# Request for Preparation of a Character Report

## Fee Schedule

<table>
<thead>
<tr>
<th>FEE CATEGORY</th>
<th>DESCRIPTION</th>
<th>CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ II: FIRST BAR ADMISSION</td>
<td>$200</td>
<td>→ Anticipated or recent law school graduate; AND → JD was awarded less than one year before this application is received at NCBE; AND → The applicant has not been admitted to the practice of law in any jurisdiction at the time this application is filed.</td>
</tr>
<tr>
<td>□ III: ATTORNEY/BAR ADMISSION*</td>
<td>$250</td>
<td>→ Presently a member of a bar; OR → Not a member of a bar, but the application is received at NCBE more than one year after the JD was awarded.</td>
</tr>
<tr>
<td>□ IV: FOREIGN – Education OR FOREIGN – Practicing Attorney</td>
<td>$500</td>
<td>→ Applicant's first law degree was not obtained in the U.S., whether or not a subsequent U.S. law degree was conferred; OR → Member of a bar of a foreign country seeking to be licensed or to perform limited legal services.</td>
</tr>
<tr>
<td>V: SUPPLEMENTAL REPORT (see fees below)</td>
<td></td>
<td>→ 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; AND → The original NCBE report was completed less than four years before the date this request for supplemental report is received at NCBE.</td>
</tr>
<tr>
<td>□ V(a): SUPPLEMENTAL REPORT *</td>
<td>$125</td>
<td>→ Made previous application to a jurisdiction for which NCBE prepared the original report.</td>
</tr>
<tr>
<td>□ V(b): SUPPLEMENTAL REPORT *</td>
<td>$75</td>
<td>→ This report is for the same jurisdiction for which NCBE prepared the original Law Student Registrant report.</td>
</tr>
<tr>
<td>□ V(c): SUPPLEMENTAL REPORT</td>
<td>$200</td>
<td>→ The original NCBE report was processed as a Category IV Foreign report.</td>
</tr>
</tbody>
</table>

*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  Phone: (608)280-8550  Website: www.ncbex.org
302 South Bedford Street  Fax: (608)280-8552  Email: contact@ncbex.org
Madison, WI  53703-3622  TDD: (608)661-1275

The two letter codes to indicate state/territory names are as follows:

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

☐ In-House Counsel
☐ Notary Public
☐ Bar Examination Applicant (exam date: _________)
☐ Foreign Legal Consultant (exam date: _________)

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.

<table>
<thead>
<tr>
<th>Current Address</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>County</td>
<td>State</td>
</tr>
<tr>
<td>Country if not the United States</td>
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<td>City</td>
<td>County</td>
</tr>
<tr>
<td>Country if not the United States</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State</th>
<th>Country/Province</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Law School</th>
<th>City</th>
<th>State</th>
<th>Country/Province</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Degree</th>
<th>Date Degree Expected</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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

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

If yes, under the approval of what jurisdiction?

Indicate when and where:

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

Name of Firm:

Proctor:

Firm Address:

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

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?

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

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
**LEGAL AND OTHER EMPLOYMENT INFORMATION**

**Make Additional Copies of this Page as Necessary**

**DO NOT** furnish your own name or your own contact information for verifying employment.

<table>
<thead>
<tr>
<th>From Mo/Yr To Mo/Yr</th>
<th>□ Unemployment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name(s)</th>
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<tbody>
<tr>
<td>Address</td>
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</table>

City State Zip Telephone

Country if not the United States

E-mail

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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.

<table>
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<tr>
<td>Address</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Office held</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Reason for termination, if applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Status of License</td>
<td></td>
</tr>
<tr>
<td>License Number (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
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</table>
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.

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<thead>
<tr>
<th>Name(s)</th>
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<th>E-mail</th>
<th>Occupation</th>
<th>Years known</th>
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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 ________________, _________

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

AUTHORIZED AND RELEASE FORM

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

_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 ________________, _______________ Year

Notary Public

My commission expires ________________________________

Seal or stamp must be affixed to each original.

STANDARD-07-DISTRICT OF COLUMBIA
Revised 02/04/2008
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 (Jurisdiction) __________________________ as one 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 ________________________________

Signature of Applicant

Subscribed and sworn to or affirmed before me this __________ day of __________, __________.

____________________
Notary Public
My commission expires __________________________

Seal or stamp must be affixed to each original.
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 (Jurisdiction)

of the following: Motion/Reciprocity Applicant, Bar Examination Applicant, In-House Counsel, Notary Public, or Foreign Legal
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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 ________________________, __________, Year

Notary Public
My commission expires ________________________________________

Seal or stamp must be affixed to each original.
To be used with Question 13

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 ____________________________

Form 1
STANDARD-07-DISTRICT OF COLUMBIA
Revised 02/04/2008

American LegalNet, Inc. www.FormsWorkflow.com
To be used with Question 18

FORM 2 / BONDING COMPANIES

Name

<table>
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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security Number</th>
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</thead>
</table>

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______________________________

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 3
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

<table>
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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security Number</th>
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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:

<table>
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<tr>
<th>Credit Grantor</th>
<th>Account Number</th>
<th>Amount Discharged</th>
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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.

Form 4
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.
To be used with Question 21B

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

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<th>Social Security Number</th>
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Currently licensed in  [State]  Driver's License number

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**

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Form 5T
### Form 6 / Debts: Defaults; Past Due; Revocations

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<th>Social Security Number</th>
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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 6
To be used with Questions 25 and 26

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)_____________________

Form 9 & Form 10

STANDARD-07-DISTRICT OF COLUMBIA
Revised 02/04/2008