## 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

<table>
<thead>
<tr>
<th>Name</th>
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<td>First</td>
<td>Middle</td>
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<table>
<thead>
<tr>
<th>NCBE Number</th>
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<table>
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<tr>
<th>Social Security Number</th>
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<tr>
<th>Date of birth</th>
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<tbody>
<tr>
<td>Month</td>
<td>Day</td>
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<tr>
<th>E-mail address</th>
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<tr>
<th>Sex</th>
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<tbody>
<tr>
<td>Female</td>
<td>Male</td>
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<table>
<thead>
<tr>
<th>Place of birth</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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</table>

<table>
<thead>
<tr>
<th>Citizenship</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Country of citizenship</th>
<th></th>
</tr>
</thead>
</table>
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  Middle  Last  Suffix

From Mo/Yr ________ To Mo/Yr ________ Reason for change ____________________________________________________________

_____________________________________________________________________________________________________________________

**Contact Information**

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

If business, name of firm ____________________________________________

Address/P.O. Box ___________________________________________________

City __________________________  State ____________  Zip ______________

Country _______________________  Province _______________________

Mobile or Home Phone ________________

Office Phone ______________________

**APPLICATIONS, AUTHORIZATIONS AND CONDUCT**

**Law Student Registration**

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

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

□ Yes  □ No

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

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**Bar Exam**

2. Have you ever applied to take a bar exam, including the Uniform Bar Exam (UBE)?

**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

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**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

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**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>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction</td>
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<td></td>
</tr>
<tr>
<td>Name and address of foreign bar authority</td>
<td></td>
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<tr>
<td>Date application made</td>
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<tr>
<td>Admission or readmission date (Mo/Day/Yr)</td>
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<tr>
<td>Bar number</td>
<td></td>
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<tr>
<td>Admitted/registered as:</td>
<td>Attorney</td>
<td>In-House Counsel</td>
<td>Foreign Legal Consultant</td>
</tr>
<tr>
<td>Reason not admitted (if applicable):</td>
<td>Withdrawed application</td>
<td>Pending</td>
<td>Denied</td>
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<tr>
<td>Explanation</td>
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</tbody>
</table>

**Diploma Privilege**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>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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<td>Date application made</td>
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<td>Admission or readmission date (Mo/Day/Yr)</td>
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<td>Bar number</td>
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<tr>
<td>Admitted/registered as:</td>
<td>Attorney</td>
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<tr>
<td>Reason not admitted (if applicable):</td>
<td>Withdrawed application</td>
</tr>
<tr>
<td>Explanation</td>
<td></td>
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</tbody>
</table>

**Foreign Legal Consultant**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Name of U.S. jurisdiction, tribal court, or foreign jurisdiction</td>
<td></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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<td>Admission or readmission date (Mo/Day/Yr)</td>
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</tr>
<tr>
<td>Bar number</td>
<td></td>
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<tr>
<td>Admitted/registered as:</td>
<td>Attorney</td>
</tr>
</tbody>
</table>

STANDARD NCBE  
Revised 01/12/2021
### Reason not admitted (if applicable):
- □ Failed exam
- □ Withdrew application
- □ Pending
- □ Denied
- □ Other reason

**Explanation**

### In-House Counsel

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

- □ Yes
- □ No

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

Name and address of foreign bar authority

Date application made

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

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

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

**Explanation**

### Other

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

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

- □ Yes
- □ No

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

Name and address of foreign bar authority

Date application made Date examination taken

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

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

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

**Explanation**

### Bar Association Membership

9. List the full name and address of each mandatory or voluntary bar association which you have been or are currently a member.
NOTE: You do not need to report membership when you were a law student.

Bar association ____________________________

Dates of membership:  From Mo/Yr __________________ To Mo/Yr __________________

Address ____________________________

City ____________________________ State ___________ Zip ____________

Country ____________________________ Province ____________________________

**Attorney Discipline**

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

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 ____________________________
### 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>
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</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 ______________________________________________________

Case name _________________________________________________________

Action taken ______________________________________________________

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From Mo/Yr ___________________________ To Mo/Yr ___________________________

Explanation ________________________________________________________________

EDUCATION

Law Office Study

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

☐ Yes   ☐ No

From Mo/Yr ___________________________ To Mo/Yr ___________________________

Name of firm _____________________________________________________________

Proctor _________________________________________________________________

Firm address ___________________________________________________________

City ___________________________ State ___________________________ Zip ______

Law School Attendance

15. List complete information regarding all law school attendance 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.

☐ I have never attended law school

Law School ______________________________________________________________

☐ ABA Approved   ☐ Non-ABA Approved

Mailing address _________________________________________________________

City ___________________________ State ___________________________ Zip ______

Country ___________________________________________ Province ______________

From ___________________________ To ___________________________

Date degree received or expected (from this school) ___________________________

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

☐ J.D. Degree (from this school)

☐ Full-time student   ☐ Part-time student

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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 __________
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.

- From Mo/Yr ___________________________ To Mo/Yr ___________________________
  
  Physical address ___________________________
  
  City ___________________________ County/Parish ___________________________ State ________ Zip ________
  
  Country ___________________________ Province ___________________________

- From Mo/Yr ___________________________ To Mo/Yr ___________________________
  
  Physical address ___________________________
  
  City ___________________________ County/Parish ___________________________ State ________ Zip ________
  
  Country ___________________________ Province ___________________________

- From Mo/Yr ___________________________ To Mo/Yr ___________________________
  
  Physical address ___________________________
  
  City ___________________________ County/Parish ___________________________ State ________ Zip ________
  
  Country ___________________________ Province ___________________________

- From Mo/Yr ___________________________ To Mo/Yr ___________________________
  
  Physical address ___________________________
  
  City ___________________________ County/Parish ___________________________ State ________ Zip ________
  
  Country ___________________________ Province ___________________________
Employment 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

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
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

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State for National Guard service  

Serial number  
Date of 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
Date of action ___________________________
Explanation of circumstances ____________________________________________________________
Result, including any punishment __________________________________________________________

(5). Were you administratively discharged?
□ Yes □ No
Date of action ___________________________
Explanation of circumstances ____________________________________________________________
Result, including any punishment __________________________________________________________

Licenses
24. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?
□ Yes □ No
Type of license ________________________________________________________________
Issued to (include business name, if applicable) ____________________________________________
Current status of license ______________________________________________________________
License number (if applicable) __________________________________________________________
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>Professional Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>If Yes, upload a copy of the associated action or complaint.</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Name of regulatory agency ____________________________</td>
</tr>
<tr>
<td>Address ____________________________</td>
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<tr>
<td>City ____________________________ State ____________________________ Zip ____________________________</td>
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<tr>
<td>Country ____________________________ Province ____________________________</td>
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<tr>
<td>Case number (if applicable) ________________</td>
</tr>
<tr>
<td>Action taken ____________________________ Date ____________________________</td>
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<tr>
<td>Explanation ____________________________________________</td>
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</tbody>
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<tr>
<th>Bond</th>
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<tbody>
<tr>
<td>28. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Name of surety ____________________________</td>
</tr>
<tr>
<td>Address ____________________________</td>
</tr>
<tr>
<td>City ____________________________ State ____________________________ Zip ____________________________</td>
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<tr>
<td>Country ____________________________ Province ____________________________</td>
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</tbody>
</table>
Conduct or Behavior

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

☐ Yes  ☐ No

Explanation

Relevant dates

Condition or Impairment

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 __________________________
Describe the condition or impairment ____________________________________________

Describe any treatment, or any program that includes monitoring or support ____________________________________________

- Name of attending physician or counselor (if applicable) ____________________________________________

  Address ____________________________________________

  City __________________________ State ________________ Zip __________

  Country __________________________ Province __________

  Telephone ____________________________________________

- Name of hospital or institution (if applicable) ____________________________________________

  Address ____________________________________________

  City __________________________ State ________________ Zip __________

  Country __________________________ Province __________

  Telephone ____________________________________________

**Defense or Explanation**

31. 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 __________

Telephone ____________________________________________
Country __________________________________________ Province _______________________________________

Nature of the proceeding ________________________________________________________________

Relevant date(s) ________________________________________________________________

Disposition, if any ________________________________________________________________

Explanation ________________________________________________________________

LEGAL PROCEEDINGS

Civil Action

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

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

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

☐ Yes  ☐ No

Complete title of action ________________________________________________________________

Court file number ________________________________________________________________

Date filed ________________________________________________________________

Trial date __________________________________ Date of final disposition ______________

Disposition ________________________________________________________________

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

☐ Yes  ☐ No

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

☐ Yes  ☐ No

Date satisfied ________________________________________________________________

Amount still owing ________________________________________________________________

Detailed explanation of suit ________________________________________________________________
### 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**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Name of investigative agency**

<table>
<thead>
<tr>
<th>Country</th>
<th>Province</th>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
### 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**

---

STANDARD NCBE

Revised 01/12/2021
## 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>
</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 ________________________________________

Address ________________________________________________________________

City ___________________________ State _____________ Zip ______________

Country __________________________ Province _____________________________

Attorney name __________________________

Date of initial court hearing __________________________

Charge(s) at time of initial court hearing ______________________________________

Date of final disposition __________________________

Charge(s) at time of final disposition _________________________________________

Final disposition __________________________________________________________

**Traffic Violation**

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

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

☐ Yes      ☐ No

■ Date of violation (Mo/Yr) __________________________

Charge(s) at time of final disposition _________________________________________

Final disposition __________________________________________________________

Description of violation ____________________________________________________

Name of law enforcement agency ____________________________________________

Violation location (city, county, state) _______________________________________

Country __________________________ Province _______________________________

■ Date of violation (Mo/Yr) __________________________

Charge(s) at time of final disposition _________________________________________

Final disposition __________________________________________________________
Description of violation

Name of law enforcement agency

Violation location (city, county, state)

Country Province

Date of violation (Mo/Yr)

Charge(s) at time of final disposition

Final disposition

Description of violation

Name of law enforcement agency

Violation location (city, county, state)

Country Province

Driver's License

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

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

☐ Driver’s License state, province, or country

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

☐ Current

☐ Driver’s License state, province, or country

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

☐ Current

☐ Driver’s License state, province, or country

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

☐ Current

FINANCIAL RESPONSIBILITY

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Revocation

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

☐ Yes  ☐ No

Type of debt:  ☐ Charge account  ☐ Credit card

Last four digits of account number ____________________ Original amount of debt ____________________

Current balance ____________________ Date of last payment ____________________

☐ No Payments Made

Current status of this debt ____________________

Describe the history of this debt ____________________

Name of entity extending credit ____________________

Address ____________________

City ____________________ State __________ Zip __________

Country ____________________ Province ____________________

Telephone number ____________________

Name of retailer if different from above ____________________

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

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

Address ____________________

City ____________________ State __________ Zip __________

Country ____________________ Province ____________________

Telephone number ____________________

Last four digits of current account number ____________________

Defaulted Student Loan

39. Have you ever defaulted on a student loan?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full account number</td>
<td></td>
</tr>
<tr>
<td>Original amount of debt</td>
<td></td>
</tr>
<tr>
<td>Current balance</td>
<td></td>
</tr>
<tr>
<td>Date of last payment</td>
<td></td>
</tr>
<tr>
<td>No Payments Made</td>
<td></td>
</tr>
<tr>
<td>Current status of this debt</td>
<td></td>
</tr>
<tr>
<td>Describe the history of this debt</td>
<td></td>
</tr>
<tr>
<td>Name of entity extending credit</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
<tr>
<td>Check if name or address of current creditor or collection agency is</td>
<td></td>
</tr>
<tr>
<td>different from above</td>
<td></td>
</tr>
<tr>
<td>Name of current creditor or collection agency if different from above</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
<tr>
<td>Current account number</td>
<td></td>
</tr>
<tr>
<td>Other Defaulted Debt</td>
<td></td>
</tr>
<tr>
<td>40. Have you ever defaulted on any debt other than a student loan that</td>
<td></td>
</tr>
<tr>
<td>was not resolved in bankruptcy?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Type of debt:</td>
<td></td>
</tr>
<tr>
<td>□ Charge account**</td>
<td>□ Credit card**</td>
</tr>
<tr>
<td>□ Property/Real estate assessment*</td>
<td></td>
</tr>
<tr>
<td>□ Utility/Telephone</td>
<td></td>
</tr>
<tr>
<td>(*Last four digits of) Account number</td>
<td></td>
</tr>
<tr>
<td>Original amount of debt</td>
<td></td>
</tr>
<tr>
<td>Current balance</td>
<td></td>
</tr>
<tr>
<td>Date of last payment</td>
<td></td>
</tr>
</tbody>
</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 __________
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 ______________________________

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<table>
<thead>
<tr>
<th>Character References</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>References</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Note: To avoid delays, provide current contact information (email address, mailing address, and telephone number) for each reference.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Business name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Business name</td>
</tr>
<tr>
<td>------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

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| □ Yes | □ No |

**Additional information**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Further explanation(s)**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________