

NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)

Request for Preparation of a Character Report

DATE: _____

APPLICANT NAME: _____
First Middle Last

APPLICANT EMAIL: _____

Fee Schedule

FEE CATEGORY	DESCRIPTION
<input type="checkbox"/> I: LAW STUDENT REGISTRANT \$250	→ Law student whose request for a character report is received at NCBE less than 15 months after first enrollment in law school.
<input type="checkbox"/> II: FIRST BAR ADMISSION <u>OR</u> \$355 LATE LAW STUDENT REGISTRANT *	→ Anticipated or recent law school graduate; <u>AND</u> → J.D. was awarded less than one year before this application is received at NCBE; <u>AND</u> → The applicant has not been admitted to the practice of law in any jurisdiction at the time this application is filed; <u>OR</u> → The applicant is a law student whose request for a character report is received at NCBE more than 15 months after first enrollment in law school.
<input type="checkbox"/> III: ATTORNEY/BAR ADMISSION * \$500	→ Presently a member of a bar; <u>OR</u> → Not a member of a bar, but the application is received at NCBE more than one year after the J.D. was awarded.
<input type="checkbox"/> IV: FOREIGN-EDUCATED <u>OR</u> \$875 FOREIGN-LICENSED ATTORNEY	→ Applicant's first law degree was not obtained in the United States, whether or not a subsequent U.S. law degree was conferred; <u>OR</u> → Current or former member of a bar of a foreign country; <u>OR</u> → Otherwise authorized to practice law in a foreign country.
V: SUPPLEMENTAL (<i>see fees below</i>) If NCBE has previously completed a character report, the applicant may be eligible for a reduced supplemental fee. An applicant is eligible for a supplemental fee only if the conditions in the right-hand column are satisfied. Completion of a new application (by answering all questions again) is required.	CONDITIONS → The original jurisdiction releases the original report; <u>AND</u> → The jurisdiction to which application is being made is willing to accept a copy of the original NCBE character report together with a supplemental report with the understanding that no additional work will be undertaken to verify the original report; <u>AND</u> → The original NCBE report was completed less than four years before the date this request for a supplemental report is received at NCBE.
<input type="checkbox"/> V(a): SUPPLEMENTAL * \$225	→ This report is prepared when the original NCBE report was completed for a different jurisdiction.
<input type="checkbox"/> V(b): SUPPLEMENTAL * \$105	→ This report is prepared when the original NCBE report was completed for the same jurisdiction.
<input type="checkbox"/> V(c): SUPPLEMENTAL \$400	→ This report is prepared when the original NCBE report was completed as a Category IV Foreign report.

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

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

METHOD OF PAYMENT

Payment (check or money order payable to NCBE) is enclosed. A returned check is subject to a \$25 fee.

Charge fee to my:  

Name on card _____

Billing address _____

City _____ State _____ Zip _____ Telephone (____) _____

Country _____ Province _____

Credit Card# - - - Expiration Date -

Signature _____

(required for credit card payment)

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

DIRECTIONS

Answer all questions in full. Complete all forms in full, as applicable. Your application will be processed only after receipt of completed application, payment and valid authorizations.

- Incomplete applications will not be accepted.
- Inaccurate, incomplete or unclear responses to questions will delay your application.
- Provide your full legal name and all previously used names. Your name(s) will be used for identification in correspondence sent to references, schools, employers, courts, etc.
- Provide the correct number, street name, city, state, and zip code for each address. For addresses outside the U.S., provide country and provide state/province/territory, and postal code, if applicable.
- Consult with employers, courts, agencies, or other entities to obtain dates, locations, or other required information.
- Be concise. You must answer, or begin your answer, in the space provided; responses similar to “see answer attached” or “will provide later” are NOT acceptable. Some fields are deliberately restricted. If you need additional space to answer a question, attach a separate sheet of paper with the question number clearly identified.
- Sign all forms requiring your signature in front of a notary public.
- Include three original properly executed Authorization and Release Forms (found near the end of the application). These forms must be single-sided.
- Keep a copy of your completed application for your personal records.
- Inform references, current and former employers, and creditors that our agency may be contacting them.
- Respond to requests for additional information promptly.
- Application processing may take 6 months or longer.
- Subsequent applications – Report all subsequent applications to state, foreign and tribal jurisdictions (as described in question 6) that are submitted while this application is pending.
- It is your responsibility to update your application during its pendency. You may obtain amendment forms by logging in to your NCBE Account at www.ncbex.org. Select “Character & Fitness” and then the application to be amended.

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

National Conference of Bar Examiners 302 South Bedford Street Madison, WI 53703-3622	Phone: (608)280-8550 Fax: (608)316-3101 TDD: (608)661-1275	Website: www.ncbex.org Email: contact_cf@ncbex.org
--	--	--

APPLICATION PREAMBLE

The National Conference of Bar Examiners (NCBE) has been authorized to conduct an investigation into your ability to meet the professional responsibilities of a lawyer. NCBE reports information gathered in the course of its investigation to the jurisdiction in which you are seeking admission and makes no recommendation as to your qualifications. All decisions about admission are made by the agency in the admitting jurisdiction.

The jurisdiction in which you are seeking admission has requested the use of this questionnaire. The underlying purpose of inquiries is to produce information that will assist the jurisdiction in evaluating your character and fitness.

The evaluation of an applicant’s character and fitness 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.

Failure to disclose information often yields a more serious outcome than the matter itself would have produced had it been revealed by the applicant. Information gathered in the course of our investigation is treated confidentially by NCBE and restricted to official use by the proper admitting authorities.

_____ I have read the above

APPLICATION TO THE BAR OF _____ (Jurisdiction)

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

NCBE Number _____ If you need to make any changes to your name, date of birth and/or Social Security Number you must do so by updating your [NCBE Number information](#).

APPLYING AS (choose one category):

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

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

■ First, Middle, Last Name, Suffix

_____ From Mo/Yr _____ To Mo/Yr _____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ From Mo/Yr _____ To Mo/Yr _____

Reason for change _____

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

Place of birth: City _____ State _____

Country _____

Of what country are you a citizen? _____

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

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

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

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

Check if address is: Residence or Business

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

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

RESIDENCE INFORMATION
Make additional copies of this page as necessary.

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

Current Address *From Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

■

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

Street Address _____

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

Country _____ *Province* _____

EDUCATION INFORMATION
Make additional copies of this page as necessary.

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

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

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

EDUCATION INFORMATION

4. Question #4 is intentionally suppressed; you are not required to answer this question. Please proceed to the next question.

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

If you answered yes, provide the following information:

Name of Institution _____

Action Taken _____ *Date* _____

Explanation of Institution Action _____

ADMISSION INFORMATION

6. PRIOR APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

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

Yes No

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

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

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

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

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

Name and address of foreign bar authority

Application Type: Bar Exam, Motion/Reciprocity, Diploma, Law Student Registrant, Foreign Legal Consultant, Transferred UBE Score, Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

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

Explanation

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

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

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

Name and address of foreign bar authority

Application Type: Bar Exam, Motion/Reciprocity, Diploma, Law Student Registrant, Foreign Legal Consultant, Transferred UBE Score, Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

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

Explanation

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

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

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

LEGAL AND OTHER EMPLOYMENT INFORMATION

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

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

Follow these instructions:

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



CURRENT EMPLOYMENT Currently Unemployed Since Mo/Yr _____

From Mo/Yr _____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Supervisor/Associate 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. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.*

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of this page as necessary.

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



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

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Reason for leaving _____

Supervisor/ Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Supervisor/ Associate 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. **Do not list yourself or a relative as a confirming reference.** 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 (____) _____ Supervisor/ Associate 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. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.) Yes No

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

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

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

9. List the full name and address of each mandatory or voluntary bar association of which you have been or are currently a member. If you have been or are currently a member, review question 6 and report all applicable entries.
 Check here if you have never been a member.

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

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

CHARACTER AND FITNESS INFORMATION

10. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney? Yes No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending? Yes No

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

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

11. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending? Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? Yes No

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

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

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number _____

Case Name _____

Action Taken _____

From Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification _____

Attach a copy of the order of sanction or disqualification.

CHARACTER AND FITNESS INFORMATION

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

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

14. Have you ever held judicial office? Yes No

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

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

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

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

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

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

CHARACTER AND FITNESS INFORMATION

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

Yes No

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

Action Taken: Denial Revocation Date _____

License (Type, Application Date, License Number) _____

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Explanation _____

17. A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office? Yes No

- B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending? Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

18. Question #18 is intentionally suppressed; you are not required to answer this question. Please proceed to the next question.

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

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

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

CHARACTER AND FITNESS INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHARACTER AND FITNESS INFORMATION

25. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner? Yes No

If you answered yes, furnish a thorough explanation below:

Explanation _____

Relevant date(s) _____

26. A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner? Yes No
- B. If your answer to Question 26(A) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? Yes No

If your answer to Question 26(A) or (B) is yes, complete a separate **FORM 7 & 8** for each service provider. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

PERSONAL AND PROFESSIONAL REFERENCES

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

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

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

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

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

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

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

ACKNOWLEDGMENT OF COMPLETE APPLICATION

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

Signature of Applicant

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.

DO NOT ALTER THESE FORMS
Corrections/erasures VOID this form
Execute three original copies
Please use black or blue ink

NCBE Number _____

AUTHORIZATION AND RELEASE

I, (*Name*) _____,

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

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

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

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

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

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

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

Signature of Applicant

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.

DO NOT ALTER THESE FORMS
Corrections/erasures VOID this form
Execute three original copies
Please use black or blue ink

NCBE Number _____

AUTHORIZATION AND RELEASE

I, (*Name*) _____

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

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

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

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

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

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

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

Signature of Applicant

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.

DO NOT ALTER THESE FORMS
Corrections/erasures VOID this form
Execute three original copies
Please use black or blue ink

NCBE Number _____

AUTHORIZATION AND RELEASE

I, (*Name*) _____

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

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

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

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

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

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

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

Signature of Applicant

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.

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 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? _____

Detailed explanation of suit _____

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

Form 3

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 _____

Detailed explanation _____

Attach a copy of the administrative record.

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Suffix Social Security Number

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip _____

Country Province _____

Debts discharged:

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

Date of final disposition _____

Disposition _____

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

Detailed description of circumstances surrounding filing petition for bankruptcy:

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

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

Name _____
First Middle Last Suffix

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 _____

Detailed description of incident _____

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

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix Social Security Number

Current driver's license issued by _____
State, Province or Country

Current driver's license number _____

Previous driver's licenses (during the past ten years):

State, Province or Country	Previous driver's license number (if unavailable, enter "Unknown")
_____	_____
_____	_____
_____	_____

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. Provide approximate dates if exact dates are not available.

■ 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 _____
 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 _____
 Description of incident _____

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix Social Security Number

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

Type of debt: Charge Account Credit Card Real Estate* (e.g., mortgage, tax lien, etc.)
 Student Loan Utility/Telephone* 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 _____ No payment made

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number () _____

Name of retailer if different from above _____

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 (include date(s) incurred, actions taken to collect, defenses, etc.):

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number () _____

DO NOT ALTER THIS FORM
Corrections/erasures VOID this form
Please use black or blue ink

To be used with Question 26

FORM 7 / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Applicant's name _____

Name of institution, doctor, or counselor _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

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

I hereby release, discharge, and exonerate the National Conference of Bar Examiners, its agents and representatives, the admitting authority, its agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of any documents, records, and other information, or out of the investigation made by the National Conference of Bar Examiners or by the admitting authority.

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

Signature of Applicant

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.

The National Conference of Bar Examiners is aware of HIPAA requirements.

FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix

Relevant dates: From Mo/Yr _____ To Mo/Yr _____

Describe the condition or impairment _____

Describe any treatment, or any program that includes monitoring or support _____

Name and complete address of attending physician or counselor (if applicable):

Name of physician or counselor _____
Physician's or counselor's current address _____

City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone () _____

Name and complete address of hospital or institution (if applicable):

Name of hospital or institution _____
Hospital's or institution's current address _____

City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone () _____

The National Conference of Bar Examiners is aware of HIPAA requirements.

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

RHODE ISLAND SPECIFIC QUESTIONS

The following questions are specific to applicants seeking admission to the Rhode Island Bar; any inquiries about the questions should be directed to the Rhode Island [Committee on Character and Fitness](#). Applicants are required to answer all questions in full.

RI-1. Have you ever used or been known by any other name including nicknames? Yes No

If yes, please state below any nicknames you have used:

Nicknames _____

RI-2. Father's name _____

Is he living? Yes No

If yes, list present address _____

Mother's name _____

Is she living? Yes No

If yes, list present address _____

RI-3. List your siblings and their present address(es):

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

RI-4. Your current marital status: *(Single/Married/ Divorced/ Separated)* _____

Date of Marriage _____ *Place of Marriage* _____

Full Name of Spouse _____

If you are living apart from your spouse, has your separation been the subject of legal proceedings? Yes No

Except as stated above, have you ever been married? Yes No

Date of Prior Marriage _____

Name of Prior Spouse _____

How Marriage Terminated _____

List below the names and addresses of all attorneys who participated; the names of the parties to such proceedings and the names and addresses of the courts in which the proceedings were instituted or maintained.

RHODE ISLAND SPECIFIC QUESTIONS

RI-5. Were you required to pay support or alimony payments? Yes No

List the name and last known address of your former spouse(s) and status of your compliance with the support or alimony order.

Name _____
Street Address _____
City _____ State _____ Zip _____
Status _____

RI-6. List complete information regarding your high school attendance in reverse chronological order.

High School _____
Street Address _____
City _____ State _____ Zip _____
From Mo/Yr _____ To Mo/Yr _____

High School _____
Street Address _____
City _____ State _____ Zip _____
From Mo/Yr _____ To Mo/Yr _____

High School _____
Street Address _____
City _____ State _____ Zip _____
From Mo/Yr _____ To Mo/Yr _____

High School _____
Street Address _____
City _____ State _____ Zip _____
From Mo/Yr _____ To Mo/Yr _____

RI-7. Did you register under any Selective Service Act? Yes No

If no, state reason (e.g., female and not required): _____

If yes, please list:

Selective Service Number: _____

Residence address at time of registration: _____

City, County, and State where registered: _____

RHODE ISLAND SPECIFIC QUESTIONS

RI-8. Have you ever been involved in, reprimanded for, or disciplined by an employer or educational institution for misconduct including:

- acts of dishonesty, fraud or deceit;
- lying on a resume, or misrepresentation;
- academic misconduct, including such acts as cheating;
- misconduct involving student activities;
- theft;
- excessive absences;
- failure to complete assignments in a timely manner;
- actions in disregard of the health, safety and welfare of others;
- sexual harassment;
- neglect of financial responsibilities; or
- conduct related to the use of alcohol or any other drug in the last ten (10) years.

Yes No

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

Employer or Educational Institution _____

Address _____

Name of Supervisor/ Advisor _____

Date of Action _____

Explanation of circumstances including information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question _____

Employer or Educational Institution _____

Address _____

Name of Supervisor/ Advisor _____

Date of Action _____

Explanation of circumstances including information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question _____

RHODE ISLAND SPECIFIC QUESTIONS

Employer or Educational Institution _____

Address _____

Name of Supervisor/ Advisor _____

Date of Action _____

Explanation of circumstances including information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question _____

Employer or Educational Institution _____

Address _____

Name of Supervisor/ Advisor _____

Date of Action _____

Explanation of circumstances including information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question _____

RI-9. Have you ever been terminated or granted a leave of absence by an employer or withdrawn from an educational institution? (Do not include leaves of absence specifically authorized by state or federal law, e.g., family and bereavement leave, etc.) Yes No

If the answer to the above is yes, please set forth specifics, including date of action; by whom taken; and the name and address of the employment supervisor or academic advisor involved.

RHODE ISLAND SPECIFIC QUESTIONS

RI-10. List all sources from which you borrowed or with which you have established credit, including any credit cards, during the last five (5) years, and the status, i.e. current or delinquent. [Information regarding student loans should be listed in subsection Question **RI-12.**] A reference to your credit report will not answer this question sufficiently. **If none, please write N/A or NONE.**

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

RHODE ISLAND SPECIFIC QUESTIONS

RI-11. List all current debts over five hundred dollars (\$500.00), and indicate status, i.e. current or delinquent. A reference to your credit report will not answer this question sufficiently. **If none, please write N/A or NONE.**

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

RHODE ISLAND SPECIFIC QUESTIONS

RI-12. List all student loans and indicate status, i.e., current, deferred, or delinquent. A reference to your credit report will not answer this question sufficiently. **If none, please write N/A or NONE.**

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

Name, Address, Zip Code of Creditor: _____

Account Number: _____

Date Repayment Begins: _____

Balance: _____

Status: _____

RHODE ISLAND SPECIFIC QUESTIONS

RI-13. Have any judgments ever been entered against you in favor of a creditor? Yes No

If yes, please list the names, present address and zip code of the holder of each. If not satisfied, please so state and indicate amount unsatisfied and payment plan.

RI-14. Do you currently own or have you ever owned 10% or more of capital stock or other property interest, either legally or equitably, in any business venture including, but not limited to, a corporation; land, business or trust; limited or general partnership or joint venture; nonprofit corporation or general partnership or joint venture; nonprofit corporation or general association; or any business association trading or holding property in a name which appear to be the name of a corporation or limited partnership? Yes No

If yes, please provide the following information about *each* entity:

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RI-15. Are you currently or have ever been an officer, director, or trustee of any business venture, including, but not limited to, a corporation; land, business or trust; limited or general partnership or joint venture; nonprofit corporation or association; or any business association trading under a name which might appear to be a corporation? Yes No

If yes, please provide the following information about *each* entity:

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RHODE ISLAND SPECIFIC QUESTIONS

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Entity: _____

State of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RI-16. Have any of the entities listed above been involved in litigation or other proceedings (including every cease and desist order, or other order) in any court of law or equity or any criminal court or before any government board or agency, or any arbitration board (a) during the period of time in which you owned 10% or more of the capital stock or other property interest in any said entity listed above or (b) during the period of time in which you were an officer, director or trustee, managing or general partner of any said entity listed above? Yes No

If yes, please provide the following information about *each* proceeding:

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

RHODE ISLAND SPECIFIC QUESTIONS

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

RI-17. Are any judgments, liens, orders and decrees which have entered against any entity listed above unsatisfied as of the present date? Yes No

If yes, please provide the following information about *each* proceeding:

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

RHODE ISLAND SPECIFIC QUESTIONS

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

Name of Entity: _____

Case No: _____

Date Filed: _____

Court/ Agency: _____

Type of Proceeding: _____

Plaintiff: _____

Defendant: _____

Disposition: _____

RI-18. List all suits in equity, actions at law, or other statutory proceedings, matters in probate, support, administrative proceedings, quasi-judicial proceedings and every other judicial proceeding of every nature and kind, except criminal proceedings, to which you are or have ever been a party **If none, please write N/A or NOT APPLICABLE.**

Please provide the following information about *each* proceeding:

Case No. _____

Date Filed _____

Court/ Agency _____

Type of Proceeding _____

Plaintiff/ Prosecutor _____

Defendant _____

Disposition _____

Case No. _____

Date Filed _____

Court/ Agency _____

Type of Proceeding _____

Plaintiff/ Prosecutor _____

Defendant _____

Disposition _____

RHODE ISLAND SPECIFIC QUESTIONS

Case No. _____
Date Filed _____
Court/ Agency _____
Type of Proceeding _____
Plaintiff/ Prosecutor _____
Defendant _____
Disposition _____

Case No. _____
Date Filed _____
Court/ Agency _____
Type of Proceeding _____
Plaintiff/ Prosecutor _____
Defendant _____
Disposition _____

RI-19. List all instances in your life (including while you were a juvenile) in which you have been arrested, detained or restrained, given a warning or taken into custody or accused, formally or informally, of violating a law or ordinance, or accused, formally or informally, of committing a delinquent or wayward act. Also include any instance in which you have been questioned regarding any criminal matter. Traffic violations should be listed in NCBE Questions 21A and 21B, as applicable. **If none, please write N/A or NOT APPLICABLE.**

Please provide the following information about *each* occurrence:

Date: _____
Name of Arresting/ Detaining Agency: _____
Address of Arresting/ Detaining Agency: _____
Case No: _____
Original Charge/ Accusation: _____
Disposition/ Fine: _____
Complete/ Detailed Explanation of Facts and Subsequent Actions: _____

RHODE ISLAND SPECIFIC QUESTIONS

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

RHODE ISLAND SPECIFIC QUESTIONS

Date: _____

Name of Arresting/Detaining Agency: _____

Address of Arresting/Detaining Agency: _____

Case No: _____

Original Charge/Accusation: _____

Disposition/Fine: _____

Complete/Detailed Explanation of Facts and Subsequent Actions: _____

- RI-20.** List all criminal proceedings to which you were or have been a party and all proceedings in which you were or have ever been a party and all proceedings in which you committed or were accused of committing a delinquent or wayward act or violation of the law while you were a juvenile. **If none, please write N/A or NOT APPLICABLE.**

Please provide the following information about *each* occurrence:

Date: _____

Name of Arresting/Detaining Agency: _____

Address of Arresting/Detaining Agency: _____

Case No: _____

Original Charge/Accusation: _____

Disposition/Fine: _____

Complete/Detailed Explanation of Facts and Subsequent Actions: _____

Date: _____

Name of Arresting/Detaining Agency: _____

Address of Arresting/Detaining Agency: _____

Case No: _____

Original Charge/Accusation: _____

Disposition/Fine: _____

Complete/Detailed Explanation of Facts and Subsequent Actions: _____

RHODE ISLAND SPECIFIC QUESTIONS

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

Date: _____
Name of Arresting/Detaining Agency: _____
Address of Arresting/Detaining Agency: _____
Case No: _____
Original Charge/Accusation: _____
Disposition/Fine: _____
Complete/Detailed Explanation of Facts and Subsequent Actions: _____

RHODE ISLAND SPECIFIC QUESTIONS

RI-21. Have you ever been offered or granted immunity, testified or been called as a witness in any grand jury proceeding, criminal action or criminal proceeding in which you were not a party?

Yes No

If the provisions of R.I.G.L. § 12-30-13 relating to the protection and supervision of criminal witnesses apply to you, please indicate.

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

Name of the Defendant _____

Court _____

Nature of the Action/Proceeding _____

Explanation of circumstances _____

Name of the Defendant _____

Court _____

Nature of the Action/Proceeding _____

Explanation of circumstances _____

Name of the Defendant _____

Court _____

Nature of the Action/Proceeding _____

Explanation of circumstances _____

RI-22. Have you ever been bonded under a surety bond? Yes No

If yes, please state the date, facts, and the circumstances surrounding the bonding, including the nature of the office or position for which you were bonded, dates, amount of bond, and name of surety company.

Have you ever been refused a bond? Yes No

If yes, please state the date, facts, and the circumstances surrounding the refusal.

RHODE ISLAND SPECIFIC QUESTIONS

If you have ever been bonded, has anyone ever sought to recover upon such bond or to cancel the same?
 Yes No

State the circumstances and the attempt at the actual recovery of the bonding or the conditions of the cancellation.

RI-23. During your adulthood, have you ever been placed under guardianship or conservatorship in any legal proceeding? Yes No

If yes, please provide a detailed explanation for *each* occurrence: _____

RI-24. Have you ever submitted an application, applied for admission, or been admitted, licensed, or authorized to practice law in the U.S. federal courts. Yes No

If yes, please provide information below for *each* occurrence:

Name of U.S. federal court _____

Date application made (Mo/Yr) _____

Reason not admitted (if applicable): *Withdrew application* *Pending* *Denied* *Other reason*

Explanation _____

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

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

Name of U.S. federal court _____

Date application made (Mo/Yr) _____

Reason not admitted (if applicable): *Withdrew application* *Pending* *Denied* *Other reason*

Explanation _____

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

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

RHODE ISLAND SPECIFIC QUESTIONS

Name of U.S. federal court _____

Date application made (Mo/Yr) _____

Reason not admitted (if applicable): Withdrew application Pending Denied Other reason

Explanation _____

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

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

RI-25. In connection with your any prior or current application for admission to practice law, were you required to appear before any board, committee, or other examining authority for examination or inquiry about any matter, other than on examination upon legal subjects? Yes No

If yes, list the name and address of any such authority and the reason for the appearance.

RI-26. This question applies only to those applicants who have been previously admitted to practice law in any state or jurisdiction. **If you have never been previously admitted to practice law in any other state or jurisdiction, please write N/A or NOT APPLICABLE.**

List the names and address of three (3) attorneys and two (2) clients who know you, who are not relatives and are not listed elsewhere in this application.

Name _____

Firm/Business Name _____

Address of Firm/Business _____

Occupation/Profession _____

Name _____

Firm/Business Name _____

Address of Firm/Business _____

Occupation/Profession _____

Name _____

Firm/Business Name _____

Address of Firm/Business _____

Occupation/Profession _____

RHODE ISLAND SPECIFIC QUESTIONS

Name _____

Firm/Business Name _____

Address of Firm/Business _____

Occupation/Profession _____

Name _____

Firm/Business Name _____

Address of Firm/Business _____

Occupation/Profession _____

Rhode Island Completion Checklist

This is the completion checklist for the **NCBE Character and Fitness Application for Rhode Island Article II, Rule 2(a) Applicant**. We suggest that you print the checklist for future reference.

- Answer All Questions** Make blank copies of Forms as necessary.
- Complete Method of Payment** on NCBE Request for Preparation of a Character Report (page i).
- Sign and notarize** Acknowledgement of Complete Application.
- Sign and notarize** three Authorization and Release Forms.
- If you completed Form 1** (Military Service) attach a copy of your reports of separation.
- Sign and notarize** Form 7 (Authorization to Release Medical Records), if applicable.
- Consult the Rhode Island Supreme Court Rules, Board Rules of Practice, and Rhode Island Specific Instructions.** Completion of the NCBE Application is the first step in applying for admission on examination to the Rhode Island Bar. Applicants should consult Article II of the Rhode Island Supreme Court Rules on Admission to Practice Law, the Rhode Island Board of Bar Examiners Rules of Practice, and the Rhode Island Specific Instructions to bar applicants available on the Supreme Court's website.
- Submit NCBE Application to NCBE.** Rule 2(a) applicants are required to mail the following items to NCBE (c/o Intake Department, 302 South Bedford Street, Madison, WI 53703-3622) by the applicable application deadline:
 - Original, completed NCBE Application.
 - One completed NCBE Request for Preparation of a Character Report Method of Payment Form.
 - Original, signed and notarized Acknowledgment of Complete Application Form.
 - Original, three (3) signed and notarized Authorization and Release Forms.
 - Attach all additional documents required in the application and application forms.
 - Attach any Revisions Forms. (Use the NCBE Revisions Form following this check list and attach it to the front of your application.)

- Complete the Rhode Island Petition for Admission (Art. II, Rule 2(a)).** In addition, once completed, the printed NCBE Application must be uploaded (as a .PDF document) as part of the electronic filing of a Petition for Admission to the Rhode Island Bar available through the Rhode Island Supreme Court Attorney Portal (RISCAP) by the applicable application deadline.

- Retain Copies.** Retain a copy of all documents you submitted for your records.

- Updates to Your NCBE Application.**
 - **After Submitting NCBE Application to NCBE and on RISCAP.** The Petition for Admission to the Rhode Island Bar is continuing in nature and must be kept current, complete and correct until applicants are administered the Oath of Attorney, including subsequent applications for admission to state, foreign and tribal jurisdictions (as described in the NCBE Application). Updates to the NCBE Application must be submitted to 1) NCBE by using the General Amendment Form following this check list and 2) electronically to the Rhode Island Supreme Court through RISCAP in accordance with the Court's electronic filing requirements for Amendments. NCBE Amendment forms must be mailed to NCBE (c/o Intake Department, 302 South Bedford Street, Madison, WI 53703-3622).

Questions regarding submitting a Petition for Admission through RISCAP should be directed to the Rhode Island Bar Administrator at ribarexam@courts.ri.gov.

If you have any questions regarding the Completion Checklist, you may contact [NCBE](#).

