

Supreme Court

In re Revised Petition/Questionnaire for
Admission to the Rhode Island Bar

ORDER

At its conferences on June 11, 2015 and September 18, 2015, the Court had before it proposals from the Supreme Court Committee on Character and Fitness and the Bar Administrator to revise the Petition/Questionnaire for Admission to the Rhode Island Bar.

The proposed revisions submitted by the Committee pertained to Section B of the Petition/Questionnaire which asks precise questions to assist the Committee and the Court in assessing an applicant's character and fitness to practice law in Rhode Island.

In addition, the Bar Administrator proposed substantive changes to Sections A and C of the Petition/Questionnaire, including changes to reflect the May 29, 2015 amendments to Article II of the Rhode Island Supreme Court Rules and the concurrent enactment of the *Board of Bar Examiners Rules of Practice Governing Admission on Examination*. The Bar Administrator also proposed formatting changes throughout the Petition/Questionnaire.

After careful consideration, the Court adopts the proposed revisions, as reflected in the attached revised Petition/Questionnaire, in their entirety.

Entered as an Order of this Court this *16th* day of *October 2015*.

/s/
Suttell, C. J.

/s/
Goldberg, J.

/s/
Flaherty, J.

 /s/
Robinson, J.

 /s/
Indeglia, J.



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

All applicants for the Rhode Island Bar Examination are requested to file their Petition/Questionnaire well before the filing deadline so the Committee on Character and Fitness has sufficient time to complete its investigation prior to the applicants taking the bar exam. A prerequisite for each candidate taking the bar examination is a personal interview with the Committee on Character and Fitness. However, since the Committee may not complete its investigation prior to the examination, each person takes the Rhode Island bar examination with the understanding that if the Committee should recommend that a person not be admitted to the bar, that person might not be admitted even if he/she has passed the bar examination. The burden is upon the applicant to comply with all applicable rules.

The application filing deadlines are as follows:

APPLICATION TYPE	FEBRUARY EXAM	JULY EXAM
Rule 1	December 1	May 1
Rule 2(a)	September 1	February 1

The following items are required for application for admission to the Rhode Island Bar:

	RULE 1 APPLICANTS	RULE 2(A) APPLICANTS
Completed Petition/Questionnaire with Documentation Requested Therein	X	X Original Plus 1 Copy
One (1) Certificate from Dean/Administrator of Law School	X	-----
Handwriting Sample	X Certified by Law School	X Notarized
Certified Law School Transcript	X	-----
Two (2) Certificates of Good Moral Character <i>Must be submitted by reference, not applicant. Copies of certificate forms sent by applicant to reference must be submitted with Petition/Questionnaire by the application deadline.</i>	X	X
Employment Verification <i>Must be submitted by preparer, not applicant. Copies of verification forms sent by applicant to employer must be submitted with Petition/Questionnaire by the application deadline.</i>	X	-----
Credit Report from Experian, TransUnion, or Equifax. <i>Must be submitted with Petition/Questionnaire by the application deadline.</i>	X	X
Certificates of Good Standing from all jurisdictions where admitted to practice law.	X If Applicable	X
Criminal Background Checks from all jurisdictions lived in either cumulatively or in aggregate for six (6) months or longer since turning eighteen (18) years of age.	X	-----
Qualifying Multistate Professional Responsibility Examination (MPRE) Score	X	-----
Multistate Bar Examination (MBE) Score Transfer Release Form and Fee	X If Applicable	-----
Request for Special Testing Accommodations <i>Must be submitted with Petition/Questionnaire by the application deadline.</i>	X If Applicable	X If Applicable

SECTION A

This Petition/Questionnaire for Admission to the Rhode Island Bar is continuing in nature and the applicant must give correctly and fully the information requested on this form and must keep this information current and up to date until the date of the submission to the Oath of Attorney in Rhode Island by submitting any changes to the Supreme Court Clerk's Office in writing or by responding to subsequent requests for information by the Committee on Character and Fitness.

1. a. Date of Application: _____ for exam in February July of _____.
Year

b. Full name: _____

Last
First
Middle

c. Current home address: _____
Street

City/Town
State
Zip Code

d. Telephone: (_____) _____

e. Driver's License: _____

State
Number

Enclose two (2) color copies of your driver's license or other valid photo identification.

f. Email address: _____

2. a. Place of birth: _____

Date of birth: _____

b. Are you a citizen of the United States? YES NO

If you are not citizen of the United States, are you a legal permanent resident? YES NO

If you are not a legal permanent resident, please list your current immigration status: _____

Please enclose a copy of your United States Passport or proof of legal residency or naturalization or proof of current immigration status, whichever applies to you.

c. Have you ever used or been known by any other name (including any nickname or maiden names)? YES NO

If yes, please state in full each name used or by which you have at any time been known and the reasons for each such name. (If the provisions of R.I.G.L. § 12-30-13 relating to the protection and supervision of witnesses apply to you, please indicate.)

Full Name	Date(s) of Use	Reason for Use
_____	_____	_____

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d. Has your name changed? YES NO

If yes, please state former name and when, how and why the change was made. ***If the change was made in a judicial or naturalization proceeding, please enclose an exact and complete copy of the order or other appropriate evidence of the name change.***

Full Name When Change Made How and Why Change Made

3. a. Father's name: _____

b. Is he living? YES NO

If yes, list present address: _____

4. a. Mother's name: _____

b. Is she living? YES NO

If yes, list present address: _____

5. List your brother(s) and sister(s) and their present address(es):

Name of Sibling

Address

6. a. Your marital status: Single Married Divorced/Separated

b. If you are married, please provide:

Date of Marriage

Place of Marriage

Full Name of Spouse

c. If you are living apart from your spouse, has your separation been the subject of legal proceedings? YES NO

If yes, please enclose exact and complete copies of the separation documents.

d. Except as stated above, have you ever been married? YES NO

If yes, please state when, where and with whom such marriage was contracted, and when and, if terminated, how the marital status was terminated. ***Please enclose an exact and complete copy of complaint or other initial pleading; answer; counterclaim; agreement, if any, final judgment or other disposition entered in all such proceedings; list 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.***

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e. Were you required to pay support or alimony payments? YES NO

If yes, please advise the Committee of the status of your compliance with the support or alimony order and list the name and last known address of your former spouse(s).

Name	Address	Status

f. Do you have any children? YES NO

Have you ever been ordered by any court to pay child support? YES NO

If yes, please advise the Committee of the status of your compliance with any child support orders since the dates of entry.

7. List every permanent and/or other place you have resided over thirty (30) days since your eighteenth (18th) birthday. All periods of time since your eighteenth (18th) birthday must be covered. If more than one residence is applicable for any time period, please explain. (If the provisions of R.I.G.L. § 17-28-3 relating to address confidentiality apply to you, or if the provisions of § 12-30-13 relating to the protection and supervision of witnesses apply to you, please indicate.)

Street Address	City/State/Zip	Month/Year From	Month/Year To

8. List all education other than the study of law.

a. High School

Name	City/State	Month/Year From	Month/Year To

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b. College(s) or universities **including those where credit was not received.**

Name and Address	Month/Year From	Month/Year To	Degree/Credit

9. a. List all law schools which you attended or are currently attending, **including those, if any, where credit was not received.**

Name and Address	Month/Year From	Month/Year To	Degree/Credit

b. If a law degree is not shown above but a degree is anticipated, please list anticipated date of graduation and degree to be received.

Law School	Mo./Yr.	Degree
_____	_____	_____

*All applicants must request that the law school(s) listed here furnish a copy of your application for admission to the law school from which you ever attended, graduated or anticipate graduating, as well as a certified copy of your transcript **directly** to the Committee disclosing your complete record. Please authorize the law school(s) to furnish the Committee any other information about your past record or any record hereafter made as it may from time to time request. **Please enclose copies of your request(s) to such law school(s).** It is not necessary to request a partial transcript from the law school in which you are currently enrolled; however, you must request a complete transcript immediately following completion of your studies from all law schools attended. Transcripts must come **directly** from each educational institution. Those delivered to the Committee by the applicant are unacceptable.*

10. This item requires that you list all employment, OTHER THAN THE ACTUAL PRACTICE OF LAW, where you have been employed six (6) months or longer either cumulatively or in the aggregate.

Have you ever been employed or self-employed? YES NO
 (Please include employment as law clerk, intern, etc., but not employment as an attorney.)

If yes, beginning with any employment immediately after your twenty first (21st) birthday, please give name and complete mailing address of each employer or associate; the business or enterprise; the position or association you occupied; the month and year of the beginning and ending of each employment, self-employment or association; and the reason you left each employment or terminated the self-employment or association. Please list the location of your employment if it is other than the mailing address. Please list the last known mailing address if the business is dissolved or inactive.

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[Attorney admissions must also complete Question 37 as to the practice of law.] *Applicants must request that each employer listed below submit an Employment Verification form.*

Dates of Employment	Name, Address and Zip Code	Nature of Employment	Position	Reason for Leaving

11. Are you now or have you ever been a member of the armed forces of the United States, including the National Guard or any of the reserve components? YES NO

If yes, please complete the chart below.

Dates of Periods of Active Duty	Branch of Service	Date of Discharge

12. a. Did you register under any Selective Service Act? YES NO
If no, state reason (e.g., female and not required): _____

- b. If yes, please list:
 Selective Service Number: _____
 Residence address at time of registration: _____
 City, County, and State where registered: _____

13. If you have completed two (2) or more years of law school, list five (5) persons, none of whom is listed elsewhere in this application or is a fellow student, relative, employer, law partner or associate, who have known you within the past five years and can be found at the indicated addresses. Please make certain that no two (2) persons listed are members of the same household.

Name	Street Address	City, State, Zip Code

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Name	Street Address	City, State, Zip Code

14. Have you ever made application in Rhode Island or to any other state or jurisdiction, including pending applications, for registration as a student, or for admission to the bar examination or for admission to the Bar? YES NO

If yes, please complete the chart below for each application and provide the Committee with a certificate of good standing from each jurisdiction where you are admitted. *The information required below includes applications you have or are submitting to another jurisdiction concurrent with your application for admission to the Rhode Island Bar.*

Date of Application	State or Jurisdiction	Examination/Motion	Date of Admission	Passed/Failed/Withdrawn/Pending

If your application is pending, please explain why: _____

15. a. MPRE. Have you taken the MPRE? YES NO

If yes, date of MPRE _____.

*All Rule 1 applicants for the bar examination shall be required to have obtained a MPRE scaled score of not less than 80 in order to be eligible to sit for the Rhode Island bar examination. The MPRE score is good for **five (5) years**. Scores achieved on a MPRE taken more than five (5) years prior to the application deadline shall not be accepted. It is the responsibility of applicants to have their scores forwarded to the Board of Bar Examiners by the NCBE prior to the filing of their applications. **Rule 2(a) attorney admission applicants are not required to submit a MPRE score.***

b. If you have a NCBE Number, please write it here: _____

c. Have you read the Rhode Island Rules of Professional Conduct? YES NO

16. Are you sitting for the MBE portion of the bar examination in Rhode Island? YES NO

If no, in which state are you sitting for the MBE? _____

SECTION B

In accordance with Article II, Rule 3(h) of the Rhode Island Supreme Court Rules, this Section B and all documentary material filed in support of or in response to any question in this Section B shall be maintained by the Committee on Character and Fitness and shall not be available to the public except by Order of the Rhode Island Supreme Court. Accordingly, this Section B, which includes Questions 17 through 34, inclusive, is confidential in nature unless otherwise expressly ordered by the Rhode Island Supreme Court.

17. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, college, or university or otherwise subjected to discipline by any such school or other institution or requested by any such school or institution to discontinue your studies therein? YES NO

In answering this question, you are advised that no statute, administrative rule, court order or legal or administrative proceeding expunging or sealing the information required herein from any record or purporting to authorize any person to deny the existence of such matters shall excuse less than full disclosure.

If yes, please state the cause, circumstances and date of each occurrence. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

18. a. Have you ever been discharged from any employment? YES NO

If yes, please state the date, circumstances, and name, address, and zip code of employer. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

- b. Have you ever been requested, formally or informally, to resign from or terminate employment? YES NO

If yes, please state the date, circumstances, and name, address, and zip code of employer. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

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19. a. Have you ever made application for, or been prohibited from applying for, a position, the procurement of which required proof of good character, which application was denied? YES NO

If yes, as to each such application, state the name, address and zip code of the authority to whom it was addressed, date application was made, and the reason for denial. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

- b. Have you ever held a license or certificate, the procurement of which required proof of good character, which license or certificate was revoked or suspended? YES NO

If yes, as to each such license or certificate, please state the date it was revoked or suspended, and the name and address and zip code of the issuing and revoking authority, and the reason for the revocation or suspension. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

Also, have you ever applied for one and been refused? YES NO

If yes, explain.

You must enclose an exact and complete copy of the Order of Revocation or Suspension for each action listed above.

20. a. 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;

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- 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 the answer to any of the above is yes, please set forth the specifics, including date of action; by whom taken; the name and address of the employment supervisor or academic advisor involved, if applicable; and any person involved in the investigation of your conduct. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

- b. 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. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

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- c. As a member of the armed forces have any charges ever been made or proceedings instituted against you? YES NO
- d. Have you ever been a defendant in any court martial? YES NO

If the answer to either (c) or (d) is yes, please state the date, the nature of the charge, the facts, disposition of the matter and the location and designation of the military establishment where such proceedings took place. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question.

- e. Have you ever received a medical discharge or administrative discharge? YES NO
- If yes, please state the reason.

21. 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 22(b).]* **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 #	Date Repayment Begins	Balance	Status

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22. a. 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 #	Date Repayment Begins	Balance	Status

- b. 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 #	Date Repayment Begins	Balance	Status

- c. 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 judgment, enclose exact and complete copies of such judgments and, if satisfied, satisfaction of judgments. If not satisfied, please so state and indicate amount unsatisfied and payment plan.

23. List all business ventures including, but not limited to, corporations; land, business or trusts; limited or general partnerships or joint ventures; nonprofit corporations or general partnership or joint venture;

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nonprofit corporations or general associations; and all business associations trading or holding property in a name which appear to be the name of a corporation or limited partnership in which you own or owned 10% or more of the capital stock or other property interest, either legally or equitably. ***If none, please write N/A or NONE.***

Name of Entity	State of Incorporation	Address	City, State, Zip Code (if foreign, please state)

24. List all business ventures, including, but not limited to, corporations; land, business or trusts; limited or general partnerships or joint ventures; nonprofit corporations or associations; and all business associations trading under a name which might appear to be a corporation, in which you are or have been an officer, director, or trustee. ***If none, please write N/A or NONE.***

Name of Entity	Principal Office and Mailing Address	Position Held	Dates Held

25. List all 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, in which any of the corporations or business associations named in Question 23 or Question 24 above has been a party (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 in Question 23 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 in Question 24 above. ***If none, please write N/A or NONE.***

Case # and Dated Filed	Court/Agency	Type of Proceedings	Plaintiff/Prosecutor	Defendant	Disposition

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26. List all judgments, liens, orders and decrees ever entered against any entity listed in Questions 23 or 24 above, remaining unsatisfied as of the present date. ***If none, please write N/A or NONE.***

Case # and Dated Filed	Court/Agency	Type of Proceeding	Plaintiff/Prosecutor	Defendant	Disposition

27. List all suits in equity, actions at law, suits in bankruptcy 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 NONE.***

Case # and Dated Filed	Court/Agency	Type of Proceeding	Plaintiff/Prosecutor	Defendant	Disposition

Enclose an exact and complete copy of the complaint or other initial pleading; answer; counterclaim, if any; and the disposition of each action listed in response to Questions 25, 26 and 27 above.

28. *In answering the following three (3) parts of this question, you are advised that no statute, court order or legal proceeding withholding adjudication, expunging the information required herein, or dismissing, vacating or setting aside any arrest, accusation or conviction, or purporting to authorize any person to deny the existence of such matters shall excuse less than full disclosure. You must answer the question; an attachment of letters from law enforcement agencies in lieu of an answer is not acceptable. Once an offense is disclosed under any part of this question, it is not necessary to report the same offense under another part of this question.*

- a. 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 subsection (b) and (c), as

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applicable. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question. ***If none, please write N/A or NONE.***

Date	Name of Arresting/Detaining Agency, and City and State	Case Number and Original Charge/Accusation	Disposition/Fine

In each case you must attach a complete and detailed explanation of the facts and the subsequent actions.

- b. List all instances in your entire life in which you have been charged with a traffic violation which resulted in a fine due at any one time in excess of \$200.00 or more, charged with a traffic violation which resulted in time spent in jail, or probation, charged with offense of reckless driving, driving while intoxicated, driving under influence of alcohol or drugs, driving with an unlawful blood alcohol level, refusal to submit to a chemical test, vehicular manslaughter, or vehicular homicide, or have had your driver's license revoked or suspended. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question. ***If none, please write N/A or NONE.***

Date	Name of Arresting/Detaining Agency, and City and State	Case Number and Original Charge/Accusation	Disposition/Fine

In each case you must attach a complete and detailed explanation of the facts and the subsequent actions.

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- c. List all instances, since the age of eighteen (18), in which you have been arrested, given a written warning, taken into custody or accused, formally or informally, of violating a traffic law or ordinance other than parking offenses. If applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question. ***If none, please write N/A or NONE.***

Date	Name of Arresting/Detaining Agency, and City and State	Case Number and Original Charge/Accusation	Disposition/Fine

In each case you must attach a complete and detailed explanation of the facts and the subsequent actions.

29. 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 applicable, please also provide information relative to any defenses or mitigating factors and/or any explanations for the conduct or circumstances in question. ***If none, please write N/A or NONE.***

Date	Name of Arresting/Detaining Agency, and City and State	Original Charge/Accusation	Disposition/Fine

In each case you must attach a complete and detailed explanation of the facts and the subsequent actions.

30. 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 yes, please state the place, the date, the name of the defendant, the nature of the action or the proceeding, the court and the circumstances. (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.)

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31. a. 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.

- b. Have you ever been refused a bond? YES NO
If yes, please state the date, facts, and the circumstances surrounding the refusal.

- c. 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.

Preamble to Questions 32-34

Through this Petition/Questionnaire, the Committee on Character and Fitness makes inquiry about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information is treated confidentially by the Committee and the Court and will be disclosed only to the Committee to which this Petition/Questionnaire is submitted. The purpose of such inquiries is to allow the Committee and the Court to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; the Committee routinely certifies for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Committee encourages applicants who may benefit from assistance to seek it.

The Committee does, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Committee; further, the responsibility for demonstrating qualification to practice law is assigned to the applicant in Rhode Island.

The Committee does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

You have a right to elect not to answer those portions of the questions that inquire as to the illegal use of controlled substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. You must fully respond to all other questions on the application. Your application will be processed if you claim the Fifth Amendment privilege against self-incrimination. However, the Committee and the Court may take your refusal to answer questions into account in assessing your candidacy.

In responding to Questions 32 and 33, "ability to practice law" shall be construed to include the following:

- (a) the cognitive capacity to undertake fundamental lawyering skills such as problem solving, legal analysis and reasoning, legal research, factual investigation, organization and management of legal work, making appropriate reasoned legal judgments, and recognizing and solving ethical dilemmas, for example;*
- (b) the ability to communicate legal judgments and legal information to clients, other attorneys, judicial and regulatory authorities, with or without the use of aids or devices; and*
- (c) the capability to perform legal tasks in a timely manner.*

32. Within the past five (5) 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 yes, please furnish a thorough explanation of the conduct or behavior below including all relevant dates:

33. 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? For purposes of this question "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer. YES NO
- b. If your answer to Question 33(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 any part of Question 33 is yes, please submit a completed separate "Description of Condition or Impairment" Form, as needed. As used in Question 33, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

34. During your adulthood, have you ever been placed under guardianship or conservatorship in any legal proceeding? YES NO

If yes, please explain in detail, including an exact and complete copy of the complaint or other initial pleading; answer; and the disposition of each action listed above.

SECTION C

*This section must be completed by **all** applicants. Completion of this section is not limited to Rule 2 attorney admission applicants; it must be completed by all applicants who have been admitted to practice law in any jurisdiction or court. Applicants who are not admitted in any other jurisdiction or court shall respond to each inquiry accordingly with "N/A or "No."*

In accordance with Article II, Rule 3(h) of the Rhode Island Supreme Court Rules, this Section C and all documentary material filed in support of or in response to any question in this Section C shall be maintained by the Committee on Character and Fitness and shall not be available to the public except by Order of the Rhode Island Supreme Court. Accordingly, this Section C, which includes Questions 35 through 40, inclusive, is confidential in nature unless otherwise expressly ordered by the Rhode Island Supreme Court.

35. a. List all jurisdictions and courts, State and Federal, in which you have been admitted to practice law and give dates of admissions.

Jurisdiction	Court	Date of Admission

You must provide a Certificate of Good Standing for each of the jurisdictions listed above.

- b. In connection with your 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.

- c. Have you been entitled to practice in each of the jurisdictions and courts specified in your answer to Question 35(a) continuously from the date you first became so entitled until the date hereof? YES NO

If no, please state the dates during which you have been so entitled, the nature and date of the disqualification, the facts and the name, address and zip code of the authority in possession of the records thereof.

PETITION/QUESTIONNAIRE FOR ADMISSION TO THE RHODE ISLAND BAR

36. a. Have you ever been disbarred? YES NO
- b. Have you ever been suspended from practice? YES NO
- c. Have you ever been reprimanded, censured, or otherwise disciplined? YES NO
- d. Have any charges or complaints, formal or informal, ever been made or filed or proceedings instituted against you? YES NO
- e. Have you ever appeared, formally or informally, before a grievance or other similar committee of any bar association, any court, or other law group? YES NO

If yes, to any of the foregoing questions, please state the date, the nature of the charge, the facts, disposition of the matter, and the name, address and zip code of the authority in possession of the records therefore.

37. List each period of private practice or employment in the practice of law from the date that you were first admitted to practice in any jurisdiction or court including temporary or part-time work. **Do not list employment prior to bar admission.** Employment listed here will be used to determine eligibility of Rule 2(a) applicants.

Exact Dates of Practice (MM/DD/YYYY)	Title	Name/Address of Employer	Law Degree Required (Yes/No)	Full-Time or Part-Time	Reason for Leaving

PETITION/QUESTIONNAIRE FOR ADMISSION TO THE RHODE ISLAND BAR

Exact Dates of Practice (MM/DD/YYYY)	Title	Name/Address of Employer	Law Degree Required (Yes/No)	Full-Time or Part-Time	Reason for Leaving

If employment listed above is not with a law firm, or if with a law firm in a jurisdiction where you are not licensed to practice law, please submit a separate page describing the specific duties performed.

38. 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, City, State & Zip Code	Occupation/Profession

39. List the names, addresses, and occupations of five (5) reputable and responsible persons from each state listed in Question 37 with whom you are personally acquainted, who are not relatives, and who are not previously listed in this questionnaire, stating fully your relationship with each of these persons.

Name	Contact Information	Occupation/Profession	Nature and Length of Relationship

PETITION/QUESTIONNAIRE FOR ADMISSION TO THE RHODE ISLAND BAR

Name	Contact Information	Occupation/Profession	Nature and Length of Relationship

40. a. Have you ever held judicial office? YES NO

If yes, state where, when and office held, and if terminated, the reasons therefor.

b. Have any charges or complaints, formal or informal, ever been made or filed or proceedings instituted against you while you were holding judicial office? YES NO

If yes, please state the date, the nature of the charge, the facts, disposition of the matter, and the name and address of the authority in possession of the records thereof.

SECTION D

This section must be completed by all applicants.

I hereby acknowledge that this application is a continuing application for the Rhode Island Bar and that I have an obligation to keep the responses to the questions therein current, complete and correct by the filing of timely Amendment to Application (form provided upon request) until the date of my taking the Oath of Attorney in Rhode Island.

Signature of Applicant

State of _____

County of _____

_____, being first duly sworn says: I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and true to the best of my knowledge.

Signature of Applicant

Date: _____

NOTARIZATION

State of _____ County of _____

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

Notary Public

(Seal) My commission expires: _____

AUTHORIZATION AND RELEASE

I, _____ born at _____
(Name) (City) (State)

on _____, having filed an application for admission to the Bar of Rhode Island, do hereby consent to have an investigation made by the Character and Fitness Committee of Rhode Island Supreme Court as to my moral character, reputation and fitness for the practice of law. I agree to give any further information which may be required in reference to my past record. I understand that if there is an adverse determination by the Character and Fitness Committee, the contents of the report will be disclosed to me; otherwise, I will not be entitled to disclosure of such contents and the same will be privileged.

I also authorize and request every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, records and other information pertaining to me, to furnish to the Character and Fitness Committee any such information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Character and Fitness Committee, or any other of their agents or representatives, to inspect and make copies of such documents, records and other information.

I authorize the Character and Fitness Committee to obtain any information from my official record on file with the Selective Service System, located in the City of _____, State of _____, and further authorize the Department of the _____
Navy, Army, Air Force to furnish to the Character and Fitness Committee, the record of each period of my service therein, and to furnish my service record for each period; and do hereby consent to and authorize the release of such information by the Selective Service System and the department of the _____. My Serial Number was _____.

Navy, Army, Air Force
As an inducement to the Character and Fitness Committee to investigate and reach a determination respecting my moral character, reputation and fitness for the practice of law, I hereby release, discharge and exonerate the Character and Fitness Committee, their agents and representatives, from any and all liability of every nature and kind arising out of any such investigation or out of the furnishing, inspection or use of such documents, records, and other information. **I have read the foregoing document and have given all information fully and frankly. The information is complete and is true of my knowledge.**

(Applicant Signature)

NOTARIZATION	
State of _____	County of _____
Sworn to and subscribed before me this _____ day of _____, 20 _____	
	_____ Notary Public
(Seal)	My commission expires: _____



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

To be used with Question 33

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: _____

Telephone: _____ E-mail: _____

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

Name of hospital or institution: _____

Hospital or institution's current address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

The Character and Fitness Committee is aware of HIPAA requirements.