

MAINE BOARD OF BAR EXAMINERS

P. O. BOX 140

AUGUSTA, ME 04332-0140

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

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

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

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

Complete a blank form only as required by your answer to the question that relates to that form. Unused blank forms do not need to be returned. You may have 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, they can be downloaded from the Board's website at www.mainebarexaminers.org or they can be obtained from the Board by written request.

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

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

Applications received by the Board within seven calendar days following the application deadline will be accepted only upon payment of a late fee of \$150.00. Applications received by the Board between the 8th and 14th calendar days following the deadline will be accepted only upon payment of a \$300.00 late fee. The Board will not accept for filing any application that is received in its offices more than fourteen calendar days after the application deadline.

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

Cause a copy of an Undergraduate/Graduate/Law School Certificate to be completed by **each** undergraduate and graduate school from which you graduated or attended for two years and to each law school you attended. Provide to the Registrar or Dean of each school a copy of an executed authorization and release, a blank Certificate, and a request that the school complete the Certificate and forward it directly from the school to the Maine Board of Bar Examiners. You may photocopy the school certificates and authorization and release forms if necessary.

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

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

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

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

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

Print your answers legibly using blue or black ink.

Answer every question.

Complete all the forms required.

Sign all the forms requiring your signature.

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

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

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

In addition:

1. Addresses are essential for a thorough and timely investigation. Where addresses are requested, you must provide complete and accurate numbers, street names, cities, states, and zip codes.
2. Use the two-letter code to indicate state names.
3. Indicate dates by noting the number of the month/day/year. For example: October 5, 2012 should be written 10/5/2012.
4. If you are not sure of the dates, places, or other information requested, it is your responsibility to consult with the court, agency, or other entity involved to obtain accurate and complete information.
5. Avoid the use of abbreviations, particularly those that are not self-explanatory, or provide proper explanation where they are used.
6. Whenever the names of clients, references, employers, associates, and/or partners are used, identify them as such.
7. Where indicated, check the box in front of the word “yes” or “no” to designate your answer.
8. Keep a copy of your completed application for your personal records.

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

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

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

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

Board of Bar Examiners
40 Water Street, 2nd Floor
Hallowell, ME 04347

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS

P. O. BOX 140

AUGUSTA, ME 04332-0140

APPLICATION TO TAKE BAR EXAMINATION

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

Contact Information

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

Check if address is: Residence Business

If business, name of Firm: _____

Address/P. O. Box: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Provide below the telephone numbers where you can be reached

() _____ () _____
Home Office

() _____
Other

E-Mail _____

The Board will use email to confirm receipt of your application, unless otherwise requested.

Testing Information

1. I am applying for the following exam: February 201__ July 201__
2. I assert I am eligible under the Maine Bar Admission Rules (MBAR) to take:

(Check one – A, B or C)

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

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

OR

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

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

 I qualify to take Day One of the exam under

Part a(1) above **OR** Part a(2) above

AND

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

Date/Jurisdiction

C. **Both Days**

3. In addition to the portion of the exam for which I am qualified, I request to take the following: Day 1 Both Days
4. I am a graduate of a foreign law school. Yes No

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

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

Do you anticipate participating in laptop testing for this Maine bar examination?

Yes No

If your answer to Question No. 5 was "Yes", please complete the following:

Have you used computerized testing during law school? Yes No

If so, what testing software have you previously used? _____

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

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

7. I intend to use a Multistate Bar Examination score from another jurisdiction? Yes No

If so, when and where did you or do you intend to take it? _____
Year/Jurisdiction

8. Have you taken the Multistate Professional Responsibility Examination? Yes No

If so, please state date and jurisdiction: _____
Date/Jurisdiction

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

STATE OF MAINE BOARD OF BAR EXAMINERS

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

Current Address:

- From Mo/Yr _____ To Present

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

Prior Addresses:

- From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

- From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

- From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

- From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

ATTACH ADDITIONAL SHEETS AS NECESSARY

STATE OF MAINE BOARD OF BAR EXAMINERS

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

• College _____
From Mo/Yr _____ To Mo/Yr _____ Degree or Reason(s) for leaving _____

• College _____
From Mo/Yr _____ To Mo/Yr _____ Degree or Reason(s) for leaving _____

• College _____
From Mo/Yr _____ To Mo/Yr _____ Degree or Reason(s) for leaving _____

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

• Law School _____ City _____ State _____

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

• Law School _____ City _____ State _____

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

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

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

Yes No

If yes, under the approval of what jurisdiction? _____

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

Name of Firm: _____

Employer or Proctor: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

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

If you answer yes, provide the following information: Yes No

Name of Institution: _____

Date of the Institution Action: _____

Explanation: _____

6. PRIOR APPLICATIONS FOR ADMISSION

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

If yes, complete Part 6D. Yes No

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

Yes No

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

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

If yes, complete Part 6D Yes No

(QUESTION NO. 6 CONTINUED ON NEXT PAGE)

STATE OF MAINE BOARD OF BAR EXAMINERS

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

If yes, complete Part 6D.

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

Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

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

- **State or foreign country:** _____

Applied for admission by: Exam Motion Diploma Reinstatement

Dates of all applications made (Mo/Yr): _____

Dates of all examinations taken (Mo/Yr): _____

Admitted or readmitted (Mo/Day/Yr): _____

Not admitted due to: Failed Exam Withdrew Application Other

If admitted, attorney bar number: _____

If admitted, state whether you are in good standing Yes No

Explanation: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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

STATE OF MAINE BOARD OF BAR EXAMINERS

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

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

8. Have you ever held judicial office? Yes No

If Yes, provide the following information about each office:

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

Address: _____

City: _____ *State:* _____ *Zip:* _____

Reason for termination, if applicable: _____

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

Yes No

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

Yes No

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

Name of Regulatory Agency: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Nature of the charge, complaint or grievance: _____

Agency Action: _____ *Date:* _____

Explanation: _____

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

Yes **No**

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

Name of Regulatory Agency: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Agency Action: _____ *Date:* _____

Explanation: _____

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

Yes **No**

If Yes, complete the following:

Case No.: _____ *Style of Action:* _____

Name of court: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Disqualified from Mo/Yr: _____ *To Mo/Yr:* _____

Reason for the disqualification: _____

ATTACH ORDER OF SANCTION OR DISQUALIFICATION.

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

(See below)**

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

** ***If Yes***, please list: Number: _____

Residence address at time of registration: _____

** ***If No***, state reason: Female Date of Birth Exemption _____

DOB

Other - Please Explain: _____

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

If Yes, complete FORM 1.

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

CURRENT EMPLOYMENT

From Mo/Yr _____ To Present Job Title: _____

Supervisor: _____

Employer or Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone () _____

STATE OF MAINE BOARD OF BAR EXAMINERS

FORMER EMPLOYMENT

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

MAKE ADDITIONAL COPIES OF THIS PAGE AS NECESSARY

STATE OF MAINE BOARD OF BAR EXAMINERS

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

Yes No

If Yes, provide the following information about each occurrence:

Employer or Firm: _____

Date of Employment: From Mo/Yr: _____ Mo/Yr: _____

Explanation of Circumstances: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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

Yes No

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

Employer or Firm: _____

Date of Employment: From Mo/Yr: _____ Mo/Yr: _____

Explanation of Circumstances: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

STATE OF MAINE BOARD OF BAR EXAMINERS

- 15. Have you or any business you had an ownership interest in ever applied for (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney at law?**

Yes **No**

If yes, provide the following information about each license:

Type of License: _____ *Mo/Yr:* _____

Current Status of License: _____

Issuing Authority: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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

Yes **No**

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

Yes **No**

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

Name of Regulatory Agency: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Agency Action: _____

Explanation: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

STATE OF MAINE BOARD OF BAR EXAMINERS

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>
<hr/>		
<hr/>		

17. A. **Have you or any business you had an ownership interest in ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?**

Yes No

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

Yes No

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

Yes No

STATE OF MAINE BOARD OF BAR EXAMINERS

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

Yes No

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

Name of Regulatory Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Action: _____

Explanation: _____

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

Yes No

If Yes, complete FORM 2.

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

Yes No

If Yes, complete FORM 2

STATE OF MAINE BOARD OF BAR EXAMINERS

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

If Yes, complete FORM 3.

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

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

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

If Yes, complete FORM 3.

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

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

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

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21. B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations).

Yes **No**

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

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

Yes **No**

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

Jurisdiction

Date License/Permit Issued

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

Yes **No**

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

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

Yes **No**

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

If Yes, complete FORM 5.

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

If Yes, complete FORM 4.

- 24. A. Have you had any debts of \$500 or more (including alimony, child support, credit cards, charge accounts and student loans) which have been more than 90 days past due within the past three years?**

Yes No

- B. Have you ever had a credit card or charge account revoked?**

Yes No

- C. Have you ever defaulted on any student loan?** Yes No

- D. Have you ever defaulted on any other loan?** Yes No

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

Yes No

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

PREAMBLE TO QUESTIONS 25, 26, AND 27

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

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

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

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

STATE OF MAINE BOARD OF BAR EXAMINERS

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

Yes **No**

If Yes, please explain.

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

Yes **No**

If Yes, please explain.

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

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

Yes **No**

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

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

Yes **No**

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

Yes No

If you answered Yes, furnish a thorough explanation below:

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

Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone: () _____

Nature of the Proceeding: _____

Explanation: _____

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

Yes No

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

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

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

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

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

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

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

STATE OF MAINE BOARD OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

I, (Name) _____, born (Date of Birth) _____,

at (City) _____, (State) _____, (Country) _____,

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

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

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

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF _____

COUNTY OF _____

Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF BAR EXAMINERS

AUTHORIZATION AND RELEASE

I, (Name) _____, born (Date of Birth) _____,

at (City) _____, (State) _____, (Country) _____,

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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) _____,

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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

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

CONTINUING APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

Signature of Applicant *(Sign in Blue or Black Ink)*

VERIFICATION

STATE OF _____
COUNTY OF _____

_____, being first duly sworn, says:

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

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

Signature of Applicant *(Sign in Blue or Black Ink)*

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public *(Sign in Blue or Black ink)*
My commission expires _____

Seal or stamp must be affixed to each original.

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

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

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

AUTHORIZATION AND CONSENT

I, (Name) _____, born (Date of Birth) _____,

at (City) _____, (State) _____, (Country) _____,

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

Signature of Applicant (Sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20 ____.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF BAR EXAMINERS

ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____ (mm/dd/yy)

DATE OF APPLICATION: ____ / ____ / ____ (mm/dd/yy)

EXAMINATION DATE: ____ / ____ (mm/yy)

JURISDICTION APPLIED TO: MAINE

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

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 1/MILITARY SERVICE

To be used with Question 12

Social Security Number: _____ Rank: _____ Serial No.: _____

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

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

Date of service: Active Duty - From Mo/Yr _____ To Mo/Yr _____
Reserve Duty - From Mo/Yr _____ To Mo/Yr _____
Nat'l Guard - From Mo/Yr _____ To Mo/Yr _____

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

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

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

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

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

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

- Refers to Item No. C _____ Date of Action _____

Explanation of circumstances: _____

Result, including any punishment _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS

P. O. BOX 140
AUGUSTA ME 04332-0140

FORM 3/RECORD OF CIVIL ACTIONS

To be used with Questions 19 and 20

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Plaintiff's Name _____

Address _____

City _____ *State* _____ *Zip* _____

Plaintiff's Attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Defendant's Name _____

Address _____

City _____ *State* _____ *Zip* _____

Defendant's Attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Trial date _____ Date of final disposition _____

Disposition _____

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

If yes, give the date the judgment was satisfied. _____

If no, what amount is still owing? _____

Brief explanation of suit _____

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 4/RECORD OF BANKRUPTCY OR INSOLVENCY

To be used with Question 23

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Name and addresses of major creditors:

Name of creditor _____

Address _____

City _____ *State* _____ *Zip* _____

Name of creditor _____

Address _____

City _____ *State* _____ *Zip* _____

Name of creditor _____

Address _____

City _____ *State* _____ *Zip* _____

Date of final disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes No

Were there any allegations of fraud? Yes No

Were any debts not discharged? Yes No

Please provide a brief description of circumstances surrounding filing petition for bankruptcy.

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 5/RECORD OF CRIMINAL CASES

To be used with Question 22

Date of incident (or time period involved) _____

Location _____

City _____ *County* _____ *State* _____

Title of complaint or indictment _____

Criminal Number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Names and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ *State* _____ *Zip* _____

Date first heard _____

Charge(s) at time of arrest _____

Charge(s) at time of trial _____

Date of final disposition _____

Final disposition _____

Brief description of incident _____

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 5T/RECORD OF TRAFFIC CASES

To be used with Question 21(A) and (B)

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

Location _____
City County State

Title of complaint, indictment, or administrative action _____

Case Number _____

Name and complete address of court or administrative agency involved:

Name of court _____

Address _____

City State Zip _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City State Zip _____

Date first heard _____

Charge(s) at time of arrest or summons _____

Charge(s) at time of trial or hearing _____

Date of final disposition _____

Final disposition _____

Brief description of incident _____

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 5S/RECORD OF DRIVER'S LICENSE SUSPENSION OR REVOCATION

To be used with Question 21(D)

Social Security Number: _____

Date of incident (or time period involved) _____

Location _____

City

County

State

Title of complaint, indictment, or administrative action _____

Name and complete address of court or administrative agency involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ *State* _____ *Zip* _____

Date first heard _____ Case Number _____

Charge(s) at time of arrest or summons _____

Charge(s) at time of trial or hearing _____

Date of final disposition _____

Final disposition _____

Brief description of incident _____

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS

P. O. BOX 140

AUGUSTA ME 04332-0140

FORM 6/DEBTS: DEFAULTS; PAST DUE; REVOCATIONS

To be used with Question 24

Social Security Number: _____

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

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

Account Number _____ Date of Last Payment _____

Original Amount of Debt _____ Current Balance _____

Name of Entity Extending Credit _____

Address _____

City _____ *State* _____ *Zip* _____

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

Address _____

City _____ *State* _____ *Zip* _____

Account Number _____

Current status of this debt _____

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

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

_____, _____, _____
Applicant's Last Name First Name Middle Name

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

FORM 7/AUTHORIZATION TO RELEASE MEDICAL RECORDS

To be used with Questions 25 and 26

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

I (*Applicant's Name*) _____ authorize
Name of Institution or Doctor _____
Address _____
City _____ *State* _____ *Zip* _____

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

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agent and representatives, the admission agency, its agents and representatives and

Name of Institution or Doctor _____
Address _____
City _____ *State* _____ *Zip* _____

its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Maine Board of Bar Examiners.

(Sign in black ink) *Signature of Applicant*

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 Questions 25 and 26

Social Security Number: _____

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

Name of attending physician _____

Physician's current address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Name of hospital or institution _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Describe the condition or problem _____

Describe any treatment and/or monitoring program _____



THE MAINE BOARD OF BAR EXAMINERS

P.O. Box 140 • Augusta, Maine 04332-0140

(207) 623-2464 • fax (207) 622-0059 • www.mainebarexaminers.org

UNDERGRADUATE/GRADUATE/LAW SCHOOL CERTIFICATION

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

Name of Applicant _____ Date of birth _____

Social Security Number _____ Date of bar exam _____

School _____ Dates attended _____

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

X _____
Signature of Applicant Date

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

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

AFFIX
SCHOOL
SEAL
HERE

Title of designated law school official

_____, _____
Applicant's Last Name

First Name

MAINE BOARD OF BAR EXAMINERS

P. O. BOX 140

AUGUSTA ME 04332-0140

REFERENCE QUESTIONNAIRE

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

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

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

1. Been convicted of any crime or pleaded guilty or nolo contendere to any criminal charge?
 No Yes If yes, please explain.

2. Been subject to any disciplinary action, including academic?
 No Yes If yes, please explain.

3. Been censured, admonished or suspended by any Court, ethics or grievance entity, administrative agency or other entity?
 No Yes If yes, please explain.

4. Failed to demonstrate the character and conduct necessary to assume the trust placed in lawyers by the public and clients?
 No Yes If yes, please explain.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

NAME: _____

Print

Signature

Address:

Your Daytime Telephone Number