

**MAINE BOARD OF BAR EXAMINERS**  
P. O. BOX 140  
AUGUSTA, ME 04332-0140

**INSTRUCTIONS TO APPLICANTS**  
**NOT ADMITTED IN ANOTHER JURISDICTION FOR ONE YEAR OR MORE**

*Before completing this application, read Maine Bar Rule 3 (the Code of Professional Responsibility), the Code of Judicial Conduct and the Maine Bar Admission Rules.*

By completing and submitting this application to the Maine Board of Bar Examiners (“the Board”), you understand that the Board shall make disclosures of certain information as required by the Maine Bar Admission Rules including publication of a list of all persons who submit an application for each examination and a list of all persons who pass each examination. In addition, to assist law schools in obtaining or maintaining ABA or state accreditation, the Board may also make reasonable disclosures to an applicant’s law school including but not limited to information about whether an applicant sat for the examination and whether the applicant passed or failed.

This application contains two parts: the Application and Forms. Each question must be fully answered. If the space provided for the answers on any form is insufficient, use and attach additional pages as necessary and identify and initial the same.

Complete a blank form only as required by your answer to the question that relates to that form. Unused blank forms do not need to be returned. You may be required to make copies of some of the blank forms. Therefore, do not mark on a form until you have made the requisite number of copies. If you cannot make copies of the forms, they can be downloaded from the Board’s website at [www.mainebarexaminers.org](http://www.mainebarexaminers.org) or they can be obtained from the Board by written request.

Fill out and sign this application and cause your oath to be taken as shown. Return it with the designated fee (*see* Maine Bar Admission Rule 6) to the Maine Board of Bar Examiners before *May 20<sup>th</sup>* if you are applying for the July examination, and before *December 20<sup>th</sup>* if you are applying for the February examination.

Include the designated fee of \$450.00 payable to the Board of Bar Examiners. [See M.B.A.R. 5(a)].

Applications received by the Board within seven calendar days following the applicable application deadline will be accepted only upon payment of a late fee of \$150.00. Applications received by the Board between the eighth and fourteenth calendar days following the applicable application deadline will be accepted only upon payment of a late fee of \$300.00. The Board will not accept for filing any application that is received in its offices more than fourteen calendar days after the applicable application deadline.

Fill out and sign three Authorization and Release Forms and cause your oath to be taken as shown on each copy. Return three originals with your application.

Cause a copy of an Undergraduate/Graduate/Law School Certificate to be completed by **each** undergraduate and graduate school from which you graduated or attended for two years and to each law school you attended. Provide to the Registrar or Dean of each school a copy of an executed authorization and release, a blank Certificate and a request that the school complete the Certificate and forward it directly from the school to the Maine Board of Bar Examiners. You may photocopy the school certificates and authorization and release forms if sufficient copies are not enclosed.

*The Board must receive all education certificates required by Maine Bar Admission Rule 10(c) at least one week prior to the examination date or you will not be allowed to sit for the examination.*

You must arrange to have three of the five references listed in your application complete and file an enclosed Reference Questionnaire with the Board. The Reference Questionnaires may be filed after the application deadline, but must be on file with the Board before a certificate of qualification for admission to the Maine bar can be issued. Reference Questionnaires must be received directly from the individual completing the Questionnaire. Reference Questionnaires received from applicants will be returned.

If you are applying for admission pursuant to Maine Bar Admission Rule 10(c)(5), you must make arrangements with the attorney with whom you studied to furnish the Board a supplementary letter certifying the dates of such study and your successful completion of the pre-approved course of study.

Your attention is called to **4 M.R.S.A. § 805-A(3)** which requires you to be admitted by the Court within one (1) year after you receive notice that you have successfully passed the bar examination. If you are not admitted within one (1) year (or if the Court does not extend the one-year period), you will be required to retake the bar examination if you wish to be admitted in Maine.

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

Print your answers legibly using blue or black ink.

Answer every question.

Complete all the forms required.

Sign all the forms requiring your signature.

Provide the correct number, street name, city, state and zip code for each address.

Include three **originals** of the properly executed Authorization and Release Form.

Enclose a separate sheet of paper identified with the question number if you need more space.

In addition:

1. Addresses are essential for a thorough and timely investigation. Where addresses are requested, you must provide complete and accurate numbers, street names, cities, states, and zip codes.
2. Use the two-letter code to indicate state names.
3. Indicate dates by noting the number of the month/day/year. For example: October 5, 1996 should be written 10/5/96.
4. If you are not sure of the dates, places, or other information requested, it is your responsibility to consult with the court, agency, or other entity involved to obtain accurate and complete information.
5. Avoid the use of abbreviations, particularly those that are not self-explanatory, or provide proper explanation where they are used.
6. Whenever the names of clients, references, employers, associates, and/or partners are used, identify them as such.
7. Where indicated, check the box in front of the word “yes” or “no” to designate your answer.
8. Keep a copy of your completed application for your personal records.

Applications should be submitted to the Board at the following addresses:

By U.S. Mail (including Express Mail  
and Overnight Mail):

Board of Bar Examiners  
P. O. Box 140  
Augusta, ME 04332-0140

By Overnight Carrier **ONLY**  
(Federal Express, UPS, etc.):

Board of Bar Examiners  
40 Water Street, 2<sup>nd</sup> Floor  
Hallowell, ME 04347

Inquiries should be directed to the Executive Director at (207) 623-2464 or by  
e-mail at [execdir@mainebarexaminers.org](mailto:execdir@mainebarexaminers.org).



### Testing Information

1. I am applying for the following exam:       February 200 \_\_       July 200\_\_

2. I assert I am eligible under the Maine Bar Admission Rules (MBAR) to take:

**(Check one – A, B or C)**

A.        **Day One only** of the exam because (check one):

   (1)    I have been admitted by examination to practice in one or more jurisdictions in the United States and have been in the active practice of law in a jurisdiction in which I am licensed for three of the past five years. [MBAR 10(e)(1)(i)].

**OR**

   (2)    I have taken the MBE within the last 61 months. [MBAR 10(e) (1)(ii)].

B.        **Questions 1 & 2 Only** because (check all that apply):

   I qualify to take Day One of the exam under

Part a(1) above

**OR**

Part a(2) above

**AND**

I have achieved an MBE score of 155 or better on a bar exam administered in another jurisdiction which I passed. [MBAR 10(e)(2)].

\_\_\_\_\_  
Date/Jurisdiction

C.        **Both Days**

3. In addition to the portion of the exam for which I am qualified, I request to take the following:

Day 1

Both Days

4. I am a graduate of a foreign law school.

Yes

No

*If yes, you must have received or applied for certification from the Maine Board of Bar Examiners that your education meets with the requirements of Maine Bar Admission Rule 10(c)(4) and its accompanying regulation before you will be eligible to sit for the Maine Bar Examination.*

5. The Board offers applicants the opportunity to take the Maine bar examination by laptop computer. Participating applicants are required to provide their own laptops and download the required software, as well as perform laptop pretest of the software, prior to the date of the exam. Participating applicants will be responsible for payment of fees associated with downloading the software, as well as any administrative fees charged by the Board in connection with administering computerized testing. Additional instructions for participating in laptop testing, including instructions and deadlines related to downloading the software, will be posted to the Board's website sometime around July 1<sup>st</sup>.

Do you anticipate participating in laptop testing for the July 2009 Maine bar examination?

Yes       No

*If your answer to Question No. 5 was "Yes", please complete the following:  
Have you used computerized testing during law school?  Yes  No  
If so, what testing software have you previously used? \_\_\_\_\_*

6. I request or will be requesting accommodations for a disability or condition that affects my ability to take the exam by submitting the required application before the application deadline.  Yes       No

**NOTE: All applicants requesting testing accommodations must submit a completed Testing Accommodations Application and supporting documentation prior to the application deadline, regardless of whether accommodations have been previously requested and/or granted.**

7. I intend to use a Multistate Bar Examination score from another jurisdiction?  Yes       No  
*If so, when and where did you or do you intend to take it? \_\_\_\_\_  
Year/Jurisdiction*

8. Have you taken the Multistate Professional Responsibility Examination?  Yes       No  
*If so, please state date and jurisdiction: \_\_\_\_\_  
Date/Jurisdiction*

All applicants must arrange for transfer of your MPRE score directly to the Maine Board of Bar Examiners. MPRE scores must be received directly from the National Conference of Bar Examiners. Students' Reports of Scores cannot be accepted. Orders for score processing can be handled through the NCBE website at [www.ncbex.org](http://www.ncbex.org).



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- 1. List every permanent and temporary residence at which you have lived during the last five (5) years or since you graduated from college (whichever period of time is longer). List addresses in reverse chronological order starting with your current address:**

**Current Address:**

- From Mo/Yr \_\_\_\_\_ To Present  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not United States \_\_\_\_\_

**Prior Addresses:**

- From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not United States \_\_\_\_\_
  
- From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not United States \_\_\_\_\_
  
- From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not United States \_\_\_\_\_
  
- From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not United States \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS AS NECESSARY**

**STATE OF MAINE BOARD OF BAR EXAMINERS**

**2. List the names of all colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark “ND” if you did not receive a degree and state your reason(s) for leaving. List schools beginning with the most recent.**

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

**3. List below the names of all the law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark “ND” if you did not receive a degree and state your reason(s) for leaving. List schools beginning with the most recent.**

• Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT A CERTIFICATE IS SENT TO THE MAINE BOARD OF BAR EXAMINERS FROM EACH UNDERGRADUATE SCHOOL FROM WHICH YOU RECEIVED A DEGREE OR ATTENDED FOR AT LEAST TWO YEARS, AND FROM EVERY LAW SCHOOL YOU HAVE ATTENDED AS REQUIRED BY MAINE BAR ADMISSION RULE 5(c).**

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**4. Did you engage in law office study in lieu of attending law school?**

Yes       No

*If yes, under the approval of what jurisdiction?* \_\_\_\_\_

*Indicate when and where: From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Name of Firm:* \_\_\_\_\_

*Employer or Proctor:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

**5. Have you ever been dropped, suspended, placed on disciplinary probation, expelled or requested to resign or allowed to resign in lieu of discipline from any school (including law school) or otherwise subjected to discipline by any such institution? NOTE: Academic probation need not be reported.**

Yes       No

*If you answer yes, provide the following information:*

*Name of Institution:* \_\_\_\_\_

*Date of the Institution Action:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

**6. PRIOR APPLICATIONS FOR ADMISSION**

**6A. Have you ever been admitted to the bar in any other jurisdiction?**

Yes       No

*If yes, complete Part 6D.*

**If yes, has your admission been subject to any conditions and/or have you been admitted under a conditional admission agreement in any other jurisdiction?**

Yes       No

*If yes, please attach a copy of the conditions upon which you were admitted in any such jurisdiction.*

**6B. Have you ever sat for a bar examination in Maine or any other jurisdiction?**

Yes       No

*If yes, complete Part 6D.*

(QUESTION NO. 6 CONTINUED ON NEXT PAGE)

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**6C. Have you submitted an application to be admitted by examination, motion or diploma privilege, under an in-house counsel or other reciprocity rule, or to be reinstated to the bar in Maine or any other jurisdiction?**       Yes       No

*If yes, complete Part 6D.*

**6D. If your answer to Question 6A, Question 6B and/or Question 6C was “Yes”, please list below any jurisdiction to which you have ever applied for admission or previously sat for a bar examination.**

**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).**

**If admitted to a bar of a foreign country, give the name and address of the admitting authority.**

- **State or foreign country:** \_\_\_\_\_  
Applied for admission by:       Exam       Motion       Diploma       Reinstatement  
Dates of all applications made (Mo/Yr): \_\_\_\_\_  
Dates of all examinations taken (Mo/Yr): \_\_\_\_\_  
Admitted or readmitted (Mo/Day/Yr): \_\_\_\_\_  
Not admitted due to:       Failed Exam       Withdrew Application       Other  
If admitted, attorney bar number: \_\_\_\_\_  
If admitted, state whether you are in good standing       Yes       No  
Explanation: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT A LETTER OF GOOD STANDING IS SENT TO THE MAINE BOARD OF BAR EXAMINERS FROM EACH JURISDICTION OR COUNTRY WHERE YOU ARE ADMITTED TO PRACTICE LAW. PLEASE NOTE THAT IN THE EVENT YOU ARE NOT IN GOOD STANDING IN ANY JURISDICTION DUE TO NON-PAYMENT OF DUES, FAILURE TO COMPLY WITH CLE REQUIREMENTS, OR SIMILAR INFRACTIONS, THE BOARD REQUIRES THAT YOU PROVIDE EVIDENCE THAT YOU HAVE EITHER (1) TAKEN WHATEVER STEPS ARE NECESSARY TO BRING YOUR STATUS CURRENT; OR (2) FORMALLY WITHDRAWN FROM THE BAR IN QUESTION.**

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

<i>Name of Bar Association</i>	<i>Dates of Membership</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**8. 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:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Reason for termination, if applicable:* \_\_\_\_\_

**9. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney in any jurisdiction?**

Yes  No

**B. Have there ever been or are there now any charges, complaints, or grievances (formal or informal) pending concerning your conduct as an attorney in any jurisdiction?**

Yes  No

If you answer Yes to either of the above, please provide the following information:

*Name of Regulatory Agency:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Nature of the charge, complaint or grievance:* \_\_\_\_\_

*Agency Action:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

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**10. Have there ever been or are there now any inquiries, charges, complaints, or grievances (formal or informal) pending alleging that you engaged in the unauthorized practice of law?**

Yes       No

*If the answer is Yes, please provide the following information:*

*Name of Regulatory Agency:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Agency Action:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

**11. Have sanctions ever been entered against you or have you ever been disqualified from participating in any case?**

Yes       No

*If Yes, complete the following:*

*Case No.:* \_\_\_\_\_ *Style of Action:* \_\_\_\_\_

*Name of court:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Disqualified from Mo/Yr:* \_\_\_\_\_ *To Mo/Yr:* \_\_\_\_\_

*Reason for the disqualification:* \_\_\_\_\_

**ATTACH ORDER OF SANCTION OR DISQUALIFICATION.**

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12. A. **Have you registered under the Selective Service Act?**     **Yes**     **No**  
(See below)\*\*

*All males, except those born between 3/28/57 and 12/31/59, are required to register under the Selective Service Act at the time they attain the age of eighteen years.*

\*\* **If Yes**, please list: Number: \_\_\_\_\_  
Residence address at time of registration: \_\_\_\_\_

\*\* **If No**, state reason:     Female     Date of Birth Exemption \_\_\_\_\_  
DOB \_\_\_\_\_  
 Other - Please Explain: \_\_\_\_\_

- B. **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.

13. **List every job you have held since you graduated from college or for the past five (5) years (whichever is longer), beginning with your current job. Include self-employment, clerkships, temporary or part-time employment and military service. Account for any period of time when you were unemployed for more than four months (i.e., in school, studying for the bar examination, seeking employment, etc.) Begin with your current job. Please include complete mailing addresses so the Maine Board of Bar Examiners can obtain written verification of all employment or practice. For any time when you were self-employed, provide a reference who can verify the nature and length of your self-employment.**

**CURRENT EMPLOYMENT**

From Mo/Yr \_\_\_\_\_ To Present                      Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer or Firm: \_\_\_\_\_

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

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

Telephone (    ) \_\_\_\_\_

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**FORMER EMPLOYMENT**

- *From Mo/Yr* \_\_\_\_\_ *To* \_\_\_\_\_ *Job Title:* \_\_\_\_\_  
*Supervisor:* \_\_\_\_\_  
Employer or Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_
  
- *From Mo/Yr* \_\_\_\_\_ *To* \_\_\_\_\_ *Job Title:* \_\_\_\_\_  
*Supervisor:* \_\_\_\_\_  
Employer or Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_
  
- *From Mo/Yr* \_\_\_\_\_ *To* \_\_\_\_\_ *Job Title:* \_\_\_\_\_  
*Supervisor:* \_\_\_\_\_  
Employer or Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_
  
- *From Mo/Yr* \_\_\_\_\_ *To* \_\_\_\_\_ *Job Title:* \_\_\_\_\_  
*Supervisor:* \_\_\_\_\_  
Employer or Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

**MAKE ADDITIONAL COPIES OF THIS PAGE AS NECESSARY**

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**14. A. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?**

Yes       No

*If Yes, provide the following information about each occurrence:*

*Employer or Firm:* \_\_\_\_\_

*Date of Employment:      From Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_*

*Explanation of Circumstances:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**B. Has an employer of yours ever been convicted of a violation of a state or federal law, rule or regulation, in whole or in part because of your conduct?**

Yes       No

*If Yes, provide the following information and about each occurrence:*

*Employer or Firm:* \_\_\_\_\_

*Date of Employment:      From Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_*

*Explanation of Circumstances:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

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- 15. Have you or any business you had an ownership interest in ever applied for (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: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

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

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

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

- 16. A. Have you or any business you had an ownership interest in ever been denied a license for a business, trade or profession (e.g., CPA, real estate broker, physician, patent practitioner)?**

Yes       No

- B. Have you or any business you had an ownership interest in ever had a business, trade or professional license revoked?**

Yes       No

*If you answer Yes to either of the above, please provide the following information:*

Name of Regulatory Agency: \_\_\_\_\_

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

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

Agency Action: \_\_\_\_\_

Explanation: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

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16. C. Are there any businesses, including but not limited to corporations, partnerships, professional associations or individual partnerships, which you now or previously operate(d) or control(led) or in which you have or had an ownership interest? (Ownership of 10% or less in any business in which the stock is publicly traded need not be disclosed).

Yes       No

*If yes, list for each:*

<i>Name and Address of Entity</i>	<i>Nature of Business</i>	<i>State of Incorporation</i>

17. A. Have you or any business you had an ownership interest in 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 there ever been or are there now pending 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?

Yes       No

- C. Have you ever been disciplined in any profession or other setting (excluding employment, educational or military) for any violation of the rules applicable to your behavior?

Yes       No

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17. D. **Have you ever been asked to resign or given the opportunity to resign in lieu of disciplinary action or termination from any organization for any reason?**

Yes       No

*If you answer Yes to Questions 17. A, B, C or D, please provide the following information:*

*Name of Regulatory Agency:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Agency Action:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

18. A. **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.*

- B. **Have you or any business in which you had an interest ever been refused a fidelity or other bond?**

Yes       No

*If Yes, complete FORM 2*

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

*If Yes, complete FORM 3.*

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

**IF YOUR ANSWER IS YES, BE SURE TO ATTACH A COPY OF THE PLEADINGS (INCLUDING COMPLAINT AND ANSWER) AND COURT'S NOTATION REGARDING THE FINAL DISPOSITION OF THE SUIT, INCLUDING ANY FINAL JUDGMENTS OR ORDERS. IF THE MATTER WAS SETTLED PRIOR TO TRIAL, PROVIDE COPIES OF THE FINAL RELEASE/SETTLEMENT AGREEMENT.**

20. Have you ever had a complaint filed against you in any civil, criminal or administrative forum alleging fraud, deceit, misrepresentation, forgery or legal malpractice?  Yes  No

*If Yes, complete FORM 3.*

**IF YOUR ANSWER IS YES, BE SURE TO ATTACH A COPY OF THE PLEADINGS (INCLUDING COMPLAINT AND ANSWER) AND COURT'S NOTATION REGARDING THE FINAL DISPOSITION OF THE SUIT, INCLUDING ANY FINAL JUDGMENTS OR ORDERS. IF THE MATTER WAS SETTLED PRIOR TO TRIAL, PROVIDE COPIES OF THE FINAL RELEASE/SETTLEMENT AGREEMENT.**

21. A. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation other than a violation that was resolved in juvenile court:  Yes  No

*If Yes, complete FORM 5T. Do **not** attach a printout of your driving records as it will not be accepted. You must provide the information yourself.*

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21. 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, complete FORM 5T. Do **not** attach a printout of your driving records as it will not be accepted. You must provide the information yourself.*

- C. **Have you applied for or been issued a driver's license or operator's permit in any state or jurisdiction other than listed on page 5.**

Yes       No

*If Yes, list each jurisdiction and the approximate date the license or permit was initially issued.*

*Jurisdiction*

*Date License/Permit Issued*

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- D. **Has your driver's license in any state ever been suspended or revoked?**

Yes       No

*If Yes, complete FORM 5S and state the complete facts and circumstances surrounding the suspension or revocation including, but not necessarily limited to: name and address of suspending or revoking authority; date of each suspension or revocation; if suspended, the length of the suspension; the reason for the suspension or revocation; whether the license was reinstated; and any other facts which may be pertinent.*

22. **Have you ever, as an adult, been cited, arrested, charged or convicted for any violation of any law (except traffic violations)?**

Yes       No

**NOTE:** This answer should include matters that have been expunged or been subject to a diversionary program.

*If Yes, complete FORM 5.*

**STATE OF MAINE BOARD OF BAR EXAMINERS**

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

*If Yes, complete FORM 4.*

24. A. Have you had any debts of \$500 or more (including alimony, child support, 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 loan?  Yes  No

- E. Have you filed state and federal income tax returns for each of the last five years?  Yes  No

*If Yes to Question 24. A, B, C or D, or No to E complete FORM 6.*

**PREAMBLE TO QUESTIONS 25, 26, AND 27**

Through this application, the Maine Board of Bar Examiners makes inquiry about recent mental health and addiction matters. This information, along with all other information, is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission in most jurisdictions, and boards of bar examiners routinely certify for admission individuals who have demonstrated personal responsibility and maturity in dealing with mental health and addiction issues. The Maine Board of Bar Examiners encourages applicants who may benefit from treatment to seek it.

Boards do, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant in most jurisdictions.

The Maine Board of Bar Examiners does not ordinarily seek medical records, although it may do so.

The Board does not, by its questions, seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders. Generally, the Board does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

**STATE OF MAINE BOARD OF BAR EXAMINERS**

25. A. Do you currently use any drug, narcotic or substance which use is illegal under state or federal law?

Yes       No

*If Yes, please explain.*

- B. Have you ever claimed to be or been declared legally incompetent?

Yes       No

*If Yes, please explain.*

*If your answer to either Question 25 (A) or (B) is Yes, complete FORMS 7 and 8.*

26. A. Within the last three (3) years have you had any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner?

Yes       No

*If your answer to Question 26 (A) is Yes, complete FORMS 7 and 8.*

- B. If your answer to Question 26(A) is Yes, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?

Yes       No

**STATE OF MAINE BOARD OF BAR EXAMINERS**

27. A. **Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority?**

Yes       No

*If you answered Yes, furnish a thorough explanation below:*

*Name of Entity before which the issue was raised (i.e. court, agency, etc.):* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Telephone:* (    ) \_\_\_\_\_

*Nature of the Proceeding:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

- B. **Are there any other facts not disclosed hereto concerning your background, history, experience or activities which may have a negative bearing on your character, moral fitness, or eligibility to practice law in Maine?**

Yes       No

*If Yes, please attach a statement giving a full explanation.*

**STATE OF MAINE BOARD OF BAR EXAMINERS**

**28. Give the names and addresses of five persons, who are not related to you by blood or marriage, and who have known you well within the past (5) years. Make sure that no two (2) persons listed are members of the same household. Only one (1) person may be a current or former classmate.**

(1) Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check if address is:     Residence     Business  
Telephone (    ) \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

(2) Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check if address is:     Residence     Business  
Telephone (    ) \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

(3) Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check if address is:     Residence     Business  
Telephone (    ) \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

(4) Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check if address is:     Residence     Business  
Telephone (    ) \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

(5) Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Check if address is:     Residence     Business  
Telephone (    ) \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

**STATE OF MAINE BOARD OF BAR EXAMINERS**  
**AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_, born (Date of Birth) \_\_\_\_\_,  
at (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Country) \_\_\_\_\_,

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association or State bar governing agency files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (sign in black ink)*

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public (Sign in black ink)*

My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

**STATE OF MAINE BOARD OF BAR EXAMINERS**  
**AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_, born (Date of Birth) \_\_\_\_\_,  
at (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Country) \_\_\_\_\_,

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

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I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (sign in black ink)*

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public (Sign in black ink)*

My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

**STATE OF MAINE BOARD OF BAR EXAMINERS**  
**AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_, born (Date of Birth) \_\_\_\_\_,  
at (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Country) \_\_\_\_\_,

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association or State bar governing agency files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

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I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (sign in black ink)*

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public (Sign in black ink)*

My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

**STATE OF MAINE BOARD OF BAR EXAMINERS**

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

**CONTINUING APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand this application for admission to the practice of law in the State of Maine is a continuing application and must show correctly and fully the information herein sought as of the date of my taking the oath of an attorney at law. I will, therefore, before such time and not later than thirty (30) days (whichever is earlier) after the happening of any events which change any response to the requests for information sought herein, notify the Board by filing an amendment to this application as to any such change.

I further understand that the Board may release sample essay answers to applicants pursuant to Maine Bar Admission Rule 10(i). I hereby authorize the Board of Bar Examiners to utilize any of my essay answers, without identifying me by name, for this purpose without requiring any advance notice of same.

\_\_\_\_\_  
Signature of Applicant (Sign in Blue or Black Ink)

**VERIFICATION**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, says:

I hereby certify that I have read Maine Bar Rule 3 (the Code of Professional Responsibility), the Code of Judicial Conduct and the Maine Bar Admission Rules and intend to devote the necessary time toward acquainting myself, prior to the Bar Examination, with these standards, ideals and rules.

I have read the foregoing questions, and have answered the same fully and frankly. The answers are complete and true to my own knowledge. I have personally handwritten or typed the answers or they have been prepared under my supervision.

\_\_\_\_\_  
Signature of Applicant (Sign in Blue or Black Ink)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Sign in Blue or Black ink)  
My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

**STATE OF MAINE BOARD OF EXAMINERS**  
**CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER**

Pursuant to 5 U.S.C. § 552a (the Federal Privacy Act of 1974) and 42 U.S.C. § 405(c)(2)(C)(i), disclosure of your Social Security number for State tax administration purposes is mandatory. Section 175 of Title 36 of the Maine Revised Statutes requires the Maine Board of Bar Examiners to report the Social Security number of each applicant seeking admission to the Maine bar to the Maine State Tax Assessor in order that the Tax Assessor may make a determination of failure to fulfill tax return or payment obligations. An unfulfilled tax obligation may result in denial of admission to the Maine bar. The Maine Board of Bar Examiners will treat your Social Security number as confidential tax information pursuant to Section 191 of Title 36 of the Maine Revised Statutes.

Disclosure of your Social Security number is voluntary for the purposes of expediting completion of the character review required by Rule 9 of the Maine Bar Admission Rules. Your written authorization of the disclosure of your Social Security number for character review purposes helps the Maine Board of Bar Examiners and its employees and agents, including the National Conference of Bar Examiners, avoid errors of identity that may cause problems and delay in Maine bar certification and licensing. If you authorize disclosure of your Social Security number for character review purposes, no other disclosure will be made of your Social Security number except for State tax administration purposes as required by statute.

**AUTHORIZATION AND CONSENT**

I, *(Name)* \_\_\_\_\_, born *(Date of Birth)* \_\_\_\_\_,  
at *(City)* \_\_\_\_\_, *(State)* \_\_\_\_\_, *(Country)* \_\_\_\_\_,

hereby acknowledge and understand that disclosure of my Social Security number to the Maine State Tax Assessor for tax administration purposes as required by Maine statute and authorized by Federal statute is mandatory. I acknowledge and understand that disclosure of my Social Security number for purposes of expediting the character review process required for Maine bar admission is voluntary. I hereby authorize the Maine Board of Bar Examiners, its employees, and its agents, including the National Conference of Bar Examiners, to disclose my Social Security number to every person, agency, and entity having control of any documents, records, or other information, including credit records, pertaining to me; and I hereby consent to the use of my Social Security number for purposes of the investigation and verification necessary to complete the character review required for admission to the Maine bar. I understand that except for disclosure for character review purposes as authorized by me, no other disclosure shall be made of my Social Security number by the Maine Board of Bar Examiners except as authorized by Maine statute for tax administration purposes.

\_\_\_\_\_  
Signature of Applicant *(Sign in black ink)*

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public* *(Sign in black ink)*  
My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

**STATE OF MAINE BOARD OF BAR EXAMINERS**

**ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

EXAMINATION DATE: \_\_\_\_ / \_\_\_\_ (mm/yy)

JURISDICTION APPLIED TO: MAINE

**LIST ANY OTHER NAMES YOU HAVE BEEN LEGALLY KNOWN BY: (This does not include “nicknames” such as Joe, Pete, etc.)**

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\*\*\*Please complete the information requested above and return this form with your completed application. Thank you.\*\*\*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name First Name Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 1/MILITARY SERVICE**

*To be used with Question 12*

Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No.: \_\_\_\_\_

- I am presently a member of the armed forces. (complete **A** and **B**)  
 I was a member of the armed forces. (complete **A** and **C**)

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

Date 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 a copy of all your Reports of Separation (Form DD-214).**

- B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check     Active     Reserve

Present duty station \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number (    ) \_\_\_\_\_  
Name of commanding officer \_\_\_\_\_

- C. While a member of the armed forces of the United States:

1. Did you receive an honorable discharge?     Yes     \*No
2. Were you ever court-martialed?     \*Yes     No
3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ)     \*Yes     No
4. Were you allowed to resign in lieu of court-martial?     \*Yes     No
5. Were you administratively discharged?     \*Yes     No
6. Were you ever charged with a violation of the Uniform Code of Military justice?  \*Yes     No
7. Were you asked to resign or given the opportunity to resign in lieu of judicial or administrative proceedings being instituted or carried out against you?     \*Yes     No
8. Did you serve less than your full term of any enlistment?     \*Yes     No

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

- Refers to Item No. C \_\_\_\_\_ Date of Action \_\_\_\_\_

Explanation of circumstances: \_\_\_\_\_  
\_\_\_\_\_

Result, including any punishment \_\_\_\_\_

ATTACH ADDITIONAL SHEETS AS NECESSARY.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name    First Name    Middle Name

**MAINE BOARD OF BAR EXAMINERS**

P. O. BOX 140

AUGUSTA ME 04332-0140

**FORM 2/BONDING COMPANIES**

*To be used with Question 18*

Name \_\_\_\_\_  
                    First                                      Middle                                      Last                                      Social Security Number

Name of Surety (Bonding Company) \_\_\_\_\_

Address of Surety \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of money paid by Surety \_\_\_\_\_

Date Money paid \_\_\_\_\_

Reason for Bond \_\_\_\_\_

Brief explanation \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name First Name Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 3/RECORD OF CIVIL ACTIONS**  
*To be used with Questions 19 and 20*

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

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 \_\_\_\_\_

If the disposition resulted in a judgment, has the judgment been satisfied?  Yes  No

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, including complaint, answer, judgments and/or final orders. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**

P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 4/RECORD OF BANKRUPTCY OR INSOLVENCY**

*To be used with Question 21*

Date bankruptcy filed \_\_\_\_\_

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Name and addresses of major creditors:

*Name of creditor* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Name of creditor* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Name of creditor* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

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?                     Yes     No

Brief description of circumstances surrounding filing petition for bankruptcy:

**Attach a copy of the COMPLETE petition for bankruptcy, including all schedules of indebtedness and discharge from bankruptcy order. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**

P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 5/RECORD OF CRIMINAL CASES**

*To be used with Question 22*

Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
*City County State*

Title of complaint or indictment \_\_\_\_\_

Criminal Number \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City State Zip* \_\_\_\_\_

Names and address of law enforcement agency involved:

*Name of law enforcement agency* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City State Zip* \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) at time of trial \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_  
\_\_\_\_\_

Brief description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence and appeal, if any. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 5T/RECORD OF TRAFFIC CASES**

*To be used with Question 23*

Social Security Number: \_\_\_\_\_ Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
*City County State*

Title of complaint, indictment, or administrative action \_\_\_\_\_

Case Number \_\_\_\_\_

Name and complete address of court or administrative agency 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* \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest or summons \_\_\_\_\_

Charge(s) at time of trial or hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_  
\_\_\_\_\_

Brief description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In cases where there is alcohol or drug involvement, attach a copy of the arresting officer's report, complaint, administrative summons or notice, indictment, trial disposition, administrative decision, verdict, notice and appeal, if any. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 5S/RECORD OF DRIVER'S LICENCE SUSPENSION OR REVOCATION**  
*To be used with Question 23*

Social Security Number: \_\_\_\_\_

Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
*City County State*

Title of complaint, indictment, or administrative action \_\_\_\_\_

Name and complete address of court or administrative agency 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* \_\_\_\_\_

Date first heard \_\_\_\_\_ Case Number \_\_\_\_\_

Charge(s) at time of arrest or summons \_\_\_\_\_

Charge(s) at time of trial or hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_  
\_\_\_\_\_

Brief description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In cases where there is alcohol or drug involvement, attach a copy of the arresting officer's report, complaint, administrative summons or notice, indictment, trial disposition, administrative decision, verdict, notice and appeal, if any. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
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**FORM 6/DEBTS: DEFAULTS: PAST DUE: REVOCATIONS**

*To be used with Question 24*

Social Security Number: \_\_\_\_\_

1.      **This FORM refers to QUESTION 24. (Circle appropriate subsection)    A    B    C    D**

Type of Debt:     Credit Card     Charge account     Student Loan     Support     Other

Account Number \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

Original Amount of Debt \_\_\_\_\_ Current Balance \_\_\_\_\_

Name of Entity Extending Credit \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

If different from above, current creditor or former spouse(s) on this debt:

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Account Number* \_\_\_\_\_

Current status of this debt \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.      If you answered No to **QUESTION 24 (E)** please provide a complete explanation for why you failed to file state or federal income taxes in any year; including what year you failed to file, where you were a resident at the time, which returns were not filed and what steps, if any, you have taken to remedy this matter, if required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

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P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 7/AUTHORIZATION TO RELEASE MEDICAL RECORDS**

*To be used with Questions 25 and 26*

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

I (*Applicant's Name*) \_\_\_\_\_ authorize

*Name of Institution or Doctor* \_\_\_\_\_

*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, use of drugs or alcohol, to representatives of the Maine Board 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 Maine Board of Bar Examiners, its agent and representatives, the admission agency, its agents and representatives and

*Name of Institution or Doctor* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

its 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 Maine Board of Bar Examiners.

\_\_\_\_\_  
*Signature of Applicant*      (*Sign in black ink*)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*      (*Sign in black ink*)

My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name      First Name      Middle Name

**MAINE BOARD OF BAR EXAMINERS**  
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**FORM 8/DESCRIPTION OF MENTAL HEALTH OR SUBSTANCE  
ABUSE CONDITION OR IMPAIRMENT**

*To be used with Questions 25 and 26*

Social Security Number: \_\_\_\_\_

Date of treatment: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Name of attending physician \_\_\_\_\_

*Physician's current address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone (    )* \_\_\_\_\_

Name of hospital or institution \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone (    )* \_\_\_\_\_

Describe the condition or problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any treatment and/or monitoring program \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



THE MAINE BOARD OF BAR EXAMINERS

P.O. BOX 140 • Augusta, Maine 04332-0140
(207) 623-2464 • fax (207) 622-0059 • www.mainebarexaminers.org

UNDERGRADUATE/GRADUATE/LAW SCHOOL CERTIFICATION

Applicant Instructions: Complete the upper part of this form. Sign and date this form. Do NOT write on the remainder of the form. Forward this signed form to the Dean or appropriate designated official of your undergraduate, graduate and/or law school.

Name of Applicant \_\_\_\_\_ Date of birth \_\_\_\_\_
Social Security Number \_\_\_\_\_ Date of bar exam \_\_\_\_\_
School \_\_\_\_\_ Dates attended \_\_\_\_\_

I hereby consent to the release of the information requested in this form.

X \_\_\_\_\_
Signature of Applicant Date

\*\*\*\*\*

School Official Instructions: Complete both pages of this certification form and mail the completed form directly to the Maine Board of Bar Examiners at the above address.

I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_
(Name of Official) (Title of Official)
of \_\_\_\_\_; that \_\_\_\_\_
(Name of School) (Name of Applicant)
entered said school on \_\_\_\_\_; that this school was accredited by \_\_\_\_\_
(Date) (Accrediting Organization)
at the time of the Applicant's attendance and that the degree of \_\_\_\_\_ was conferred
(Degree)
upon the Applicant on \_\_\_\_\_. (Please attach transcript).
(Date)

I certify that I have conducted a review of the applicant's record maintained by this school.

- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant was accused of or found to have violated any law or statute or any disciplinary, honor, or ethics code.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant displayed any dishonesty.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant failed to meet a material obligation.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant breached a duty of trust.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant exhibited any conduct that would suggest he or she lacks the mental or emotional stability to practice law or abuses or is addicted to alcohol or drugs.
- I certify that the applicant's school admission process and record revealed no derogatory information about the applicant's conduct.
- I certify that I have no knowledge of any fact or circumstance that reflects adversely upon the moral character or ethical qualification of the applicant.
- I certify that I have answered with complete candor, regardless of whether the record for any of the aforementioned actions was expunged or sealed, and that the information provided is true and correct.
- I cannot with complete candor make one or more of the certifications requested above and thus cannot sign below to so certify. I attach a letter of explanation with documents appended as necessary to explain fully why I cannot certify as requested.*

**X**

\_\_\_\_\_  
Signature of designated school official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of designated law school official

\_\_\_\_\_  
Title of designated law school official

AFFIX  
SCHOOL  
SEAL  
HERE

\_\_\_\_\_, \_\_\_\_\_  
Applicant's Last Name

First Name

**MAINE BOARD OF BAR EXAMINERS**

P. O. BOX 140

AUGUSTA ME 04332-0140

**REFERENCE QUESTIONNAIRE**

This questionnaire is to be used by applicants who have **NOT** been admitted to practice in any jurisdiction for one year or more. Maine Bar Admission Rule 5(c)(4).

**TO THE APPLICANT:** You must have three (3) of the people you list as references in your application complete this questionnaire. Each person completing the form must return it directly to the Board at the above address.

**TO THE PERSON COMPLETING THIS FORM:** Each question below must have an answer. To your knowledge has the above applicant:

1. Been convicted of any crime or pleaded guilty or nolo contendere to any criminal charge?  
 No                       Yes If yes, please explain.
  
2. Been subject to any disciplinary action, including academic?  
 No                       Yes If yes, please explain.
  
3. Been censured, admonished or suspended by any Court, ethics or grievance entity, administrative agency or other entity?  
 No                       Yes If yes, please explain.
  
4. Failed to demonstrate the character and conduct necessary to assume the trust placed in lawyers by the public and clients?  
 No                       Yes If yes, please explain.

**How long have you known the applicant?** \_\_\_\_\_

**In what capacity have you known the applicant?** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Print**

Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Your Daytime Telephone Number