

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

**INSTRUCTIONS TO APPLICANTS  
APPLYING FOR RECIPROCAL ADMISSION  
PURSUANT TO MAINE BAR ADMISSION RULE 11A**

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

NOTE: Processing of applications generally takes several months to complete. Fulfillment of the CLE requirement (see Paragraph 3 under Other Requirements below) is not required prior to submission of an application. It is recommended that applicants file their application and then complete the CLE requirement during the time the application is being processed.

**QUALIFICATIONS:**

In order to be qualified for reciprocal admission pursuant to Maine Bar Admission Rule 11A, applicants must meet **ALL** of the following criteria:

1. Applicants must be licensed to practice law in either New Hampshire or Vermont [*see* M.B.A.R. 11A(a)(1)(A) and 11A(a)(1)(B)] and have been primarily engaged in the active practice of law in that jurisdiction (either New Hampshire or Vermont) for at least three (3) years prior to the date of application [*see* M.B.A.R. 11A(a)(2)(A) and 11A(a)(2)(B)].
2. Applicants must have graduated from a law school approved by the American Bar Association meeting the criteria listed in M.B.A.R. 11A(a)(3).
3. Applicants must be a member in good standing in all jurisdictions where admitted [*see* M.B.A.R. 11A(a)(6)].
4. Applicants must not have failed the Maine Bar Examination within five (5) years of the date of application and must not have resigned, been disbarred or suspended from the Maine bar [*see* M.B.A.R. 11A(b)].

## **OTHER REQUIREMENTS:**

In addition to the above criteria, before an applicant can be certified for reciprocal admission pursuant to M.B.A.R. 11A, they must:

1. Satisfactorily complete the Multistate Professional Responsibility Examination in accordance with M.B.A.R. 11 [*see* M.B.A.R. 11A(a)(4)].
2. Produce satisfactory evidence of good moral character pursuant to M.B.A.R. 9 [*see* M.B.A.R. 11A(a)(7) and M.B.A.R. 11A(c)].
3. Produce evidence that they have completed at least fifteen (15) hours of continuing legal education in Maine practice and procedure in courses approved by the Maine Board of Overseers of the Bar. Once an applicant has completed the required hours, they must apply for a certification of completion from the Board of Overseers of the Bar. The Certificate of Completion issued by the Board of Overseers of the Bar must then be submitted to the Board of Bar Examiners as evidence of completion of the requirement. Please note that this requirement must be completed within one year of the date of application. [*See* M.B.A.R. 11A(a)(8)].

## **APPLICATION INSTRUCTIONS:**

This application has two parts: the Maine Supplemental Application, including forms, and the National Conference of Bar Examiners (“NCBE”) Application, including forms. Each question must be fully answered except Questions 25, 26 and 27 on the NCBE Application. 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 both applications and cause your oath to be taken as required. One original and one copy of the NCBE Application and Forms and one original of the Maine Supplemental Application and Forms must be submitted to the Maine Board of Bar Examiners. If you do not submit both an original and a copy of your NCBE Application and Forms, the Maine Board of Bar Examiners will assess a fee of \$20.00 payable immediately.

Fill out and sign three NCBE Authorization and Release Forms and three Maine Authorization and Release Form and cause your oath to be taken as required on each. Return three original NCBE Authorization and Release Forms and three original Maine Authorization and Release Forms with your application.

Cause a copy of a Law School Certificate to be completed by **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.

Pursuant to Maine Bar Admission Rule 5(b), you must request that each jurisdiction in which you are licensed file a Certificate of Good Standing with the Board. 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.

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

- Print legibly using black or blue 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 NCBE Authorization and Release Form and three originals of the properly executed Maine Authorization and Release Form.

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

Include one original and one copy of the completed NCBE Application and Forms and one original of the completed Maine Supplemental Application and Forms.

Include the designated fee of \$900.00, which must be made by personal check, cashier's check, certified check or money order payable to the Board of Bar Examiners [see Maine Bar Admission Rule 5(a)]. This amount includes the application fee of \$600.00 and the cost of obtaining an NCBE character report of \$300.00 (*see* Maine Bar Admission Rule 6). Fee information on the NCBE Application should be disregarded. The Maine Board will request the character report and pay the requisite fee.

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.

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).

Completed applications should be submitted to:

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

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

Please note that all application requirements must be completed within one year of the date of filing. Incomplete applications pending more than one year will be closed and the application fee forfeited.

## **ADMISSION INSTRUCTIONS:**

Once the application has been processed, all admission criteria have been submitted, and the Board has completed its moral character investigation pursuant to M.B.A.R. 9, the Board will issue a certificate of qualification for admission. Rule 11A requires admission to be accomplished by a motion, to be acted upon by a single justice of the Supreme Judicial Court. The Board of Bar Examiners will provide further information concerning arranging for a swearing in ceremony upon issuance of a certificate of qualification for admission.

Upon admission, applicants must register as required by Rule 6(a)(1) of the Maine Bar Rules and pay the annual fees required by Rule 10 of the Maine Bar Rules, and shall otherwise comply with the requirements of the Maine Bar Rules in the same manner as any other attorney admitted to active practice in the State of Maine. [*see* M.B.A.R. 11A(d)].





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8. Have you ever resigned, been disbarred or been suspended from the Maine Bar?  
 Yes  No

*If yes, you are not eligible for admission pursuant to M.B.A.R. 11A.*

9. Have you fulfilled the CLE requirement as set forth in M.B.A.R. 11A?  
 Yes  No

*All applicants for reciprocal admission must produce evidence that they have completed at least fifteen (15) hours of continuing legal education in Maine practice and procedure in courses approved by the Maine Board of Overseers of the Bar. Once an applicant has completed the required hours, they must apply for a certification of completion from the Board of Overseers of the Bar. The Certificate of Completion issued by the Board of Overseers of the Bar must then be submitted to the Board of Bar Examiners as evidence of completion of the requirement.*

**SUPPLEMENTAL QUESTIONS TO NCBE APPLICATION**

**1-5. No Supplemental Questions.**

6. A. **Have you ever applied to and/or been registered in any other jurisdiction under an in-house counsel or other reciprocity rule?**  
 Yes  No

*If Yes, state:*

*Jurisdiction:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

*Employer/Position:* \_\_\_\_\_

**7-12. No Supplemental Questions.**

13. A. **Have you registered under the Selective Service Act?**  
 Yes  No

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

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13. B. No Supplemental Question.

14. No Supplemental Question.

15. A. No Supplemental Question.

15. 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:* \_\_\_\_\_

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

16. A. No Supplemental Question.

16. B. No Supplemental Question.

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>
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\_\_\_\_\_  
\_\_\_\_\_

17. A. No Supplemental Question.

17. B. No Supplemental Question.

17. 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 any of the above, please provide the following information:*

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

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

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

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

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

**18. A. No Supplemental Question.**

**18. 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.*

**19-20. No Supplemental Questions.**

**21. A. No Supplemental Question.**

**21. B. No Supplemental Question.**

**21. C. Have you applied for or been issued a driver's license or operator's permit in any state or jurisdiction other than those included in your list of residences as part of the NCBE application.**

**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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**21. 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.*

**22-23. No Supplemental Questions.**

**24. A-D. No Supplemental Questions.**

**24. E. Have you filed state and federal income tax returns for each of the last five years?**

Yes       No

*If No to E, complete Form 6.*

**NOTE: THE FOLLOWING INSTRUCTIONS AND QUESTIONS 25 THROUGH 27 REPLACE THE SIMILAR PORTIONS OF THE NCBE APPLICATION. PLEASE COMPLETE THE FOLLOWING INSTEAD OF QUESTIONS 25 THROUGH 27 OF THE NCBE APPLICATION.**

**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.

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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*

25. 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.*

26. 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:* \_\_\_\_\_

27. 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.*

28. **No Supplemental Question.**

**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.

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**  
**SIGNATURES AND AUTHORIZATIONS**

**29. Insert three original notarized copies of the Maine 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 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 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 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.**  
MBBE-RECIP



\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
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 Supplemental Question 23(C)*

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 7/AUTHORIZATION TO RELEASE MEDICAL RECORDS**

*To be used with Supplemental 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**  
P. O. BOX 140  
AUGUSTA ME 04332-0140

**FORM 8/DESCRIPTION OF MENTAL HEALTH OR SUBSTANCE**  
**ABUSE CONDITION OR IMPAIRMENT**  
*To be used with Supplemental 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

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

\*\*\*\*\*

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