

APPLICATION FOR READMISSION
To the Washington State Bar Association
Following Voluntary Resignation (less than 4 years)

To the Washington State Supreme Court and the Washington State Bar Association Board of Governors:

I, _____, hereby apply for readmission to the
(First, Middle, Last)
practice of law in the State of Washington under Article III Section M of the WSBA Bylaws

APPLICATION CHECKLIST

(Incomplete applications will not be processed)

- Application Fee:**
 - Previously admitted in Washington only:** \$595
 - Admitted in another jurisdiction besides Washington:** \$620 + additional NCBE investigation fee (NCBE will contact you).
- One original and one copy of the completed application**
- Two (2) Good Moral Character Certificates** signed and dated within six months prior to the date the application is submitted.
- One (1) Authorization and Release form** signed and notarized within six months prior to the date the application is submitted
- Admitted in another jurisdiction:** Attorney applicants are required to pay an investigation fee to the National Conference of Bar Examiners (NCBE). After review of your application, the NCBE will contact you and provide you with the NCBE payment and authorization and release forms that will need to be executed by you.

Mail Completed Application Packet to:

Washington State Bar Association
Attn: Membership Department of Regulatory Services Department
1325 Fourth Avenue Suite 600
Seattle, WA 98101-2539

Phone: 206-239-2131
Email: statuschanges@wsba.org

APPLICATION TO THE WASHINGTON STATE BAR ASSOCIATION

Name _____
First Middle Last Suffix

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 Mo/Year _____ To Mo/Year _____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ From Mo/Year _____ To Mo/Year _____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ From Mo/Year _____ To Mo/Year _____

Reason for change _____

Date of birth: Month _____ Day _____ Year _____

Social Security Number: _____

Place of birth: City _____ State _____

Country _____

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 _____

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 during the last five years in reverse chronological order:

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 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 (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 (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

- 3. A.** List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying for your J.D. or first degree in law, including the Law Clerk Program and 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 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). **Advanced degrees in law should be entered in question 3B.**

■
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., 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., etc.) _____

EDUCATION INFORMATION

3. B. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying for your advanced degree(s), 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 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, LL.M., Ph.D., 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, LL.M., Ph.D., etc.) _____

3. C. Are you applying under APR 3(b)(iii) or 3(b)(iv), allowing graduates of non-ABA approved or foreign law schools to sit for the exam if they obtain an LL.M. from an ABA-approved law school? (Yes/No) _____

4. Did you engage in law office study or complete Washington’s APR 6 Law Clerk Program 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 _____
Tutor _____
Firm Address _____
City _____ State _____ Zip _____

5. Have you ever been dropped, suspended, warned, placed on academic or scholastic probation, placed on disciplinary probation, expelled, requested to withdraw, or allowed to withdraw in lieu of discipline from any college or university (including law school), or otherwise subjected to discipline or investigation 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 _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

7. List your employment and unemployment information for the last five years in reverse chronological order.

Follow these instructions:

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), law school clinics, 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 page 8 and 9 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)

Reason for Leaving _____

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)

Reason for Leaving _____

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 investigated, warned, terminated, suspended, disciplined, laid-off for misconduct or dishonesty, 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 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 _____

-
- 10. A.** Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as an attorney by any regulatory or licensing agency or court? Yes No
- B.** Have you ever been the subject of any charges, complaints, investigations, 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/Licensing Agency or Court _____

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, investigations, 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.

15. Have you ever been denied a license or had a license suspended, terminated or revoked for a business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner, etc.)? 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 or Licensing Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Taken _____ Date _____

Explanation _____

16. A. Have you ever been suspended, censured, or otherwise disciplined 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, investigation, 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 16A and/or 16B, 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 _____

17. 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**.

18. 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.

-
- 19.** 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.

- 20. A.** Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation including any cases 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 20A and 20B must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

- 21.** Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any cases resolved in juvenile court? (Report traffic violations at Questions 20.) Yes No

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

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

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

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

- 23. A.** Have you ever defaulted on any student loans? Yes No

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

- C.** If your answer to Question 22 is yes, are there any additional debts not reported in Questions 23(A & B) that were not discharged in bankruptcy? Yes No

If you answered yes to 23A, 23B, and/or 23C, complete a separate **FORM 6** for each debt.

CHARACTER AND FITNESS INFORMATION

24. Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:
- a) your truthfulness,
 - b) your excessive absences,
 - c) the manner in which you handled or preserved the money or property of others,
 - d) a serious or repeated failure to submit your work in a timely manner,
 - e) your competence or diligence in the performance of job or academic duties,
 - f) your ability to maintain the confidentiality of information, or
 - g) your endangering the safety of others? Yes No

If you answered yes, complete the following section. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

Name of entity before which the issues was raised (i.e., employer, school, etc.): _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____
 Province, Country: _____
 Nature of the Issue: _____
 Relevant Dates: _____
 Disposition, if any: _____
 Explanation _____

CERTIFICATION OF APPLICANT

I, _____,
(Name)

certify under penalty of perjury under the laws of the State of Washington that I am the applicant above named; that I have read the Rules of Professional Conduct adopted by the Washington Supreme Court and agree to abide by them; that I have read the foregoing application; and that the statements contained in it are full, true and correct. I also understand that I have a duty to inform the Washington State Bar Association Admissions Department in writing of any changes to the information above that occur at any time between the date signed and the date I am admitted to the Washington State Bar Association.

Dated this _____ day of _____, 20____,

at _____.
(City, State where signed)

(Signature of Applicant)

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE - #1

WSBA Applicant ID No.: _____

The Washington Supreme Court Admission and Practice Rules (APRs) require that “[e]very person desiring to be admitted to the Bar and the practice of law in Washington must be of good moral character, and possess the requisite fitness to practice law....” APR 3(a).

Good moral character is defined in APR 20(c) as “a record of conduct manifesting the qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibilities, adherence to the law, and a respect for the rights of other persons and the judicial process.”

Fitness to practice law is defined in APR 20(d) “a record of conduct that establishes that the applicant meets the essential eligibility requirements for the practice of law.”

The **essential eligibility requirements** for the practice of law include the following five abilities:

- (1) the ability to exercise good judgment and to conduct oneself with a high degree of honesty, integrity, and trustworthiness in financial dealings, legal obligations, professional relationships and in one's professional business.
- (2) the ability to conduct oneself in a manner that engenders respect for the law and adheres to the Washington Rules of Professional Conduct.
- (3) the ability to diligently, reliably, and timely perform legal tasks and fulfill professional obligations to clients, lawyers, LLLTs, or LPOs, courts, and others.
- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
- (5) the ability to communicate comprehensibly with clients, lawyers, LLLTs, LPOs, courts, and others, with or without the use of aids or devices.

APR 20(e).

Lawyer (two separate attorneys must complete one of these forms for an applicant)*

This is to certify that I, _____, am a member in good standing of the
(please print name)
Bar of _____; that I am and have been well acquainted
with _____, an applicant for admission/licensing to the Bar of the
State of Washington, since _____; and that I believe this applicant is of good moral
character

and possesses the requisite fitness to practice law as defined above and that I recommend this applicant's admission.

Certified on this _____ day of _____, 20_____

Signature Bar/License No.

Street Address

City, State, Zip

Email

Phone

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE - #2

WSBA Applicant ID No.: _____

The Washington Supreme Court Admission and Practice Rules (APRs) require that “[e]very person desiring to be admitted to the Bar and the practice of law in Washington must be of good moral character, and possess the requisite fitness to practice law....” APR 3(a).

Good moral character is defined in APR 20(c) as “a record of conduct manifesting the qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibilities, adherence to the law, and a respect for the rights of other persons and the judicial process.”

Fitness to practice law is defined in APR 20(d) “a record of conduct that establishes that the applicant meets the essential eligibility requirements for the practice of law.”

The **essential eligibility requirements** for the practice of law include the following five abilities:

- (1) the ability to exercise good judgment and to conduct oneself with a high degree of honesty, integrity, and trustworthiness in financial dealings, legal obligations, professional relationships and in one's professional business.
- (2) the ability to conduct oneself in a manner that engenders respect for the law and adheres to the Washington Rules of Professional Conduct.
- (3) the ability to diligently, reliably, and timely perform legal tasks and fulfill professional obligations to clients, lawyers, LLLTs, or LPOs, courts, and others.
- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
- (5) the ability to communicate comprehensibly with clients, lawyers, LLLTs, LPOs, courts, and others, with or without the use of aids or devices.

APR 20(e).

Lawyer (two separate attorneys must complete one of these forms for an applicant)*

This is to certify that I, _____, am a member in good standing of the
(please print name)
Bar of _____; that I am and have been well acquainted
with _____, an applicant for admission/licensing to the Bar of the
State of Washington, since _____; and that I believe this applicant is of good moral
character

and possesses the requisite fitness to practice law as defined above and that I recommend this applicant's admission.

Certified on this _____ day of _____, 20_____

Signature Bar/License No.

Street Address

City, State, Zip

Email

Phone

DO NOT ALTER THESE FORMS
Corrections/Erasures VOID this form
Execute One 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 Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and WSBA 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 WSBA and NCBE, and, that NCBE reports the contents of the report 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 WSBA and 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 WSBA and NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

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

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the National Conference of Bar Examiners or by the Washington State Bar Association.

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

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.

WSBA Authorization and Release Form

FORM 1 / MILITARY SERVICE

Name _____

First Middle Last Suffix

- 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 _____

Form 1

To be used with Question 17
FORM 2 / BONDING COMPANIES

Name _____
 First Middle Last Suffix

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 _____

To be used with Question 18
FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Suffix

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 3

To be used with Question 19
FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix

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

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 20A and 21
FORM 5 / RECORD OF CRIMINAL CASES

Name _____
 First Middle Last Suffix

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 5

To be used with Question 20B
FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
 First Middle Last Suffix

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 5T

To be used with Question 23

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix

This copy of FORM 6 refers to Question 23 **A Defaulted student loan**
 B Defaulted other debt
 C Debt not discharged

Type of debt: 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 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix

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

