

NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)

Request for Preparation of a Character Report

Fee Schedule

FEE CATEGORY	DESCRIPTION
<input type="checkbox"/> I: LAW STUDENT REGISTRANT \$150	→ Law student whose request for a character report is received at NCBE less than fifteen months after first enrollment in law school.
<input type="checkbox"/> II: FIRST BAR ADMISSION <u>OR</u> LATE LAW STUDENT REGISTRANT * \$225	→ Anticipated or recent law school graduate; <u>AND</u> → J.D. was awarded less than one year before this application is received at NCBE; <u>AND</u> → The applicant has not been admitted to the practice of law in any jurisdiction at the time this application is filed; <u>OR</u> → The applicant is a law student whose request for a character report is received at NCBE more than fifteen months after first enrollment in law school.
<input type="checkbox"/> III: ATTORNEY/BAR ADMISSION * \$300	→ Presently a member of a bar; <u>OR</u> → Not a member of a bar, but the application is received at NCBE more than one year after the J.D. was awarded.
<input type="checkbox"/> IV: FOREIGN – EDUCATION <u>OR</u> FOREIGN – LICENSED ATTORNEY \$600	→ Applicant's first law degree was not obtained in the U.S., whether or not a subsequent U.S. law degree was conferred; <u>OR</u> → Member of a bar of a foreign country.
V: SUPPLEMENTAL REPORT <i>(see fees below)</i> Request that a character report previously prepared by NCBE be supplemented. NCBE will investigate the period from the completion of the original NCBE report to the present, including attempting to contact references. A complete new application is required. A supplemental report can only be prepared if the original jurisdiction releases the original report and the conditions in the right-hand column are satisfied.	CONDITIONS → The jurisdiction to which application is being made is willing to accept a copy of the original NCBE character report together with a supplemental report with the understanding that no additional work will be undertaken to verify the original report; <u>AND</u> → The original NCBE report was completed less than four years before the date this request for a supplemental report is received at NCBE.
<input type="checkbox"/> V(a): SUPPLEMENTAL REPORT * \$150	→ Made previous application to a jurisdiction for which NCBE prepared the original report.
<input type="checkbox"/> V(b): SUPPLEMENTAL REPORT * \$75	→ This report is for the same jurisdiction for which NCBE prepared the original Law Student Registrant report.
<input type="checkbox"/> V(c): SUPPLEMENTAL REPORT \$225	→ The original NCBE report was processed as a Category IV Foreign report.

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

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

METHOD OF PAYMENT—STANDARD NCBE

Name _____
 Address _____
 City _____ State _____ Zip _____ Telephone (____) _____
 Country _____ Province _____

Payment (check or money order payable to NCBE) is enclosed. Returned checks are subject to a \$25 fee.

Charge fee to my:  

Credit Card# - - - Expiration Date -

Signature _____
(required for credit card payment)

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

DIRECTIONS

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

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

- Type your answers or print legibly using black or blue ink. Illegible applications will not be accepted.
- Advise references and former employers that our agency may be contacting them.
- Answer every question; do not leave anything blank. Incomplete applications will not be accepted.
- Provide the correct number, street name, city, state, and zip code for each address. Use the two-letter codes to indicate state/territory names. For your convenience these codes are listed at the bottom of this page.
- Indicate dates in the following format: month/day/year. For example, October 5, 2001, should be written as 10/05/2001.
- Make your responses as concise as possible, using only standard abbreviations to make your information fit into the spaces provided. Some fields are deliberately restricted; if you need additional space to answer a question, attach a separate sheet of paper with the question number clearly identified.
- Complete all forms required; you must provide all the requested information.
- It is your responsibility to provide accurate and complete information. If necessary, you need to consult with applicable courts, agencies, or other entities to obtain dates, locations, or other required information.
- Sign all forms requiring your signature in front of a notary public.
- Include three original properly executed Authorization and Release Forms. These forms must be single-sided.
- Contact the jurisdiction to which you are applying for mailing instructions.
- Keep a copy of your completed application for your personal records.
- It is your responsibility to update your application during its pendency. You can obtain amendment forms online at www.ncbex.org by clicking on the Character and Fitness Services, Applications and Forms link.

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

National Conference of Bar Examiners 302 South Bedford Street Madison, WI 53703-3622	Phone: (608)280-8550 Fax: (608)316-3101 TDD: (608)661-1275	Website: www.ncbex.org Email: contact@ncbex.org
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The two letter codes to indicate state/territory names are as follows:

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

APPLICATION TO THE BAR OF _____
(Jurisdiction)

Name _____
*First Middle Last Suffix Social Security Number**

LSAC Number _____

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

APPLYING AS (choose one category):

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

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

■ First, Middle, Last Name, Suffix

_____ *From Year* _____ *To Year* _____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ *From Year* _____ *To Year* _____

Reason for change _____

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

Place of birth: City _____ State _____

Country _____

Of what country are you a citizen? _____

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

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

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

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

Check if address is Residence or Business

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

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

RESIDENCE INFORMATION
Make additional copies of this page as necessary.

1. List every permanent or temporary physical address where you have resided for a period of one month or longer in reverse chronological order:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your residency information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer.**
 - If the previous category does not apply to you, provide your residency information for the last ten years or since age 18, **whichever period of time is longer.**

Current Address *From Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

EDUCATION INFORMATION
Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all legal education and law schools in Question 3.** If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or expected to be received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received or expected to be received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received or expected to be received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

3. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying law, including institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or expected to be received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

EDUCATION INFORMATION

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

Yes No

If yes, under the approval of what jurisdiction? _____

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

Name of Firm _____

Proctor _____

Firm Address _____

City _____ *State* _____ *Zip* _____

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

If you answered yes, provide the following information:

Name of Institution _____

Type of Action _____ *Date Action Taken* _____

Explanation of Institution Action _____

ADMISSION INFORMATION

6. PRIOR APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

Have you ever submitted an application to pre-register as a law student, applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding admission to the U.S. federal courts or authorizations to appear pro hac vice.)

Yes No

If yes, list every U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
- been admitted, registered, licensed, or authorized to practice law.
- submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

If admitted to the bar of New York, indicate the judicial department to which admitted, and complete **FORM 10**.

■
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation _____

Admission or Readmission date (Mo/Day/Yr) _____ Bar Number* _____

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other _____

■
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation _____

Admission or Readmission date (Mo/Day/Yr) _____ Bar Number* _____

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other _____

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

LEGAL AND OTHER EMPLOYMENT INFORMATION

7. List your employment and unemployment information, beginning with the most recent:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your employment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer.***
 - If the previous category does not apply to you, provide your employment information for the last ten years or since age 18, **whichever period of time is shorter.***

***Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

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



CURRENT EMPLOYMENT Currently Unemployed Since Mo/Yr _____

From Mo/Yr _____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of this page as necessary.

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



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

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.
- If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____



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

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.
- If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)

Yes No

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

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

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

Check here if you have never been a member.

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

CHARACTER AND FITNESS INFORMATION

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

Yes No

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

Yes No

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

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

11. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

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

Yes No

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

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

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number _____

Action Taken _____

From Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification _____

Attach a copy of the order of sanction or disqualification.

CHARACTER AND FITNESS INFORMATION

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

If yes, complete a separate **FORM 1** for *each* period of service.

14. Have you ever held judicial office? Yes No

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

■
Office Held _____ From Mo/Yr _____ To Mo/Yr _____
Name of Court _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Reason for termination (if applicable) _____

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

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

■
Type of License _____
Current Status of License _____ Application Date (Mo/Yr) _____
License Number (if applicable) _____ Expiration/Inactive Date (Mo/Yr) _____
Issuing Authority _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Country _____ Province _____

■
Type of License _____
Current Status of License _____ Application Date (Mo/Yr) _____
License Number (if applicable) _____ Expiration/Inactive Date (Mo/Yr) _____
Issuing Authority _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Country _____ Province _____

CHARACTER AND FITNESS INFORMATION

16. Have you ever been denied a license or had a license revoked for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? (If the license was not previously listed, please go back and add it to Question 15.)

Yes No

If yes, please provide the following information for *each* denial or revocation:

Action Type: Denial Revocation

License (Type, Application Date, License Number) _____

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Taken _____ Date _____

Explanation _____

17. A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?

Yes No

- B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending?

Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

18. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Yes No

If yes, complete **FORM 2**.

19. Have you ever been a named party to any civil action?

Yes No

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

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

CHARACTER AND FITNESS INFORMATION

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

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

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

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

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

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

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

22. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that was resolved in juvenile court? (Report traffic violations at Questions 21.) Yes No

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

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

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

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

24. A. Have you ever had a credit card or charge account revoked? Yes No

- B. Have you ever defaulted on any student loans? Yes No

- C. Have you ever defaulted on any other debt? Yes No

- D. Have you had any debts of \$500 or more (including credit cards, charge accounts, and student loans) that have been more than 90 days past due within the past three years? Yes No

- E. If your answer to Question 23 is yes, are there any additional debts not reported in Questions 24(A-D) that were not discharged in bankruptcy? Yes No

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

PREAMBLE TO QUESTIONS 25, 26, and 27

Through this application, the National Conference of Bar Examiners makes inquiry about recent mental health and addiction matters. This information, along with all other information, is treated confidentially by the National Conference and will be disclosed only to the jurisdiction(s) to which a report is submitted. 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 National Conference 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 National Conference does not ordinarily seek medical records, although the jurisdiction in which the applicant is seeking admission may do so.

The National Conference 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 National Conference and the various boards of bar examiners do not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

- 25.** Within the past five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? Yes No

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

- 26. A.** Do you currently have 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
- B.** If your answer to Question 26(A) is yes, are the limitations 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

If your answer to Question 26(A) or (B) is yes, complete **FORMS 7 & 8**. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, "currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.

CHARACTER AND FITNESS INFORMATION

27. 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, mitigation, or 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 ()* _____

Country _____ *Province* _____

Nature of the Proceeding _____

Date of disposition _____

Disposition _____

Explanation _____

PERSONAL AND PROFESSIONAL REFERENCES

28. Provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years. Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address. Do not use names listed in response to Question 7 (employment). If you provide a business address, please include the names of both the reference and the business.

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

ACKNOWLEDGMENT OF COMPLETE APPLICATION

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true to the best of my knowledge. I have not modified the questions in any respect, and I understand that should they be modified, work on my application by NCBE will be terminated and any fees paid to NCBE will be forfeited. I understand that I should update my application during its pendency and that failure to do so may result in delays in its processing.

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Signature of Applicant

Date

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

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

AUTHORIZATION AND RELEASE

I, *(Name)* _____,

born at *(City)* _____, *(State)* _____,

(COUNTRY) _____, on *(Date of Birth)* _____,

having filed an application with the admission authority of the bar of _____ as one
(Jurisdiction)

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

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

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

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

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Signature of Applicant

Date

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

Authorization and Release Form

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

AUTHORIZATION AND RELEASE

I, (*Name*) _____,

born at (*City*) _____, (*State*) _____,

(*COUNTRY*) _____, on (*Date of Birth*) _____,

having filed an application with the admission authority of the bar of _____ as one
(*Jurisdiction*)

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

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

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STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Signature of Applicant

Date

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

Authorization and Release Form

FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix Social Security Number

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

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

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

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

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active Reserve National Guard

Present duty station _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Telephone number (____) _____
Name of commanding officer _____

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

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

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

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

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

Result, including any punishment _____

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

Result, including any punishment _____

To be used with Question 18
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix Social Security Number

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Brief explanation _____

FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Suffix Social Security Number

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Plaintiff's name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Plaintiff's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Defendant's name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Defendant's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Trial date _____

Date of final disposition _____

Disposition _____

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

Yes No

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

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

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Brief explanation of suit _____

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

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix Social Security Number

Date action/complaint initiated _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

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

Name of agency _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Date of final disposition _____

Disposition _____

Brief explanation _____

Attach a copy of the administrative record.

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Suffix Social Security Number

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip _____

Country Province _____

Debts discharged:

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

Date of final disposition _____

Disposition _____

- Were any adversary proceedings instituted? Yes No
- Were there any allegations of fraud? Yes No
- Were any debts not discharged? Yes No

Brief description of circumstances surrounding filing petition for bankruptcy:

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

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

Name _____
First Middle Last Suffix Social Security Number

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Brief description of incident _____

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

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix Social Security Number

Currently licensed in _____ Driver's license number _____
State

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

Please complete the following information for each incident:

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

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

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

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix Social Security Number

This copy of FORM 6 refers to Question 24 **A Revocation** **B Defaulted student loan**
 C Defaulted other debt **D Past due debt**
 E Debt not discharged

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

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

Full account number _____

Original amount of debt _____

Current balance _____

Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number (____) _____

Name and address of current creditor or collection agency if different from above:

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number (____) _____

Full account number _____

Current status of this debt _____

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

FORM 7 / AUTHORIZATION TO RELEASE MEDICAL RECORDS

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

(Applicant's name) _____

Name of institution, doctor, or counselor _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol, including copies of records, concerning advice, care, or treatment provided to me, to representatives of the National Conference of Bar Examiners who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the admitting authority. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below.

I hereby release, discharge, and exonerate the National Conference of Bar Examiners, its agents and representatives, the admitting authority, its agents and representatives, and the above named provider, 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 out of the investigation made by the National Conference of Bar Examiners or by the admitting authority.

I do not have to sign this authorization in order to receive treatment from the above provider. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the provider above.

Signature of Applicant *Date*

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

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

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

To be used with Questions 25 and 26

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

Name _____
First Middle Last Suffix Social Security Number

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

Name and complete address of attending physician or counselor:

Name of physician or counselor _____

Physician's or Counselor's current address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone () _____

Name and complete address of hospital or institution:

Name of hospital or institution _____

Hospital's or Institution's current address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone () _____

Describe the condition or problem _____

Describe any treatment and/or monitoring program _____

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

FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix Social Security Number

Date of admission _____

Department in which you were admitted (check one):

- First Department Second Department
- Third Department Fourth Department

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

- I have not practiced law in any department in New York.
- First Department; County(ies) _____
- Second Department; County(ies) _____
- Third Department; County(ies) _____
- Fourth Department; County(ies) _____

Form 10