

Candidate Information			
Date of Birth		NCBE Number: N	
SS Number			
Firm Name (if business)			
Address 1		Address 2	
City		State / Province	
Zip / Postal Code		County	
Country		Email	
Primary Phone Number		Primary Phone Ext	
Additional Phone 1		Additional 1 Ext	
Additional Phone 2		Additional 2 Ext	
Application Information			
Handedness			
I wish to complete the Essay/PT portion by			
I have a DISABILITY or MEDICAL CONDITION for which I am submitting a Courtesy Request or Non-Standard Testing Accommodations Request. For more information please refer to the instructions and forms located on our website at https://www.coloradosupremecourt.com/Future%20Lawyers/TestingAccommodations.asp . Requests for Non-Standard Testing Accommodations are due at the time of exam application submission.			
Have you taken the Multistate Professional Responsibility Exam (MPRE) within the last two years?			
Date of exam		Scaled Score	
Have you requested the transfer of your MPRE scores to Colorado?			
Jurisdiction in which your transferable UBE score was achieved:			
Date of Examination:		UBE Score Achieved:	
Have you requested a transfer of your UBE Score to Colorado?			
Is this an ABA accredited law school?			
Start Date		Date Degree Conferred	
End Date			

Accredited Law School / Name of Law School			
City		State / Province	
Zip Code		Country	
Prior to this application, have you ever filed an application for admission to practice law in Colorado?			
Date (approximate) of application		Type of application	
Have you completed the professionalism course?		Date of most recent course	

1. List every jurisdiction and/or court where you are currently or ever have been admitted to practice law.

Jurisdiction	Courts	Date of Admission	Registration / Bar Number	Status
2. Has your license to practice law in any jurisdiction ever been limited, restricted, suspended, disbarred or revoked (include periods of inactive or nonresident status and any period of administrative suspension or transfer to disability status) since the date of your admission? IF YES, provide the jurisdiction, dates during which it has been limited, the nature of the limitation or disqualification, the facts, and the name and address of the person or authority in possession of the records relating to the matter.				
3. Have you ever been denied admission to the practice of law in any jurisdiction (other than for failure of the bar examination), been denied access to the bar exam of any jurisdiction, been accused of misconduct during the administration of any bar exam, or had an exam score nullified? If YES, identify the jurisdiction, agency and a detailed explanation of the reason(s) you were denied. Provide substantiating documentation from the applicable agencies.				
4. Have you ever had your fitness to practice law questioned through an informal interview, formal hearing, or through any other means? If YES, provide a detailed explanation of each instance including the jurisdiction, dates, the reason(s) for inquiry, nature of inquiry, and final outcome. Provide substantiating documentation from the applicable agency(ies).				
5. Are there any jurisdictions in which you have applied for a license, including any jurisdiction in which you have taken the bar exam, but have not been admitted to practice law?				
Name all jurisdictions to which you have applied for a license to practice law but to which you have not been admitted, including but not limited to, jurisdictions in which you have taken the bar exam but have not been admitted or where your application is pending. List each instance of application and include any jurisdictions from which you have withdrawn an application or in which an application is currently pending or in which you have no intention of being admitted. Indicate whether the application was on-motion, UBE transfer, or exam, date filed or date of exam (if applicable), result (e.g. pass, fail, application pending, withdrew) and if not yet admitted, anticipated date of admission (if known).				
6. Are you or have you been a member of any bar associations?				
Provide the name and location of each bar association of which you are or have been a member.				
7. Have you ever held any public or judicial office? If YES, provide the location, dates, and title of the office held, including the reason for termination (if applicable).				
8. EMPLOYMENT: BEGINNING WITH YOUR CURRENT OR MOST RECENT, list in chronological order, all periods of employment or self-employment, within the last ten years or since you were first admitted to practice law in any jurisdiction				

(whichever is longer, but not prior to your 18th birthday). Employment encompasses all part-time and full-time employment longer than 60 days, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work and temporary employment. Account for any unemployment period of more than three (3) months (i.e., attending law school, studying for the bar exam, seeking employment, etc.). ALL EMPLOYERS WILL BE CONTACT. If your reason for leaving was the result of being terminated, disciplined or resignation in lieu of termination, complete a separate FORM 26 as part of your response to Question 26 for EACH incident.

You must enter current employment information to complete this section.

DO NOT include, as a supervisor/reference, yourself, any person related to you by blood or marriage, under your supervision, anyone who resides at your current residential address or any individuals already referred to in your application (Questions 9 or 10).

9. Provide the names and addresses of three (3) attorneys who know you. If you are not admitted to practice law, and you do not know three (3) attorneys, substitute law school professors or other professionals. DO NOT include yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address or anyone listed in your answers to Questions 8 or 10.

10. Provide the names and complete addresses for at least six (6) people, preferably persons who have known you for at least five (5) years, including one person from EVERY location where you have lived or been employed during the last ten years or since admission to the bar of any other jurisdiction (whichever is longer, but not prior to your 18th birthday) with whom you are personally acquainted. DO NOT include yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address or anyone listed in your answers to Question 8 or 9.

11a. Provide the name(s) and complete mailing address(es), including zip code(s) for every college or university attended (other than law schools) including dates of attendance and degree. If you attended a college or university from which you did not graduate or from which you received no credit, provide a detailed explanation of why no credit was granted

11b. Provide the name(s) and complete mailing address(es), including zip code(s) for any law school you attended other than that listed in the application Profile Section of this questionnaire. If you attended a law school from which you did not graduate or from which you received no credit toward your law degree, provide a detailed explanation of why you did not graduate and why no credit was granted.

12. Have you ever applied for a professional, state or local license in order to pursue a career in a field (other than law) requiring licensure? If YES, provide for each application the date of the application, name and address of the licensing agency, type of license, whether an examination was required, whether proof of good character was required, and the date the license was issued. If no license was issued upon application, state the full reason.

13. Have you been issued a United States drivers license?

List every state where you have been licensed to drive in the last five (5) years by selecting the "Add a new drivers license" button. Designate the state in which you are currently licensed. Provide an official original (photocopies will not be accepted) of your driving record from the Department of Motor Vehicles or Public Safety in each jurisdiction where you have been licensed to drive or you have resided in the last five (5) years. Driving records must be currently dated (no more than 30 days prior to the date your application is filed). Driver histories obtained through internet sources will not be accepted unless they were obtained directly from the jurisdiction's Department of Motor Vehicles official website.

Details

14. RESIDENCE: Beginning with your current address and continuing in CHRONOLOGICAL order, list every address where you have lived for 90 days or longer (including ZIP CODE) during the last ten years or since you were first admitted to practice law in any jurisdiction (whichever is longer, but not prior to your 18th birthday).

15. Marital Status

a. Marriage Date

b. Marriage Location

c. Spouse Full Name

16. Have you ever been divorced, legally separated or had a marriage annulled or set aside? If YES, state name of former spouse(s), date of action(s), location of action(s), and how your marriage(s) was (were) terminated. If terminated by court order, provide copies of all court documents pertaining to marital or legal termination, including decrees, any separation agreement(s), permanent or final orders, and any other documentation relating to each marital or legal termination.

17. Have you ever been required to pay alimony, maintenance or child support payments as a result of a divorce, annulment or other court proceeding? If YES, list name and last known address of your former spouse(s) and child(ren)'s parent(s), provide a notarized statement from the person to whom payments are made of your compliance with support payments, or a record of payment from the court registry through which payments are made.

18. 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, or of any foreign country? If YES, complete separate FORM 18.

19. Have you ever had your name changed by marriage or civil union, divorce, court order, or been known by any name other than a "nickname" or that which you entered in the application Profile Section of this questionnaire? If YES, state in full, each name used and the dates that name was used. Provide a copy of the petition of name change and the final court order for such change. If no such court order exists, provide an explanation of what transpired.

20. Are you a U.S. citizen?

If you are not a U.S. citizen, are you authorized by the United States government to work in the United States?

21. Provide the following parent information (if deceased, so state)

Parent 1 Name Designate maiden name, if applicable, in () parentheses.	
Deceased	
Parent 1 Address	
Parent 1 City	
Parent 1 State	
Parent 1 Province	
Parent 1 Country	
Parent 1 Zip Code	
Parent 1 Postal Code (if applicable)	
Parent 2 Name Designate maiden name, if applicable, in () parentheses.	
Deceased	
Parent 2 Address	
Parent 2 City	
Parent 2 State	
Parent 2 Province	
Parent 2 Country	
Parent 2 Zip Code	
Parent 2 Postal Code (if applicable)	

22. Are you currently the subject of any charges, complaints, disciplinary or grievance actions (formal or informal) and/or have you ever been suspended, censured, reprimanded, publicly or privately, or disqualified as an attorney or a member of any other profession, or as a holder of public office? If YES, complete a separate FORM 22 for each incident. Duplicate FORM 22 as needed. Provide copies of the charge, complaint, or grievance and final disposition from the appropriate disciplinary authority.

This complaint was filed against me while I was practicing as an attorney.

23. 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 pending matters? If YES, complete a separate FORM 23 for each allegation. Duplicate FORM 23 as needed. Provide copies of original charge, complaint or grievance and final disposition from the appropriate disciplinary authority.

You are required to answer Questions 24 and 25 completely, irrespective of any statute, administrative rule, court order or legal or administrative proceeding expunging the information required herein from any record or purporting to authorize any person to deny the existence of such matters, and IRRESPECTIVE OF ANY ADVICE FROM ANY SOURCE (INCLUDING LEGAL COUNSEL) THAT SUCH INFORMATION NEED NOT BE DISCLOSED.

*** I have read, understand and acknowledge the above.**

24. Have you ever been accused of a violation of an honor code or student conduct code, warned or advised of any misconduct, accused of and/or investigated for any misconduct, placed on scholastic or disciplinary or any other form of probation, sanctioned, suspended, requested or advised to discontinue your studies, dropped, expelled or requested to resign or otherwise subjected to discipline by any college, law school or other post-secondary institution? If YES, complete a separate FORM 24 for each violation. Duplicate FORM 24 as needed. Provide copies of any and all relevant documentation contained in your student file.

25. Regardless of whether the record has been expunged, canceled, or annulled, or whether no record was made, have you ever been accused of cheating, plagiarism, or other academic dishonesty at any college, university, law school, or post-secondary institution you attended? If YES, complete a separate FORM 25 for each accusation. Duplicate FORM 25 as needed. Provide copies of any and all relevant documentation contained in your student file.

26. Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job? If YES, complete a separate FORM 26 for each incident. Duplicate FORM 26 as needed. (If the employment was not previously listed, please go back and add it to Question 8).

27. Have any decrees, judgments, liens, or orders (including child support, maintenance, alimony, or tax liens) ever been entered against you in favor of a creditor or other entity? If YES, complete a separate FORM 27 for each judgment, lien, decree or order. Duplicate FORM 27 as needed. Provide copies of judgment(s), and if satisfied, satisfaction(s) of judgment(s).

28. Within the past seven (7) years, have you been delinquent by more than 90 days in the payment of any debt, including student loans, had a credit card involuntarily revoked or canceled, a credit account involuntarily closed or any debt referred to a collection agency or "charged off" as not collectible? If YES, complete a separate FORM 28 for each incident. Duplicate FORM 28 as needed. Provide documentation substantiating any repayment arrangements, including verification of current pay status or satisfaction.

29. Do you currently have any outstanding tax liabilities (i.e. tax liens, distraint warrants, etc.) and/or have you ever failed to file federal, state, and/or local income tax returns since first becoming obligated to do so by law, excluding years not required to file based upon lack of income? If YES, complete a separate FORM 29 for each tax year you were delinquent. Duplicate FORM 29 as needed. Provide documentation substantiating any repayment arrangements, including verification of current pay status or satisfaction.

30. Has any surety on any bond on which you were the principal been required to pay any money on your behalf? If YES, complete FORM 30. Duplicate FORM 30 as needed.

31. Have you ever filed a petition for bankruptcy or for establishment of a wage earners plan? If YES, complete a separate FORM 31 for each bankruptcy petition filed. Duplicate FORM 31 as needed. Provide schedule of indebtedness, petition for bankruptcy, and order of discharge from the bankruptcy court.

30. Have you ever filed a petition for bankruptcy or for establishment of a wage earners plan? If YES, complete a separate FORM 30 for each bankruptcy petition filed. Duplicate FORM 30 as needed. Provide schedule of indebtedness, petition for bankruptcy, and order of discharge from the bankruptcy court.

31. 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? If YES, complete a separate FORM 31 for each occurrence. Duplicate FORM 31 as needed. Provide a copy of the administrative record.

32. Have you ever been named a party to any civil action? If YES, complete a separate FORM 32 for each civil action. Duplicate FORM 32 as needed. Provide a copy of the original complaint, pleadings, judgments, and/or final orders.

33. Have you ever been held in contempt of court for any reason, have sanctions ever been entered against you or have you ever been disqualified from participating in any case? If YES, complete a separate FORM 33 for each occurrence. Duplicate FORM 33 as needed. Provide a copy of the order of contempt, sanction or disqualification.

34. **Regardless of whether the record has been sealed, expunged, canceled or annulled have you ever been investigated, detained, arrested, cited for, charged with, or convicted, imprisoned, placed on probation or parole or forfeited collateral for any offense against the law or ordinance? Include matters that have been dismissed, expunged, sealed, subject to a diversion or a deferred prosecution program or otherwise set aside.** You must report any failure-to-appear charges resulting from the offense(s). If YES, complete a separate FORM 34 for each offense criminal case. Duplicate FORM 34 as needed. Provide a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiation of successful completion of any sentences imposed. Matters involving alcohol- or drug-related traffic violations should be reported in response to Question 35 and on FORM 35.

35. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation? You must report any failure-to-appear charges resulting from the offense(s). If YES, complete a separate FORM 35 for each DUI case. Duplicate FORM 35 as needed. Provide a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiation of successful completion of any sentences imposed.

36. Have you been cited for, charged with, or convicted of any traffic violations during the past five (5) years, excluding parking violations? You must report any failure-to-appear charges resulting from the offense(s). If YES, complete a separate FORM 36 for each violation. Duplicate FORM 36 as needed. Traffic violations involving alcohol or drugs should be reported in response to Question 35 and on FORM 35.

The following questions address recent mental health and chemical or psychological dependency matters. The purpose of these questions is to determine the current fitness of an applicant to practice law. Each applicant is considered on an individualized basis. The mere fact of treatment for mental health problems or chemical or psychological dependency is not, in itself, a basis on which an applicant is ordinarily denied admission to the Colorado bar. The Office of Attorney Admissions regularly recommends licensing of individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical or psychological dependency issues. The Board encourages applicants who may benefit from treatment to seek it. As indicated in the Rules Governing Admission to the Bar, all proceedings conducted pursuant to the Rules are confidential, with certain limited and enumerated exceptions; further, no information is disclosed without giving the applicant advance notice and an opportunity to object. See Rule 211.1.

On occasion a license may be denied when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by their responses. Protection of the public that will receive legal services underlies the licensing responsibilities assigned to the Office of Attorney Admissions. Furthermore, each applicant is responsible for demonstrating that they possess the qualifications necessary to

practice law. Your response may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner.

The Office of Attorney Admissions does not, by its questions, seek information that is characterized as situational counseling, such as stress counseling, domestic counseling, and grief counseling. Generally, these types of counseling are not viewed as germane to the issue of whether an applicant is qualified to practice law.

*** I have read, understand and acknowledge the above.**

37. This question number has been intentionally left blank. DO NOT ANSWER.

38. 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? If YES, complete FORM 38. Duplicate FORM 38 as needed.

39. 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? As used in Question 39, "currently" means recently enough so that the condition or impairment could reasonably have an impact on your ability to function as a lawyer. If YES, complete a separate FORM 39 for each service provider. Duplicate FORM 39 as needed.

40. If your answer to Question 39 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? If YES, complete a separate FORM 40 for each service provider. Duplicate FORM 40 as needed.

41. Within the past five (5) years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding, by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment or termination procedure? If YES, complete FORM 41. Duplicate FORM 41 as needed.

42. Have you ever been declared incompetent or had a conservator appointed to help conduct your affairs? If YES, provide a copy of the declaration or appointment.

** 43. Is there any additional information with respect to possible misconduct or lack of moral qualifications on your part, which is not otherwise disclosed by your answers to questions in this application? If YES, describe in detail, any such information. This is not meant to be used to supplement any information related to specifically asked application questions. That information should be included in the detailed explanation related to the specific question or as an Application Amendment available once your application is submitted.*

Submission Acknowledgements

*** All questions for all sections of my online application have been understood, answered and reviewed for completeness and truthfulness.**

*** A detailed explanation and any supporting documentation for each applicable question has been prepared and uploaded to my application.**

*** I have reviewed the Documents Required Tab. All required forms, supplementary documents and court documents associated with my application have been, or will be, uploaded to my application in a timely manner.**

*** I understand my obligation to report all changes to my application (including, but not limited to, address and employment) in writing within ten (10) days of occurrence.**

*** I understand that photocopies of my submitted application, documents and forms are not available from the Office of Attorney Admissions at any time after my application is filed.**

*** I understand I must print or save a completed copy of my application, documents and forms for own records.**

* The sworn and notarized Statement of Verification and Authorization and Release have been printed, completed, uploaded and saved or photocopied for my own records.

Sample



COLORADO SUPREME COURT

ATTORNEY REGULATION COUNSEL

www.coloradosupremecourt.com

Fingerprint Requirement Form

I, _____ acknowledge
(Full Name of Applicant)

- I have or will obtain my fingerprints following the [Colorado Applicant Background Service \(CABS\)](#) process for submission of fingerprints to the CBI and FBI. I have also read and understand the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.
- I understand that I must upload this signed and dated form to my online application portal into the Fingerprints place holder and that this is required for submission of my application.
- I also understand that completion of this process is a requirement for admission to practice law in Colorado. My application will not be complete until my fingerprints are processed through CABS and a background report is received by the Colorado Office of Attorney Admissions.

Signature: _____ Date: _____

For a challenge of Colorado state CHRI an subject of a record can do a record challenge at Colorado Bureau of Investigation (for information on this procedure go to the website, <https://www.colorado.gov/pacific/cbi/identity-theft-and-mis-identification>). You can also take your dispute directly to the arresting agency. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.

FBI Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and Federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



COLORADO SUPREME COURT

ATTORNEY REGULATION COUNSEL

www.coloradosupremecourt.com

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Updated 11/6/2019

AUTHORIZATION AND RELEASE

I, _____, born at _____
 (Applicant's Name) (City) (State)

on _____ having filed an application for admission to the bar of Colorado, hereby apply for a character
 (Date of Birth)

report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the State of Colorado Supreme Court Office of Attorney Admissions. I agree to provide any further information that may be required concerning my past record. I understand that the contents of my character and fitness investigation are confidential and that I will not receive, and am not entitled to, a copy of the investigation or to know its contents. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association, educational and /or other institution having control of any documents, records, and other information pertaining to me, to furnish to the Colorado Office of Attorney Admissions 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. I also permit the Colorado Supreme Court Office of Attorney Admissions or any of its agents or representatives to inspect and make copies of such documents, records or other information, and on its own volition or in response to any inquiry from any agency of the Colorado Supreme Court or of any other jurisdiction at any time in the future, to furnish to such agency information, documents, or records contained in my file. The records, however, will not include any information with respect to a juvenile offense.

I also authorize and request the Department of the _____ to furnish to the Colorado Supreme Court
 (Air Force, Army, Navy)
 Office of Attorney Admissions the record of each period of my service therein and to furnish the character of service rendered for each period.

I also authorize the Colorado Supreme Court Office of Attorney Admissions to disclose to my law school my bar exam results.

I agree that the Colorado Supreme Court Office of Attorney Admissions, and its members, employees and agents shall be immune from all civil liability for damages for conduct and communications occurring in the performance of and within the scope of their official duties relating to the examination, character and fitness qualification, and licensing of persons seeking to be admitted to the practice of law. Records, statements of opinion and other information regarding an applicant for admission to the bar communicated by an entity, including any person, firm or institution, without malice, to the Colorado Supreme Court Office of Attorney Admissions, or to its members, employees or agents, are privileged, and civil suits for damages predicated thereon may not be instituted. Rule 202.5 C.R.C.P.

I authorize and direct any consumer-reporting agency to furnish a copy of my credit report to the Colorado Supreme Court Office of Attorney Admissions for the purpose of conducting a character and fitness investigation.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

State of _____)
) ss.
 County of _____)

Signature of Applicant

On this ____ day of _____, in the year of _____ before me, _____ personally
 (Notary Name)
 appeared _____ personally known to me or (proved to me on the basis of
 (Applicant's Name)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature: _____

Notary's Address: _____

(SEAL)

My commission expires on _____

Statement of Verification

STATE OF _____)
)
 CITY OF _____) ss.
)
 COUNTY OF _____)

I verify and state that I am the applicant named in the foregoing application; that **I respectfully apply to the Colorado Supreme Court through its Office of Attorney Admissions for admission to the Bar of the State of Colorado**; that the statements and representations made in the foregoing application are true and correct; **that these statements and representations are made for the purpose of inducing the Colorado Supreme Court to grant me a license to practice as an attorney and counselor at law**; and I understand that if any statements or representations in this application are false or untrue, that the license may be denied or, if granted, may be revoked. I further verify that I have not omitted any facts or matters pertinent to my electronically filed application. I further verify that I entered and completed the information included in my electronically filed application. Initial _____

I hereby acknowledge that this is a continuing application, and that I have an obligation to keep my responses to the questions current, complete and correct by filing timely amendments until the date of my admission to the practice of law in Colorado. I understand that an amendment is considered timely when made no later than **10 days** after any occurrence that would change, or render incomplete, any answer on my bar application. Initial _____

I certify that my purpose for taking the Colorado bar examination is for admission purposes only. I further certify that I will not share the content of any portion whatsoever of the Colorado bar examination with any individual, organization, or agency that may use that information for commercial purposes. This statement does not apply to applicants under C.R.C.P 203.2 and 203.3. Initial _____

Applicant Signature

(Signature required of all Exam, On Motion, and UBE Transfer Applicants)

On this _____ day of _____, in the year of _____ before me, _____, personally appeared

(Notary Name)

_____ personally known to me (or proved to me on the basis of
 (Applicant's Name)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature: _____

Notary's Address: _____

My commission expires on _____

(S E A L)

(This page must be executed and submitted as a one-page document)

**COLORADO SUPREME COURT
OFFICE OF ATTORNEY ADMISSIONS
1300 Broadway, Suite 520
Denver, Colorado 80203**

CERTIFICATE OF LAW SCHOOL GRADUATION

Application for Admission to the Bar of _____
(Student's Full Name)

I hereby certify that

A. The applicant named above studied law at: _____
(School Name)

B. Applicant completed all requirements for _____ on _____
(Degree type) (Date completed)

C. Applicant received said degree on _____
(Date conferred)

D. Applicant's record **does not reflect adversely on his/her fitness to practice law**; and during his/her attendance at this law school, he/she has not been subject to any disciplinary action, except:

E. ☐ Said law school **WAS ACCREDITED BY THE AMERICAN BAR ASSOCIATION**; or
☐ Said law school **WAS STATE ACCREDITED** in _____
(State)

On or before the date on which applicant received said degree.

F. At said law school I hold the title of _____

Certified by: _____
(Print name)

Signature: _____
(Original Signature Required)

Date of Certification: _____

Please include a copy of the student's law school application.

(SCHOOL OR NOTARY SEAL)

DO NOT EXECUTE THIS CERTIFICATE UNTIL AFTER the student's degree has been conferred. If school has no official seal, a notary execution must reflect the official and verified status of this certificate.

APPLICATION AMENDMENT FORM

USE THIS FORM TO REPORT CHANGES TO INFORMATION IN YOUR APPLICATION.

SUBMIT A SEPARATE APPLICATION AMENDMENT FORM FOR EACH QUESTION AND SUBJECT.
CREATE COPIES OF THIS FORM AS NEEDED FOR EACH AMENDMENT TO YOUR APPLICATION.

(This form must be typewritten, signed, dated and uploaded)

CANDIDATE NAME:

NCBE NUMBER:

This amendment applies to Question _____ of my application questionnaire.

Applicant's Signature (Sign or type your name)

Date

ADDITIONAL FORMS AND SUPPLEMENTAL DOCUMENTS MAY BE REQUIRED.

To be used with Question 18
FORM 18 / MILITARY SERVICE

Name _____
First Middle Last Suffix NCBE Number

- ☐ 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 _____

PROVIDE COPIES OF ALL REPORTS OF SEPARATION (e.g. DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 PROVIDED MUST INDICATE YOUR CHARACTER OF SERVICE AND REASON FOR DISCHARGE. IF YOU ARE CURRENTLY SERVING ON ACTIVE DUTY, PROVIDE A COPY OF MOST RECENT EVALUATION AND CURRENT ORDERS.

B. For PRESENTLY SERVING PERSONNEL ONLY: Check: ☐ Active ☐ Reserve ☐ Nat'l Guard

Present duty station _____

Address _____

City _____ State _____ Zip _____

Country _____

Telephone number _____

Name of commanding officer _____

C. As a member of the armed forces of the United States:

- | | | |
|--|-------------------------------|-----------------------------|
| 1. Were you ever the subject of charges in any court-martial? | <input type="checkbox"/> *Yes | <input type="checkbox"/> No |
| 2. Were you allowed to resign in lieu of court-martial? | <input type="checkbox"/> *Yes | <input type="checkbox"/> No |
| 3. Did you ever receive non-judicial punishment? (Art. 15 UCMJ) | <input type="checkbox"/> *Yes | <input type="checkbox"/> No |
| 4. Have you ever received a discharge for medical or other than "honorable" reasons? | <input type="checkbox"/> *Yes | <input type="checkbox"/> No |
| 5. Were you administratively discharged? | <input type="checkbox"/> *Yes | <input type="checkbox"/> 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 _____

To be used with Question 22
FORM 22 / PROFESSIONAL DISCIPLINARY HISTORY

Name _____
First Middle Last Suffix NCBE Number

Jurisdiction/State _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Case Number (if applicable) _____

Action Taken _____ Date Action Taken _____

Provide substantiating documentation to include copies of the original charge, complaint or grievance and final disposition from the appropriate disciplinary authority.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this incident/conduct. The explanation should include your perspective of the circumstances, reasons, or situations which contributed to the incident/conduct disclosed. This includes any information or explanation which mitigates or lessens the severity of the actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Duplicate this form as needed.

FORM 23 / UNAUTHORIZED PRACTICE OF LAW

To be used with Question 24
FORM 24 / EDUCATIONAL INSTITUTION DISCIPLINE

Name _____
 First *Middle* *Last* *Suffix* *NCBE Number*

Discipline involving accusations of cheating, plagiarism or other academic dishonesty should ONLY be reported on FORM 25.

Name of School/Institution _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Action Taken _____ Date Action Taken _____

Provide substantiating documentation to include copies of any and all relevant documentation contained in your student file.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this incident/conduct. The explanation should include your perspective of the circumstances, reasons, or situations which contributed to the incident/conduct disclosed. This includes any information or explanation which mitigates or lessens the severity of the actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Duplicate this form as needed.

To be used with Question 25
FORM 25 / ACADEMIC MISCONDUCT

Name				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	<i>NCBE Number</i>

Matters involving cheating, plagiarism, or other academic dishonesty must be disclosed on this FORM.

Name of School/Institution _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Action Taken _____ Date Action Taken _____

Provide substantiating documentation to include copies of any and all relevant documentation contained in your student file.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this incident/conduct. The explanation should include your perspective of the circumstances, reasons, or situations which contributed to the incident/conduct disclosed. This includes any information or explanation which mitigates or lessens the severity of the actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Sal

Duplicate this form as needed.

To be used with Question 26
FORM 26 / EMPLOYMENT TERMINATION

Name _____
First Middle Last Suffix NCBE Number

Name of Employer _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Name of supervisor _____

Employed From _____ Employed To _____

If the employment was not previously listed, please go back and add it to Question 8.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this termination. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the termination disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Duplicate this form as needed.

To be used with Question 27
FORM 27 / JUDGMENTS, LIENS, DECREES, ORDERS

Name _____
First Middle Last Suffix NCBE Number

Type (Judgment, Lien, Decree, Order) _____

Date _____

Jurisdiction/Court _____

Name of Party 1 _____

Name of Party 2 _____

Name of Creditor _____

Amount Ordered to Pay _____

Provide substantiating documentation to include copies of judgment(s), and if satisfied, satisfaction(s) of judgment(s).

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this judgment, lien, decree or order. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to this judgment, lien, decree or order. This includes any information or explanation which mitigates or lessens the severity of the actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Has this obligation been satisfied? _____ If YES, date satisfied? _____

If NO, detailed explanation of why the obligation has not been satisfied _____

Duplicate this form as needed.

To be used with Question 28
FORM 28 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix NCBE Number

Type of action: ☐ Revocation ☐ Defaulted student loan
☐ Defaulted other debt ☐ Past due debt
☐ Debt not discharged ☐ Debt discharged in bankruptcy

Type of debt: ☐ Charge Account ☐ Credit Card ☐ Real Estate (e.g. mortgage, tax lien, etc.)
☐ Student Loan ☐ Utility/Telephone ☐ Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____
Address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____
Name 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 _____

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the history of the debt containing a description of the factual events and actions which led to this debt, including any actions taken to collect and any defenses. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the debt disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include copies of any repayment arrangements, including verification of current pay status or satisfaction. Duplicate this form as needed.

To be used with Question 29
FORM 29 / INCOME TAX FILING

Name				
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	<i>NCBE Number</i>

Type (Federal, State, Local)_____

State or Locality (if applicable)_____

Year Not Filed _____

Amount Remaining to be Paid _____

Provide substantiating documentation to include copies of any repayment arrangements, including verification of current pay status or satisfaction.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this incident/conduct. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the incident/conduct disclosed. This includes any information or explanation which mitigates or lessens the severity of the actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

sample

Duplicate this form as needed.

To be used with Question 30
FORM 30 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Suffix NCBE Number

Date bankruptcy filed _____ Court file number _____

Complete title of action _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Debts reaffirmed and/or not discharged:

Credit Grantor	Account Number	Amt. Not Discharged/Reaffirmed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition _____

Disposition _____

Were any adversary proceedings instituted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there any allegations of fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any debts not discharged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the history of this bankruptcy. This written statement should contain a description of the factual events and actions which led to this bankruptcy. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the bankruptcy disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include copies of the schedule of indebtedness, petition for bankruptcy, and order of discharge from the bankruptcy court.

Duplicate this form as needed.

To be used with Question 31
FORM 31 / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix NCBE Number

Complete title of action/complaint _____

Date action/complaint filed _____ File number _____

Name and complete address of administrative forum or body involved:

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 _____

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the action taken containing a description of the factual events and actions which led to this administrative action. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the administrative action disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include a copy of the administrative record and final disposition from the administrative authority.

Duplicate this form as needed.

To be used with Question 32
FORM 32 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Suffix NCBE Number

Complete title of action _____

Date action filed _____ Court file number _____

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. 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? _____

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the law suit containing a description of the factual events and actions which led to this civil action. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the civil action disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include copies of the original complaint, pleadings, judgments, and/or final orders from the court. Duplicate this form as needed.

To be used with Question 33
FORM 33 / CONTEMPT OF COURT

Name _____
First Middle Last Suffix NCBE Number

Name of Court _____

Address _____

City _____ State _____ Zip _____

Action Taken _____ Date Action Taken _____

Provide substantiating documentation to include copies of the order of contempt and sanction from the court.

Provide a Detailed Explanation: This written statement should contain a description of the factual events and actions which led to this incident/conduct. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the incident/conduct disclosed. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation. Attach a separate page(s) if necessary.

Detailed Explanation _____

Duplicate this form as needed.

FORM 34 / RECORD OF OFFENSE AGAINST THE LAW OR ORDINANCE

DUI violations should ONLY be reported in response to Question 35 and on FORM 35.

Name _____
First Middle Last Suffix NCBE Number

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 and sentence _____

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the offense against the law or ordinance containing a description of the factual events and actions which led to this offense. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the offense. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiation of successful completion of any sentences imposed. Duplicate this form as needed.

FORM 35 / DUI

Name _____
First Middle Last Suffix NCBE Number

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 _____

BAC _____

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 and sentence _____

Provide a Detailed Explanation: On a separate page(s), provide a detailed explanation of the alcohol- or drug-related traffic violation containing a description of the factual events and actions which led to this violation. The explanation should include your perspective of the circumstances, reasons, or situations that contributed to the violation. This includes any information or explanation which mitigates or lessens the severity of your actions or conduct and to illustrate rehabilitation.

Provide substantiating documentation to include a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiation of successful completion of any sentences imposed. Duplicate this form as needed.

To be used with Question 36
FORM 36 / RECORD OF TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix NCBE Number

Currently licensed in _____ Driver's license number _____
State

Traffic violations involving alcohol or drugs should be reported in response to Question 35 and on FORM 35.

Please complete the following information for each incident:

- *Name of law enforcement agency* _____
Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
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 _____

- *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 _____

Duplicate this form as needed.

FORM 39 / DESCRIPTION OF CURRENT CONDITION OR IMPAIRMENT

Name _____
 First *Middle* *Last* *Suffix* *NCBE Number*

The Office of Attorney Admissions is aware of HIPAA requirements.

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Describe the condition or problem _____

Describe any treatment and/or monitoring program _____

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

Name and complete address of attending physician or counselor:

Name of physician or counselor _____
Physician's or Counselor's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Name and complete address of hospital or institution:

Name of hospital or institution _____
Hospital's or Institution's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Duplicate this form as needed.

FORM 40 / REDUCTION OR AMELIORATION OF CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix NCBE Number

The Office of Attorney Admissions is aware of HIPAA requirements.

Relevant date(s): From Mo/Yr _____ To Mo/Yr _____

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Describe the condition or impairment _____

Describe any treatment, monitoring or support program and how it reduces or ameliorates the condition or impairment

Name and complete address of treatment provider:

Name of treatment provider _____
Treatment provider's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Name and complete address of monitoring or support program:

Name of monitoring or support program _____
Monitoring or support program's current address _____
City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone number _____

Duplicate this form as needed.

To be used with Question 41
FORM 41 / CONDITION OR IMPAIRMENT IN DEFENSE OR MITIGATION

Name _____
First Middle Last Suffix NCBE Number

The Office of Attorney Admissions is aware of HIPAA requirements.

Name of Entity Before Which the Issue was Raised (i.e. court, agency, etc.)

Address _____

City _____ State _____ Zip _____

Nature of Proceeding _____

Date of Disposition _____

Final Disposition _____

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment and how it was used in defense or mitigation. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Detailed Explanation _____

Duplicate this form as needed.