>
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<tr>
<td>Court file number</td>
<td></td>
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<tr>
<td>Detailed description of violation</td>
<td></td>
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</tbody>
</table>

Name of court involved |  |
Address |  |
| City | State | Zip |
| Country | Province |  |
Name of law enforcement agency involved ________________________________

Address ____________________________________________________________

City ___________________________ State _______________ Zip _____________

Country ______________________ Province ____________________________

Attorney name __________________________

Date of initial court hearing ________________________________

Charge(s) at time of initial court hearing _______________________________

Date of final disposition ________________________________

Charge(s) at time of final disposition _________________________________

Final disposition ________________________________

**Traffic Violation**

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

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

- □ Yes  □ No

■ Date of violation (Mo/Yr) ______________________________

Charge(s) at time of final disposition _________________________________

Final disposition ________________________________

Description of violation ________________________________

Name of law enforcement agency ________________________________

Violation location (city, county, state) ______________________________

Country ___________________________ Province _______________________

■ Date of violation (Mo/Yr) ______________________________

Charge(s) at time of final disposition _________________________________

Final disposition ________________________________

STANDARD NCBE
Revised 01/12/2021
Description of violation ________________________________________________________________

Name of law enforcement agency _______________________________________________________

Violation location (city, county, state) __________________________________________________

Country ___________________________________________ Province ________________________

Date of violation (Mo/Yr) _____________________________________________________________

Charge(s) at time of final disposition __________________________________________________

Final disposition _________________________________________________________________

Description of violation _____________________________________________________________

Name of law enforcement agency ______________________________________________________

Violation location (city, county, state) __________________________________________________

Country ___________________________________________ Province ________________________

### Driver’s License

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

- □ I have not had a driver’s license during the last ten years.

- ■ Driver’s License state, province, or country _________________________________________

  Driver’s License number (if unavailable, enter “unknown”) _____________________________

  □ Current

- ■ Driver’s License state, province, or country _________________________________________

  Driver’s License number (if unavailable, enter “unknown”) _____________________________

  □ Current

- ■ Driver’s License state, province, or country _________________________________________

  Driver’s License number (if unavailable, enter “unknown”) _____________________________

  □ Current

---

**FINANCIAL RESPONSIBILITY**

STANDARD NCBE

Revised 01/12/2021

NCBE National Conference of Bar Examiners
38. Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?

☐ Yes  ☐ No

Type of debt:  ☐ Charge account  ☐ Credit card

Last four digits of account number ____________ Original amount of debt ________________

Current balance ___________________________ Date of last payment ________________

☐ No Payments Made

Current status of this debt ___________________________

Describe the history of this debt ___________________________

Name of entity extending credit ___________________________

Address ___________________________

City ___________________________ State ______________ Zip ___________

Country ___________________________ Province ___________________________

Telephone number ___________________________

Name of retailer if different from above ___________________________

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

Name of current creditor or collection agency if different from above ___________________________

Address ___________________________

City ___________________________ State ______________ Zip ___________

Country ___________________________ Province ___________________________

Telephone number ___________________________

Last four digits of current account number ___________________________

---

39. Have you ever defaulted on a student loan?

☐ Yes  ☐ No

Defaulted Student Loan

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
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<td>Full account number</td>
<td></td>
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<tr>
<td>Original amount of debt</td>
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<tr>
<td>Current balance</td>
<td></td>
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<tr>
<td>Date of last payment</td>
<td></td>
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<tr>
<td>No Payments Made</td>
<td></td>
</tr>
<tr>
<td>Current status of this debt</td>
<td></td>
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<tr>
<td>Describe the history of this debt</td>
<td></td>
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<tr>
<td>Name of entity extending credit</td>
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<tr>
<td>Address</td>
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<td>Check if name or address of current creditor or collection agency is different from above</td>
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<td>Name of current creditor or collection agency if different from above</td>
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<td>Telephone number</td>
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<tr>
<td>Current account number</td>
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</tbody>
</table>

**Other Defaulted Debt**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Type of debt</th>
<th>Account number</th>
<th>Original amount of debt</th>
<th>Current balance</th>
<th>Date of last payment</th>
</tr>
</thead>
<tbody>
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</table>
□ No Payments Made

Current status of this debt ________________________________________________

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

Name of entity extending credit ____________________________________________

Address ______________________________________________________________

City __________ State __________ Zip __________

Country __________________________ Province __________________________

Telephone number ______________________________________________________

Name of retailer if different from above ____________________________________

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

Name of current creditor or collection agency if different from above _____________________________________________________________________________

Address _______________________________________________________________________________________

City __________ State __________ Zip __________

Country __________________________ Province __________________________

Telephone number ______________________________________________________

Current account number _________________________________________________

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

Address _______________________________________________________________________________________

City __________ State __________ Zip __________

Country __________________________ Province __________________________

**Past Due Debt**

41. Have you had any debt that has been more than 120 days past due within the past three years that was not resolved in bankruptcy?

□ Yes □ No
Type of debt: □ Charge account** □ Credit card** □ Real estate* □ Student loan □ Utility/Telephone*
□ Other ____________________________

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

Current balance __________________________________ Date of last payment _______________________________________

□ No Payments Made

Current status of this debt ____________________________________________

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

________________________________________________

Name of entity extending credit ____________________________________________

Address ________________________________________________________________

City ______________________________ State __________ Zip __________

Country ________________________________________________________________ Province ____________________________

Telephone number ______________________________________________________

Name of retailer if different from above ________________________________________

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

Name of current creditor or collection agency if different from above ________________________________

Address ________________________________________________________________

City ______________________________ State __________ Zip __________

Country ________________________________________________________________ Province ____________________________

Telephone number ______________________________________________________

Current account number _________________________________________________

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

Address ________________________________________________________________

City ______________________________ State __________ Zip __________

Country ________________________________________________________________ Province ____________________________

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Revised 01/12/2021

NCBE National Conference of Bar Examiners
Telephone number ________________________________

**Tax Debt**

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

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

☐ Yes ☐ No

Type of debt: ☐ Income ☐ Property/Real Estate Assessment ☐ Other ________________________________

Full account number ________________________________ Original amount of debt ________________________________

Current balance ________________________________ Date of last payment ________________________________

☐ No Payments Made

Current status of this debt ________________________________

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

________________________________________________________

Name of agency ________________________________

Address ________________________________

City ________________________________ State ___________ Zip ___________

Country ________________________________ Province __________________

Telephone number ________________________________

**Bankruptcy**

43. Have you ever filed a petition for bankruptcy?

If Yes, upload associated schedule of indebtedness, petition for bankruptcy, docket report and discharge from bankruptcy order.

☐ Yes ☐ No

Date filed ________________________________ Title of action ________________________________

Type of bankruptcy ________________________________
Court file number ____________________________________________________________

Name of court involved ______________________________________________________

Address ________________________________________________________________

City ___________________________ State ______________________ Zip _____________

Country ___________________________________________________________ Province _____________

Total amount discharged in U.S. dollars ______________________________________

Date of disposition _______________________________________________________

Disposition ______________________________________________________________

Were any adversary proceedings instituted? □ Yes □ No

Were there any allegations of fraud? □ Yes □ No

Were any debts not discharged? □ Yes □ No

Detailed description of circumstances surrounding filing ______________________

__________________________________________

__________________________________________

__________________________________________

CHARACTER REFERENCES

References

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

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

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

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

Name ____________________________________________________________

Business name _____________________________________________________
<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Revised 01/12/2021
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Name

Business name

Address

City | State | Zip |
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Name

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ADDITIONAL INFORMATION

STANDARD NCBE
Revised 01/12/2021

NCBE National Conference of Bar Examiners
### 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.

<p>| | |</p>
<table>
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<tr>
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<tbody>
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<td>□ Yes</td>
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**Additional information**

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**Further explanation(s)**

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