



RHODE ISLAND SUPREME COURT
COMMITTEE ON CHARACTER AND FITNESS
LICHT JUDICIAL COMPLEX
250 BENEFIT STREET
PROVIDENCE, RI 02903
RIBAREXAM@COURTS.RI.GOV

CERTIFICATE OF GOOD MORAL CHARACTER

Applicants shall submit this form to two (2) individuals not used as references in any other part of the Petition/Questionnaire. Applicants shall submit copies of the forms sent to references with the Petition/Questionnaire.

References are asked to promptly return the completed form to the Committee on Character and Fitness at the address above.

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____ Date of birth: _____
Reference Name: _____
Residence Address: _____
Occupation: _____

1. How long and how well have you known the above applicant? _____

2. What opportunity have you had for forming an opinion of his/her character? _____

3. Are you personally acquainted with the applicant's family? YES NO
Are you personally acquainted with the applicant's associates? YES NO
If so, what are the associates' reputations in the community? _____

4. What is the applicant's reputation for reliability? _____ Integrity? _____
Initiative? _____ Sense of Honor? _____ Morality? _____
5. Would a desire for financial gain or any other motive induce him/her to ignore what he/she believed to be right? YES NO
If yes, please explain _____

6. In your opinion, does this applicant possess the high standards of character required for admission to the practice of law? YES NO

If no, please explain _____

7. If any of the foregoing information is from sources other than personal knowledge, please list the sources. _____

8. Do you have knowledge that the applicant has been guilty of criminal or unethical conduct? YES NO

If yes, please explain _____

I attest that I am not related by blood or marriage to the above applicant who is seeking admission to the Bar of Rhode Island. I certify that the answers given from personal knowledge are correct. If other sources of information have been used they are only those which I believe are accurate and reliable.

Date: _____ Signature: _____

NOTARIZATION

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public

(Seal) My commission expires: _____