

## REQUEST COPY OF PRIOR APPLICATION

- I, \_\_\_\_\_, request a copy of my original NCBE character and fitness application filed on \_\_\_\_\_ for admission to the jurisdiction (*list only one*) of \_\_\_\_\_.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

NCBE Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** If the above application was made under a different name, please provide the following:

Name on application: \_\_\_\_\_

Signature as it appears on that application: \_\_\_\_\_

**\*PLEASE NOTE: Applications to jurisdictions not listed in the drop down menu are not available from NCBE. All applications may not be on file in this office and NCBE does not retain applications indefinitely. You may contact the NCBE Intake Department ([intake@ncbex.org](mailto:intake@ncbex.org)) to confirm availability.**

- SHIPPING METHOD - \$30 per selection (All physical delivery methods will require a signature.)**
  - Digital copy (PDF) delivered to your NCBE Account File Cabinet.
  - Certified first-class mail
  - FedEx (Additional FedEx shipping fee applies):  FedEx Priority Overnight  FedEx Standard Overnight  FedEx 2-Day

- SHIPPING DESTINATION (Printed copy only. Choose only one option.)**

Please send the copy to the bar admission authority of (*jurisdiction*) \_\_\_\_\_

Jurisdiction Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that making this request does NOT constitute a completion of the application process for admission to the bar. NCBE does not warrant that the admitting authority will accept an application directly from NCBE.

Send the copy to my home address noted above. (Applications will only be sent to applicant's **home delivery address**.)

- METHOD OF PAYMENT**

Payment (check or money order payable to NCBE) is enclosed.

Bill FedEx shipping fee to my FedEx Account: \_\_\_\_\_

Charge the fee(s) to my credit card (MasterCard or Visa):

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Mail or fax your request to the address/fax number below.**

302 South Bedford Street, Madison, WI 53703-3622 • 608-280-8550 • Fax: 608-442-7980 • TDD: 608-661-1275 • Web: [www.ncbex.org](http://www.ncbex.org)

All information solicited and received for character reports is treated confidentially by NCBE and restricted to official use by the proper admitting authorities.  
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