

NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)
Request for Preparation of a Character Report
Fee Schedule

FEE CATEGORY	FEE	DESCRIPTION
<input type="checkbox"/> II: FIRST BAR ADMISSION	\$200	→ Anticipated or recent law school graduate; <u>AND</u> → JD was awarded less than one year before this application is received at NCBE; <u>AND</u> → The applicant has not been admitted to the practice of law in any jurisdiction at the time this application is filed.
<input type="checkbox"/> III: ATTORNEY/BAR ADMISSION*	\$250	→ Presently a member of a bar; <u>OR</u> → Not a member of a bar, but the application is received at NCBE more than one year after the JD was awarded.
<input type="checkbox"/> IV: FOREIGN – Education <u>OR</u> FOREIGN – Practicing Attorney	\$500	→ Applicant's first law degree was not obtained in the U.S., whether or not a subsequent U.S. law degree was conferred; <u>OR</u> → Member of a bar of a foreign country seeking to be licensed or to perform limited legal services.
V: SUPPLEMENTAL REPORT <i>(see fees below)</i> Request that a character report previously prepared by NCBE be supplemented. NCBE will investigate the period from the completion of the original NCBE report to the present, including attempting to contact references. You are required to submit a complete application. A supplemental report can only be prepared if the original jurisdiction releases the original report and the conditions in the right-hand column are satisfied.		CONDITIONS → The jurisdiction to which application is being made is willing to accept a copy of the original NCBE character report together with a supplemental report with the understanding that no additional work will be undertaken to verify the original report; <u>AND</u> → The original NCBE report was completed less than four years before the date this request for supplemental report is received at NCBE.
<input type="checkbox"/> V(a): SUPPLEMENTAL REPORT *	\$125	→ Made previous application to a jurisdiction for which NCBE prepared the original report.
<input type="checkbox"/> V(b): SUPPLEMENTAL REPORT *	\$75	→ This report is for the same jurisdiction for which NCBE prepared the original Law Student Registrant report.
<input type="checkbox"/> V(c): SUPPLEMENTAL REPORT	\$200	→ The original NCBE report was processed as a Category IV Foreign report.

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

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

METHOD OF PAYMENT—STANDARD-07-DC

- **Enclose payment (cashier's check, certified check, or money order payable to NCBE). Returned checks are subject to a \$25 fee.**

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

DIRECTIONS

Answer all questions. If you answer affirmatively to certain questions you will be instructed to complete specific forms with more detailed information. These include Forms 1 - 10 which may be found at the end of the application. You may be required to make copies of some of the blank Forms 1 - 10; therefore, do not mark on a form until you have made the requisite number of copies. If you cannot make copies of the forms, you may obtain them by calling or writing the National Conference of Bar Examiners (NCBE) or you may obtain them online at www.ncbex.org by clicking on the Character and Fitness link.

Your application will be processed only after you provide all the necessary information. To avoid delays, be sure to:

- Answer every question; do not leave anything blank.
- Complete all forms required.
- Sign all forms requiring your signature and have them notarized.
- Provide the correct number, street name, city, state, and zip code for each address.
- Include three original properly executed Authorization and Release Forms.
- Make your responses as concise as possible, using only standard abbreviations to make your information fit into the spaces provided. Some fields are deliberately restricted; if you need additional space to answer a question, attach a separate sheet of paper with the question number clearly identified.
- Use the two-letter codes to indicate state/territory names. For your convenience these codes are listed at the bottom of this page.
- Indicate dates in the following format: month/day/year. For example, October 5, 2001, should be written 10/05/2001.
- Consult with applicable courts, agencies, or other entities to obtain accurate and complete information if you are unsure of dates, locations, or other required information. This is your responsibility.
- Advise former employers and references that our agency may be contacting them.

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

National Conference of Bar Examiners 302 South Bedford Street Madison, WI 53703-3622	Phone: (608)280-8550 Fax: (608)280-8552 TDD: (608)661-1275	Website: www.ncbex.org Email: contact@ncbex.org
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The two letter codes to indicate state/territory names are as follows:

AL Alabama	IL Illinois	NE Nebraska	PR Puerto Rico
AK Alaska	IN Indiana	NV Nevada	RI Rhode Island
AZ Arizona	IA Iowa	NH New Hampshire	SC South Carolina
AR Arkansas	KS Kansas	NJ New Jersey	SD South Dakota
CA California	KY Kentucky	NM New Mexico	TN Tennessee
CO Colorado	LA Louisiana	NY New York	TX Texas
CT Connecticut	ME Maine	NC North Carolina	UT Utah
DE Delaware	MD Maryland	ND North Dakota	VT Vermont
DC District of Columbia	MA Massachusetts	MP Northern Mariana Islands	VA Virginia
FL Florida	MI Michigan	OH Ohio	VI Virgin Islands
GA Georgia	MN Minnesota	OK Oklahoma	WA Washington
GU Guam	MS Mississippi	OR Oregon	WV West Virginia
HI Hawaii	MO Missouri	PW Palau	WI Wisconsin
ID Idaho	MT Montana	PA Pennsylvania	WY Wyoming

**APPLICATION TO THE BAR OF
DISTRICT OF COLUMBIA**

Name _____
*First Middle Last Social Security Number**

LSAC Number: _____

You are being asked to supply your LSAC number (a number assigned to you by the Law School Admission Council and implemented fairly recently by LSAC), if you have one, on a voluntary basis. If you have received such a number from LSAC, you may access it through the following link: <http://lsaclookup.lsac.org/>. NCBE is studying the feasibility of using LSAC numbers as identifiers in lieu of Social Security Numbers for privacy reasons. In some cases, records are stored by institutions under the SSN; therefore, NCBE will continue to collect the SSN on a voluntary basis for use in situations in which records can only be accessed via SSN.

APPLYING AS (choose one category):

- | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Motion/Reciprocity Applicant | <input type="checkbox"/> In-House Counsel |
| <input type="checkbox"/> Bar Examination Applicant (exam date: _____)
<i>(Mo/Yr)</i> | <input type="checkbox"/> Notary Public |
| | <input type="checkbox"/> Foreign Legal Consultant (exam date: _____)
<i>(Mo/Yr)</i> |

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

■ First, Middle, Last Name

_____ *From Year* _____ *To Year* _____

Reason for change _____

■ First, Middle, Last Name

_____ *From Year* _____ *To Year* _____

Reason for change _____

Sex: Male Female Date of birth: Month _____ Day _____ Year _____

Place of birth: City _____ State _____

Country _____

Of what country are you a citizen? _____

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

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

(____) _____ (____) _____
Home Office E-mail

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

Check if address is Residence or Business

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip Code _____

Country _____

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

1. List every permanent and temporary street address where you have lived:
 - If this is your first application prior to bar admission, provide your residency information for the last ten years or since age 18, **whichever period of time is longer**, OR
 - If you have previously applied for bar admission or registered as a law student with a bar admitting authority, provide your residency information for the last ten years or since you were first admitted to the bar in any jurisdiction, **whichever period of time is longer**.

List addresses in reverse chronological order starting with your current address.

Current Address *From Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Address _____

City _____ *County* _____ *State* _____ *Zip* _____

Country if not the United States _____

2. List the names of all the colleges and universities you attended. Do not include law schools. Include location (including the name of the campus if the school had more than one), dates attended, and degree(s) received. Mark ND if you did not receive a degree. If the school's name has changed since your attendance, provide both its current name and former name. List schools beginning with the one most recently attended.



College _____

City _____ State _____

Country/Province _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____



College _____

City _____ State _____

Country/Province _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____

3. List the names of all the law schools you have attended or are currently attending. Include location (including the name of the campus if the school had more than one), dates attended, degree(s) received or expected to be received, and date degree(s) expected, if applicable. Mark ND if you did not receive a degree. If the school's name has changed since your attendance, provide both its current name and former name. List schools beginning with the one most recently attended.



Law School _____

City _____ State _____

Country/Province _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____ Date Degree Expected _____



Law School _____

City _____ State _____

Country/Province _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____ Date Degree Expected _____

4. Did you engage in law office study in lieu of receiving a JD? (This is permitted only in certain jurisdictions.)

Yes No

If yes, under the approval of what jurisdiction? _____

Indicate when and where: From Mo/Yr _____ To Mo/Yr _____

Name of Firm _____

Proctor _____

Firm Address _____

City _____ State _____ Zip _____

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

If you answered yes, provide the following information:

Name of the Institution _____

Type of Action _____ Date Action Taken _____

Explanation of Institution Action _____

6. PRIOR APPLICATIONS FOR ADMISSION

List **every** state or foreign country to which you have submitted an application to take a bar examination or an application to be admitted to the bar by examination, motion, or diploma privilege. List every state or foreign country to which you have submitted an application to be reinstated to the bar. Include any preregistration as a law student. Do not list multiple application dates and examination dates in the same field; multiple applications and examinations to the same state or foreign country require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

In response to this question, DO NOT include information regarding admission to the U.S. federal courts or authorizations to appear pro hac vice.

If admitted to a bar of a foreign country, indicate the name and address of the admitting authority in the explanation field. If admitted to the bar of Pennsylvania, complete **FORM 9**. If admitted to the bar of New York, indicate the judicial department to which admitted, and complete **FORM 10**.

NONE: This is my first application for admission to practice law.

■
State or foreign country _____

Applied as: Bar Examinee Motion/Reciprocity Diploma Reinstatement Law Student Registrant

Not admitted due to: Failed exam Withdrew application Other reason Pending

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Admitted or readmitted (Mo/Day/Yr) _____ Bar Number* _____

Explanation _____

■
State or foreign country _____

Applied as: Bar Examinee Motion/Reciprocity Diploma Reinstatement Law Student Registrant

Not admitted due to: Failed exam Withdrew application Other reason Pending

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Admitted or readmitted (Mo/Day/Yr) _____ Bar Number* _____

Explanation _____

■
State or foreign country _____

Applied as: Bar Examinee Motion/Reciprocity Diploma Reinstatement Law Student Registrant

Not admitted due to: Failed exam Withdrew application Other reason Pending

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Admitted or readmitted (Mo/Day/Yr) _____ Bar Number* _____

Explanation _____

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

7. List every job you have held since age 21.

All law-related employment must be listed.

Follow these instructions:

- List most recent employment first.
- Include self-employment, externships, internships (paid and unpaid), clerkships, and military service.
- Include part-time employment.
- Include temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any period of time when you were unemployed for more than three months (i.e., in school, studying for the bar examination, seeking employment, performing volunteer work, etc.). For these periods of time, **check the box for Unemployment and describe the reason for your unemployment in the field labeled Position.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

CURRENT EMPLOYMENT
 Currently Unemployed
Since Mo/Yr_____

From Mo/Yr_____To PRESENT

Position _____

Employer or Firm _____

Supervisor/ Associate _____

Employer or Firm Address _____

*City*_____ *State*_____ *Zip*_____ *Telephone* (____) _____

Country if not the United States _____

E-mail _____

If you are self-employed or employed by a relative, provide a reference who can verify the nature and length of your employment or practice. If you provide a business address, please include both the reference name and the business name.

Name(s) _____

Address _____

*City*_____ *State*_____ *Zip*_____ *Telephone* (____) _____

Country if not the United States _____

E-mail _____

Make Additional Copies of this Page as Necessary
DO NOT furnish your own name or your own contact information for verifying employment.



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Position _____

Employer or Firm _____

(At time of employment)

Supervisor/ Associate _____

Employer or Firm Address _____

City _____ State _____ Zip _____ Telephone(____) _____

Country if not the United States _____

E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer/firm information below.
- If you were self-employed, employed by a relative, or if the firm is out of business, check this box and provide a reference who can verify the nature and length of your employment or practice. If you provide a business address, please include both the reference name and the business name.

Name(s) _____

Address _____

City _____ State _____ Zip _____ Telephone(____) _____

Country if not the United States _____

E-mail _____



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Position _____

Employer or Firm _____

(At time of employment)

Supervisor/ Associate _____

Employer or Firm Address _____

City _____ State _____ Zip _____ Telephone(____) _____

Country if not the United States _____

E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer/firm information below.
- If you were self-employed, employed by a relative, or if the firm is out of business, check this box and provide a reference who can verify the nature and length of your employment or practice. If you provide a business address, please include both the reference name and the business name.

Name(s) _____

Address _____

City _____ State _____ Zip _____ Telephone(____) _____

Country if not the United States _____

E-mail _____

8. Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Item 7.) Yes No

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

Employer or Firm _____

Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

Disposition: Terminated Suspended Disciplined Permitted to resign

Explanation of circumstances: _____

■

Employer or Firm _____

Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

Disposition: Terminated Suspended Disciplined Permitted to resign

Explanation of circumstances: _____

9. List the full name and address of each mandatory or voluntary bar association of which you have been or are currently a member.

Check here If you have never been a member.

Name of Bar Association _____

Dates of Membership: From Mo/Yr _____ To Mo/Yr _____

Address _____

City _____ State _____ Zip _____

■

Name of Bar Association _____

Dates of Membership: From Mo/Yr _____ To Mo/Yr _____

Address _____

City _____ State _____ Zip _____

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

Yes No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?

Yes No

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

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Agency Action _____ Date _____

Explanation _____

- 11.** Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending? Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Agency Action _____ Date _____

Explanation _____

- 12.** Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? Yes No

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

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

Case No. _____ Style of Action _____

Name of Court _____

Address _____

City _____ State _____ Zip _____

Disqualified from Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification _____

Attach a copy of the order of sanction or disqualification.

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

If yes, complete **FORM 1**.

14. Have you ever held judicial office? Yes No

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

Office held _____ From Mo/Yr _____ To Mo/Yr _____

Name of Court _____

Address _____

City _____ State _____ Zip _____

Reason for termination, if applicable _____



Office held _____ From Mo/Yr _____ To Mo/Yr _____

Name of Court _____

Address _____

City _____ State _____ Zip _____

Reason for termination, if applicable _____

15. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law? Yes No

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

Type of License _____ Mo/Yr _____

Current Status of License _____

License Number (if applicable) _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____



Type of License _____ Mo/Yr _____

Current Status of License _____

License Number (if applicable) _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____

16. A. Have you ever been denied a license for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? Yes No

B. Have you ever had a business, trade, or professional license revoked? Yes No

If you answered yes to 16A and/or 16B, please provide the following information for *each* denial or revocation:

Name of Regulatory Agency _____

Address _____

City _____ *State* _____ *Zip* _____

Agency Action _____ *Date* _____

Explanation _____

17. A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office? Yes No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending? Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ *State* _____ *Zip* _____

Agency Action _____ *Date* _____

Explanation _____

18. Has any surety on any bond on which you were the principal been required to pay any money on your behalf? Yes No

If yes, complete **FORM 2**.

19. Have you ever been a named party to any civil action? Yes No

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

If yes, complete a separate **FORM 3** for *each* action. Attach a copy of the pleadings and final disposition.

20. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, legal malpractice) initiated against you in any administrative forum? Yes No

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

21. A. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation? Yes No

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

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

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

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

22. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law? (Report traffic violations at Questions 21.) Yes No

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

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

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

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

24. A. Have you had any debts of \$500 or more (including credit cards, charge accounts, and student loans) which have been more than 90 days past due within the past three years? Yes No
- B. Have you ever had a credit card or charge account revoked? Yes No
- C. Have you ever defaulted on any student loan? Yes No
- D. Have you ever defaulted on any other debt? Yes No

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

PREAMBLE TO QUESTIONS 25, 26, and 27

Notice to DC Applicants only:

The Board of Judges of the District of Columbia Court of Appeals have adopted the following questions which must be answered by applicants for admission in the District of Columbia:

25. In the past five years, have you been addicted to or treated for or counseled concerning the use of any drug, including alcohol? Yes No

If you answered yes, complete **FORMS 7** and **8** as needed.

26. (There is no question 26.)

27. In the past five years, have you voluntarily entered or been involuntarily admitted to an institution for treatment of a mental, emotional, or nervous disorder or condition?

Yes No

If you answered yes, complete Forms 7 and 8 and furnish a thorough explanation below:

If you were involuntarily admitted list the name of the entity that authorized the admission (i.e., court, agency, official, etc.) _____

Address _____

City _____ *State* _____ *Zip* _____ *Telephone* (____) _____

Explanation _____

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

Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____



Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____



Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____



Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____



Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____



Name(s) _____
 Address _____
 City _____ State _____ Zip _____ Telephone () _____
 Country if not the United States _____
 E-mail _____
 Occupation _____ Years known _____

ATTESTATION

I hereby certify that I have read the foregoing document, and that the information that I have provided on this form and in any related materials is true and complete. I will notify the Committee on Admissions promptly in writing if there is any change in any aspect of this application. I understand that this is a continuing obligation throughout the pendency of my application, and that any inaccurate, misleading or incomplete statements, or any failure to update promptly any aspect of this application, may result in denial of this application and other disciplinary sanctions. I have not modified the questions in any respect, and I understand that should they be modified, my application will be terminated and any fees paid to NCBE are forfeited.

STATE OF _____ }
COUNTY OF _____ } ss.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

Attach **three original notarized copies** of the Authorization and Release Form.

DO NOT ALTER THESE FORMS
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, *(Name)* _____
born at *(City)* _____, *(State)* _____, *(COUNTRY)* _____
on *(Date of Birth)* _____, having filed an application with the admission authority of the bar of _____ as one
(Jurisdiction)

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

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

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

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

STATE OF _____

COUNTY OF _____

} ss.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

DO NOT ALTER THESE FORMS
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, *(Name)* _____
born at *(City)* _____, *(State)* _____, *(COUNTRY)* _____
on *(Date of Birth)* _____, having filed an application with the admission authority of the bar of _____ as one
(Jurisdiction)

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

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

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

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

STATE OF _____

COUNTY OF _____

} ss.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

DO NOT ALTER THESE FORMS
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, *(Name)* _____
born at *(City)* _____, *(State)* _____, *(COUNTRY)* _____
on *(Date of Birth)* _____, having filed an application with the admission authority of the bar of _____ as one
(Jurisdiction)

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

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STATE OF _____

COUNTY OF _____

} ss.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Social Security Number

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

- A. Regular armed forces: Air Force, Army, Coast Guard, Marine Corps, Navy
Reserve components: Air Force, Army, Coast Guard, Marine Corps, Navy
National Guard: Air Force, Army

My serial number was/is _____ My rank was/is _____
Dates of service: Active Duty - From Mo/Yr _____ To Mo/Yr _____
Reserve Duty - From Mo/Yr _____ To Mo/Yr _____
Nat'l Guard - From Mo/Yr _____ To Mo/Yr _____

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, ETC.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

- B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check Active Reserve
Present duty station _____
Address _____
Telephone number () _____
Name of commanding officer _____

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

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

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

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

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of Action _____
Explanation of circumstances _____

Result, including any punishment _____

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of Action _____
Explanation of circumstances _____

Result, including any punishment _____

To be used with Question 18
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Social Security Number

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ *State* _____ *Zip* _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Brief explanation _____

FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Social Security Number

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Plaintiff's name _____

Address _____

City _____ *State* _____ *Zip* _____

Plaintiff's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Defendant's name _____

Address _____

City _____ *State* _____ *Zip* _____

Defendant's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Trial Date _____

Date of final disposition _____

Disposition _____

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

Yes No

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

Yes No Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Brief explanation of suit _____

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

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Social Security Number

Date action/complaint initiated: _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ *State* _____ *Zip* _____

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

Name of agency _____

Address _____

City _____ *State* _____ *Zip* _____

Disposition _____

Date of final disposition _____

Brief explanation _____

Attach a copy of the administrative record.

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Social Security Number

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip _____

Debts Discharged:

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

Date of final disposition _____

Disposition _____

- Were any adversary proceedings instituted? Yes No
- Were there any allegations of fraud? Yes No
- Were any debts not discharged? If yes, answer **Question 24** and complete **FORM 6**. Yes No

Brief description of circumstances surrounding filing petition for bankruptcy:

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

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

Name _____
First Middle Last Social Security Number

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Location _____
City County State

Title of complaint, indictment, or citation _____

Case number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City State Zip _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City State Zip _____

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 _____

Brief description of incident _____

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

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Social Security Number

Currently licensed in _____ Driver's License number _____
State

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

Please complete the following information for each incident:

Name of law enforcement agency _____
Incident location (city, county, state) _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

Name of law enforcement agency _____
Incident location (city, county, state) _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

Name of law enforcement agency _____
Incident location (city, county, state) _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Social Security Number

This copy of FORM 6 refers to QUESTION 24 **A** **B** **C** **D**

Type of debt: Credit Card Charge Account Student Loan Other _____

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

Account Number _____

Original Amount of Debt _____

Current Balance _____

Date of Last Payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone Number (____) _____

If different from above, current name and address of the creditor on this debt:

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone Number (____) _____

Account Number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect and any defenses:

FORM 7 / AUTHORIZATION TO RELEASE MEDICAL RECORDS

Upon presentation of the original or a photocopy of this signed authorization,

I (*Applicant's Name*) _____
authorize

Name of Institution, Doctor, or Counselor _____

Address _____

City _____ *State* _____ *Zip* _____

to provide information, including copies of records, concerning advice, care, or treatment provided to me, without limitation relating to mental illness or the use of drugs or alcohol, to representatives of the National Conference of Bar Examiners who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the admitting authority.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agent and representatives, the admitting authority, its agent and representatives, and (*Name of Institution, Doctor, or Counselor*) _____, their agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by the National Conference of Bar Examiners or the admitting authority.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

The National Conference of Bar Examiners is aware of your obligations under HIPAA.

**FORM 8 / DESCRIPTION OF MENTAL HEALTH OR
SUBSTANCE ABUSE CONDITION OR IMPAIRMENT**

Name _____
First Middle Last Social Security Number

Dates of treatment: From Mo/Yr _____ To Mo/Yr _____

Name and complete address of attending physician or counselor:

Name of physician or counselor _____

Physician's or Counselor's current address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Name and complete address of hospital or institution:

Name of hospital or institution _____

Hospital's or Institution's current address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Describe the condition or problem _____

Describe any treatment and/or monitoring program _____

The National Conference of Bar Examiners is aware of your obligations under HIPAA.

FORM 9
SUPREME COURT OF PENNSYLVANIA

Name _____

Attorney I.D. Number _____

Date of Admission _____

Place of Admission:

- EASTERN DISTRICT** **MIDDLE DISTRICT** **WESTERN DISTRICT**
(Philadelphia) (Harrisburg) (Pittsburgh)

FOR OFFICIAL USE ONLY
(Please DO NOT write inside this box)

A.O.P.C.: _____

Date remitted: _____

D.B.: _____

P.B.L.E.: _____

FORM 10
FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____

Date of Admission _____

Department in which you were admitted (check one):

- First Department Second Department
 Third Department Fourth Department

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

I have not practiced law in any department in New York

First Department; County(ies) _____

Second Department; County(ies) _____

Third Department; County(ies) _____

Fourth Department; County(ies) _____