

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA
5510 Six Forks Road
Suite 300
RALEIGH, NORTH CAROLINA 27609

APPLICATION FEE \$ _____	
Make check payable to: BOARD OF LAW EXAMINERS	
Comity Fee	\$2000.00
FOR OFFICE USE ONLY	
Receipt No.	_____

In re application of:

(Please type name as it should appear on license certificate)

CURRENT MAILING ADDRESS

_____ ZIP CODE

(_____) _____ Phone Number

Email _____@_____

Please notify the Board in writing of any change in your mailing address. All correspondence will be sent to your current mailing address.

The date you took and passed the Multistate Professional Responsibility Examination pursuant to Rule .0502(9) (Required score 80) _____

Have you directed the National Conference of Bar Examiners to certify your scores directly to North Carolina? (If not, please do so)

YES NO

Or date you plan to take the Multistate Professional Responsibility Exam _____

APPLICATION MUST BE FILED IN DUPLICATE (EXCLUDING ATTACHMENTS)

APPLICATION FOR LICENSE TO PRACTICE LAW IN NORTH CAROLINA BY COMITY

TO THE BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA:

The undersigned herewith applies for license to practice law in the State of North Carolina under the rules adopted by the Board of Law Examiners, approved by the Council of The North Carolina State Bar and certified by the North Carolina Supreme Court, governing admission by comity, and in support of such application submits the following questionnaire and affidavit and other papers.

(1)

APPLICANT'S QUESTIONNAIRE and AFFIDAVIT

SECTION 1

1. (a) Full name _____
- (b) Permanent residence address

- (c) Social Security Number _____
- (d) Date of birth _____ Age _____
- (e) Place of Birth _____
- (f) In what country are you a citizen? _____
- (g) Mother's name and address _____

- (h) Father's name and address _____

- (i) Current Driver's License (State and Number) _____
Please provide a driving record from the Department of Motor Vehicles of each state in which you have ever been licensed to drive. Other States: _____
- (j) Have you ever used or been known by any other name? 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.

- (k) If your name has ever been changed, please state former name and when, how and why change was made. If change was made in a proceeding, please annex a copy of the order or other appropriate evidence of change.

2. List below, every permanent and temporary residence you have ever had, including the present, in the United States or elsewhere, since your 21st birthday, with exact address of each, and the month and year of the beginning and ending of each such residence (Exclude military address, unless off base.).

RESIDENCES

Current Address From Mo/Yr _____
Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____
Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____
Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____
Address _____ Apt. _____
City _____ County _____
State _____ Zip _____ Country if not U.S. _____

2. continued

From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not U.S. _____

From Mo/Yr _____ To Mo/Yr _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not U.S. _____

3. (a) Marital status?

(b) If married, list the date and place of marriage and the name of spouse:

(c) If married and living apart, has separation been the subject of legal proceedings?

YES NO

If YES, PLEASE FURNISH a copy of separation documents.

(d) Except as above-stated, have you ever been married?

YES NO

If YES, please state when, where and with whom such marriage was contracted, and when and how the marital status was terminated. Please enclose a copy of the complaint or other initial pleading; answer; counterclaim; agreement, if any; final judgment or other disposition; any post-judgment proceedings; and 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.

(e) Have you ever been required to pay support or alimony payments?

YES NO

If YES, please advise the Board of the status of your compliance with the support or alimony order and list the name and last known complete address, including zip code, of the person receiving support or alimony payments.

4. Education other than the study of law:

(a) High School
NAME AND LOCATION

(1) _____ From _____, 19____ to _____, 19____

(2) _____ From _____, 19____ to _____, 19____

(b) College or University
NAME, COMPLETE ADDRESS, AND ZIP

(1) _____ From _____, 19____ to _____, 19____

(2) _____ From _____, 19____ to _____, 19____

(3) _____ From _____, 19____ to _____, 19____

Degree(s) (if any) _____ School _____

_____ School _____

_____ School _____

I have requested the Colleges and Universities listed above which I have attended, to furnish transcripts directly to the Board disclosing my complete record, and I have authorized such Colleges and Universities to furnish the Board such other information as it may from time to time request. I am enclosing copies of my requests to such Colleges and Universities.

Transcripts must come directly from the educational institutions and those delivered to the Board by the applicant are unacceptable.

5. Legal education: (GIVE NAME, COMPLETE ADDRESS AND ZIP)

Law School _____

Address _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____

Law School _____

Address _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____

Law School _____

Address _____

From Mo/Yr _____ To Mo/Yr _____ Degree _____

GRADUATED?

If YES, give date of graduation _____

YES NO

I have requested the law schools which I have attended to furnish transcripts directly to the Board disclosing my complete record, (copy of request enclosed) and I have authorized such law schools to furnish the Board such other information as it may request about my past record or any record hereafter made.

6. (a) Have you ever been denied admission to any school, college, law school or other similar institution for cause which might reflect on your character?

YES NO

(b) 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 or advised by any such school or institution to discontinue your studies therein?

YES NO

(c) Have you ever violated or been formally charged with a violation of the honor code of any educational facility?

YES NO

(d) When you applied for admission to law school, did you fail to fully disclose all criminal charges and convictions as requested by the law school application?

YES NO

(e) Have you ever failed to answer fully and truthfully all questions on the application for admission to any educational facility?

YES NO

If your answer is YES to either (a) (b) (c) (d) or (e) give the name and complete address, including zip code, of any such institution and state the circumstances and date of each occurrence.

7. Did you register under the Selective Service Act of 1948? YES NO
If NO, please explain.

8. (a) Are you now, or have you ever been a member of the armed forces of the United States? YES NO

If YES, list:

(1) dates of periods of active duty _____

(2) branch of service _____

(3) date of discharge or expected discharge _____

PLEASE FURNISH an official military document covering each period of active duty over 90 days (DD-214 or its equivalent).

(b) As a member of the armed forces, have any charges ever been made or proceedings instituted against you? YES NO

(c) Have you ever been a defendant in any courts martial? YES NO

(d) If the answer to (b) or (c) 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 proceeding took place.

(e) Have you ever received a medical discharge? YES NO
If YES, please state the reason.

(f) Have you ever received an administrative discharge? YES NO
If YES, please state the reason.

9. (a) Have you ever been bonded under a surety bond? YES NO
- (b) Have you ever been refused a fidelity or other bond? YES NO
- (c) If you have ever been bonded under a surety bond, has anyone ever sought to recover upon such bond or to cancel the same? YES NO
- If YES, please specify nature of office or position for which you were bonded, dates, amount of bond, and name of surety company.

10. (a) Have you been discharged from any employment? YES NO
- If YES, please state the date, circumstances and name and complete mailing address of employer.

- (b) Have you ever been requested, formally or informally, to resign from or terminate employment? YES NO
- If YES, please state date, circumstances and name and complete mailing address of employer.

11. (a) Have you held a license or certificate, other than a law license, the procurement of which required proof of good character (i.e. Real Estate License, CPA License, etc.)? YES NO

If YES, as to each license or certificate, please state the date it was granted, the name and complete mailing address of the authority issuing it, and whether you are still licensed. If not, state the date your license lapsed, and the reason it lapsed.

(b) Have you ever made application for a position, the procurement of which required proof of good character, which application was denied? YES NO

If YES, then as to each such application, state the name and complete mailing address of the authority to whom it was addressed, date application was made, and the reasons for denial.

(c) 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 complete mailing address of the issuing and revoking authority, and the reason for the revocation or suspension.

PLEASE FURNISH a copy of the Order of Revocation or Suspension for each action listed above.

12. (a) Have any judgments ever been entered against you? YES NO
If YES, PLEASE FURNISH a copy of such judgments, satisfactions and, if unsatisfied, the names and present complete mailing addresses of the holders.

(b) Are you in default in the performance or discharge of any duty or obligation imposed upon you by any governmental agency or decree or order of any court including alimony and support orders and decrees? YES NO
If YES, give full details below.

13. Have you failed to file any personal local, state, or federal income tax return, or failed to pay any taxes due? YES NO
If YES, give full details below and furnish documentation showing taxes are current.

14. Have you been involved as a debtor in proceedings filed under provision of the Bankruptcy Act? YES NO
If YES, give full details below.

PLEASE FURNISH A COPY OF ALL BANKRUPTCY DOCUMENTATION

15. (a) List all student loans and indicate whether payments are current, deferred or delinquent. Include documentation from the lender(s) for any current payback schedules, deferred payments or defaults.

If NONE, so state on lines below.

Name and Address of Creditor (include zip codes)	Date Repayment Begins	Balance	Status
1 _____ _____ _____	_____	_____	_____
	Account # _____		
2 _____ _____ _____	_____	_____	_____
	Account # _____		
3 _____ _____ _____	_____	_____	_____
	Account # _____		

- (b) Have you ever defaulted on the payment of any student loan? If so provide documentation from the lender(s) showing resolution of any default.

YES NO

If YES, give full details below.

16. List all debts over \$200 and indicate status, i.e. Current or delinquent. Include any active credit cards you have, regardless of whether or not you have a balance due on said credit card. If NONE, so state on lines below.

BE SURE TO GIVE COMPLETE MAILING ADDRESS and ACCOUNT NUMBER.

	Name and mailing Address of Creditor	Account Number	Date Incurred	Balance	Status
(1)	_____	_____	_____	_____	_____

(2)	_____	_____	_____	_____	_____

(3)	_____	_____	_____	_____	_____

(4)	_____	_____	_____	_____	_____

(b) Have you ever had a credit card revoked or canceled?

If YES, explain fully the circumstances leading to such a revocation, substantiating any repayment arrangements, including verification of current pay status or satisfaction.

YES NO

(c) Have you ever had a credit account involuntarily closed, charged-off, or referred to a collection agency?

IF YES,

YES NO

	List Original Account	Account Number	Status
(1)	_____ (2)	_____	_____
(3)	_____	_____	_____

Please provide an explanation surrounding each incident.

17. (a) Has anyone ever asserted a claim or demand against you, which has not been made the subject of any action or legal proceeding? YES NO

If YES, state the facts and the present status of the matter.

(b) Have you ever asserted any claim or demand against any person, partnership or corporation, or governmental agency, which has not been made the subject of any action or legal proceeding? YES NO

If YES, state the facts and the present status of the matter.

18. (a) Have you ever had a complaint filed against you personally, or as a member of a professional association, or corporation, or any legal entity in any civil, criminal or administrative forum alleging fraud, deceit, misrepresentation, forgery or professional malpractice. If YES, list details below. YES NO

(b) Have you ever been a named party to any legal action, including, but not limited to civil, equitable, family law, probate, guardianship, or special proceedings? YES NO
 CRIMINAL LAW MATTERS should be listed in response to Question #20. If YES, list details below.

PLEASE FURNISH A COPY OF ALL LITIGATION

Complaint/Pleading, Answer, Judgment/Final order/Disposition, etc. and complete the following:

<u>Date</u>	<u>Nature of Proceedings</u>	<u>Plaintiffs</u>	<u>Defendants</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please include a brief summary of the circumstances surrounding each action.

ATTACHMENTS IN LIEU OF AN ANSWER ARE NOT ACCEPTABLE

19. Has your driver's license been canceled, suspended or revoked for any reason?
 If YES, give full details below. YES NO

20. You must answer parts (a), (b), (c), (d) and (e) of this question, and the 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 item, it is not necessary to report the same offense under another part of this item.

North Carolina allows you to omit reference to any arrest, charge or conviction that has been expunged by a duly entered order of expunction pursuant to Article 5 of Chapter 15A of the General Statutes of North Carolina.

FOR ALL CHARGES OTHER THAN MINOR TRAFFIC OFFENSES, SET OUT IN DETAIL (on additional sheets if necessary) THE FACTS SURROUNDING SAID CHARGES.

(a) Have you EVER IN YOUR ENTIRE LIFE been arrested, given a written warning, or taken into custody, or accused, formally or informally, of the violation of a law for an offense other than traffic violations? YES NO

IF YES, LIST EVERY INCIDENT:

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

ATTACH A STATEMENT SETTING OUT IN DETAIL THE COMPLETE CIRCUMSTANCES SURROUNDING THE ABOVE. INCLUDE FORM 12 FOR EACH INCIDENT. The attachment of letters from law enforcement agencies in lieu of an answer is not acceptable.

20. continued

(b) Have you ever been charged or convicted of DWI/DUI; or driving under the influence of drugs?

YES NO

If YES, complete the following:

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Submit FORM 12 for each incident, which must include a detailed explanation of the circumstances surrounding the arrest and all arrest records and court records pertaining to each DWI/DUI charge and/or conviction.

(c) Have you ever been charged with a traffic violation which resulted in time spent in jail, or had a jail sentence suspended, or charged with vehicular manslaughter, or charged with vehicular homicide?

YES NO

If YES, complete the following

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. continued

d) During the past five years have you been arrested, given a written warning, or taken into custody, or accused, formally or informally of the violation of a traffic law or ordinance, other than parking offenses? (This includes safety violations)
YES NO

If YES, complete the following:

<u>Date</u>	<u>Place</u>	<u>Charges</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(e) Have you ever failed to appear in regard to any court proceeding?
YES NO
If YES, list each incident, provide an explanation of the circumstances surrounding the incident, including date(s) and the name and address of the court involved.

21. The following are the approximate dates of each time I have been fingerprinted and the reason why I was fingerprinted.

If NONE, so state on lines below.

22. Have you ever been offered or granted immunity, testified or been called as a witness in a criminal action or criminal proceeding in which you were not a party?

YES NO

If YES, state the place, date, name of the defendant, nature of the action or the proceeding, the court and the complete circumstances.

23. The following is a complete list of all litigation or other proceeding (including every cease and desist order, or other order) in any court of law or equity or any criminal court or before any governmental board or agency, or any arbitration board, in which any corporation, business association, business trusts, limited partnership, nonprofit corporation or association, and charitable religious or government funding agency in which I have ever owned 10% or more of the capital stock or other property interests, either locally or equitably, has been a party (a) during the period of time in which I owned 10% or more of the capital stock or other property interest in any said entity, or (b) during the period of time in which I was an officer, director, or trustee of any said entity.

If NONE, so state on lines below.

Name of Court or Agency	Name of Plaintiff or Prosecutor	Name of Defendant
<hr/>	<hr/>	<hr/>

Number of Case	Type of Proceeding	Disposition	Date of Disposition
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

24. The following is a complete list of all judgments, liens, orders and decrees ever entered against any entity list in item 23 above, remaining unsatisfied as of the present date.

25. FULL DISCLOSURE: Is there any other incident or occurrence in your life which is not otherwise referred to in this application which you would like to acknowledge in the interest of full disclosure. It is crucial that you honestly and fully answer all questions, regardless of whether you believe the information is relevant.

YES NO

If YES, give full details below.

Through this application, the Board of Law Examiners 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 Board. The purpose of such inquiries is to allow the Board 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 Board routinely admits individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Board encourages applicants who may benefit from assistance to seek it.

The Board does, on occasion, deny admission 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 Board; further, the applicant has the responsibility for demonstrating qualification to practice law.

The Board 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.

26. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

YES NO

If you answered yes, furnish a thorough explanation below:

Explanation: _____

Relevant date(s): _____

27. A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner? YES NO

B. If your answer to Question 27(A) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? YES NO

If your answer to Question 27(A) or (B) is yes, complete a separate **FORM 7 & 8** for each service provider. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, “currently” means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

28. Within the past five years, have you engaged in any conduct that:

- (1) resulted in an arrest, discipline, sanction or warning;
- (2) resulted in termination or suspension from school or employment;
- (3) resulted in loss or suspension of any license;
- (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or
- (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules?

YES NO

If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

If you answered yes, furnish the following information:

Name of entity before which the issue was raised (i.e., court, agency, etc.)

Address _____

City _____ State _____ Zip _____

Telephone () ____ - _____

Country _____ Province _____

Nature of the proceeding _____

Relevant date(s) _____

Disposition, if any _____

Explanation _____

29. (a) Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivisions thereof should be overthrown or overturned by force, violence or any unlawful means?

YES NO

If your answer is YES, give full details below.

- (b) If your answer to (a) is YES, did you, during the period of such membership or association, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?

30. The following four (4) persons, none of whom is a relative, a current or former supervisor, and ARE NOT listed under questions 31 and 32, have known me well for a number of years and will furnish a Certificate of Moral Character to the Board of Law Examiners.

NAME

Mailing Address

City, State

ZIP CODE

Please indicate correct title. (Mr./Ms.)

Mr. Ms. _____

31. The following eight (8) persons, none of whom is a relative, a current or former supervisor, and IS NOT listed under question 30 above, have known me well for a number of years and they can be found at the indicated mailing addresses:

(Please make certain that no two persons are members of the same household.) SET OUT COMPLETE and CURRENT MAILING ADDRESS for each person listed. If it is a business address, please include the name of the business.

NAME <u>Email</u> Please indicate correct title. (Mr./Ms.)	Mailing Address <u>City, State, Zip</u>	Length of <u>Time Known</u>
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____
Mr. Ms. _____	_____	_____
Email _____@_____	_____	_____

32. Please give names and complete mailing addresses of three (3) attorneys and two (2) clients who know you, who are not relatives and are not listed elsewhere in this application. Do not list current or former supervisors as references. If it is a business address, please include the name of the business.

YOU MUST LIST FIVE (5) REFERENCES

Designate clients specifically.

Please indicate correct title. (Mr./Ms.)

Mr. Ms. _____

Email _____@_____

33. Please state the names, complete mailing addresses and occupations of five (5) reputable and responsible persons in each locality where you have practiced law with whom you are personally acquainted and who are not previously listed elsewhere in this application, stating fully your former relationship with each of these persons. Do not list current or former supervisors as references. If it is a business address, please include the name of the business.

Please indicate correct title. (Mr./Ms.)

Mr. Ms. _____

Email _____@_____

34. List every application you have ever submitted, or are currently submitting, to take a State bar examination or an attorney's examination or application for admission to practice law, or to practice before an administrative agency in any state, jurisdiction, or country. This includes any prior application for admission in North Carolina. This must include your admission in a reciprocal jurisdiction, which qualifies you for admission by comity.

State*	Exam Date Month/Year	Successful?	By Motion	Admitted Yes/No	Admitted Month/Year	Bar Number

*IF ADMITTED IN NEW YORK, INDICATE WHICH DEPARTMENT.

PLEASE ATTACH A COPY OF EACH APPLICATION other than those filed in this state or furnish a letter from each jurisdiction stating it is no longer available.

35. Have you ever withdrawn an application for admission to the bar of any jurisdiction? YES NO

If YES, indicate:

Jurisdiction _____ Date of Application _____

Date of Withdrawal _____

Reason for Withdrawal _____

36. (a) In any of the above jurisdictions and courts including North Carolina were you required to appear before any board committee or other examining authority for inquiry about any matter, other than examination upon legal subjects, in connection with your application for admission to practice law? YES NO

- (b) Have you ever made application in any of the above jurisdictions and courts including North Carolina which application was denied? YES NO

If YES, list the jurisdiction(s), the name and complete mailing address of any such authority and describe the circumstances surrounding each incident.

37. (a) List all jurisdictions and courts, State and Federal, in which you have been admitted to practice law and give dates of admission.

<u>Jurisdiction</u>	<u>Court</u>	<u>Date of Admission</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have enclosed (or requested from the Clerk of the admitting jurisdiction(s) and will forward later) certificate(s) as to my current standing in each of the above jurisdictions, both State and Federal.

- (b) State the exact names and locations of courts before which your actual practice of law was chiefly conducted.

<u>Name of Courts</u>	<u>Location of Courts</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- (c) Have you been entitled to practice in each of the jurisdictions and courts specified in your answer to this question continuously from the date you first became so entitled until the date hereof?

YES NO

Periods of "Inactive" or "Non-resident" status must be indicated below.

If NO, list the dates during which you have not been so entitled, the nature of disqualification, the facts and the name and complete mailing address of the authority in possession of the records thereof.

- | | | | | |
|-----|-----|---|------------|-----------|
| 38. | (a) | Have you ever been disbarred? | <u>YES</u> | <u>NO</u> |
| | (b) | Have you ever been suspended from practice? | <u>YES</u> | <u>NO</u> |
| | (c) | Have you ever been reprimanded, censured, held in contempt of court or otherwise disciplined? | <u>YES</u> | <u>NO</u> |
| | (d) | Have any charges or complaints, formal or informal, ever been made or filed or proceedings instituted against you? | <u>YES</u> | <u>NO</u> |
| | (e) | Have you ever appeared, formally or informally, before a grievance or other similar committee of any bar association or other law group? | <u>YES</u> | <u>NO</u> |
| | (f) | Have you ever been accused of fraud, commingling, withholding, or misusing funds; or any other charges involving the handling of funds? | <u>YES</u> | <u>NO</u> |
| | (g) | Have there ever been any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law? | <u>YES</u> | <u>NO</u> |
| | (h) | Are there any charges for professional misconduct currently pending against you? | <u>YES</u> | <u>NO</u> |

If the answer is 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 and complete mailing address of the authority in possession of the records thereof and provide a copy of all relevant documentation.

39. Have you ever held judicial office?
 If YES, please state where, when, and offices held and if terminated, the reasons therefore.
-
-
-

40. (a) List the name and complete mailing address of the Secretary of each bar association of which you are or have ever been a member, and the dates of membership.

Name of Association	Name and Mailing Address of Secretary to Association	Dates of Membership
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____

- (b) List the name and complete mailing address of each organization whose membership consists primarily of attorneys and of which you are or have ever been a member.

Name of Association	Name and Mailing Address of Secretary to Association	Dates of Membership
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____

41. Are you now or have you ever been employed, self-employed or associated with any occasion, business, enterprise, profession or occupation either part-time or full-time OTHER THAN LAW YES NO

If so, enumerate all such employments in CHRONOLOGICAL ORDER, since your 21st birthday. Include employment by members of family or other relatives and employment with or without monetary compensation.

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Reason for Termination _____

42. With respect to your LEGAL career, list in CHRONOLOGICAL order, from first to current, all employment, including temporary or part-time employment and self-employment, SINCE YOUR FIRST ADMISSION TO PRACTICE in any jurisdiction or court.

If you have had any gap in your employment history, attach an explanation.

If you have not practiced law, please so state.

If the firm or employer is now defunct, include the current address of a reference.

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

Firm or Employer _____ Supervisor _____

Address _____ Email _____@_____

City _____ State _____ Zip _____

From Mo/Yr _____ To Mo/Yr _____ Phone Number _____

Position _____ Nature of Employer's Business _____

Full/Part time _____ Reason for Termination _____

I understand that this application is a continuing application and must give correctly and fully the information herein sought. I will, therefore, notify the Board as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information herein sought.

I understand that the filing of these papers with the Board does not waive any requirements under the rules of the Board and that all material submitted by me shall be considered as representations to the Board. I will furnish any additional information of whatsoever kind or nature as may be requested by the Board, and will appear before the Board in person when requested to do so. I understand the Board will make full and complete inquiry concerning my character, record, background and education as in its judgment it may deem proper and for such use as it may deem proper, and I further agree to cooperate in every respect in furnishing to the Board any and all material whatsoever nature it may request.

I have read the foregoing questions, and have answered the same fully and truthfully. The answers are complete and true of my own knowledge. I have typewritten the answers or they have been typewritten under my supervision.

Signature of Applicant

Sworn to and subscribed before me this _____

day of _____

Notary Public

My Commission Expires: _____

TO BE PROPERLY NOTARIZED THIS DOCUMENT MUST HAVE
STAMP OR SEAL AFFIXED

AUTHORIZATION AND RELEASE
Re Application of:

(Name of Applicant)

TO WHOM IT MAY CONCERN:

I, _____, born at _____
(NAME) (CITY) (STATE)

having filed an application for admission to the bar of North Carolina, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the Board of Law Examiners of the State of North Carolina. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, governmental agency, organization, consumer reporting agency, institution or any other person or entity having control of any documents, records or other information pertaining to me relevant to my good moral character and general fitness requisite for an attorney to furnish the originals or copies of any such documents, records and other information to the Board of Law Examiners of the State of North Carolina and to permit said Board or any of its representatives to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Board of Law Examiners of the State of North Carolina or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Board of Law Examiners of the State of North Carolina or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, consumer reporting agency, governmental agency, court, association or institution or any other person or entity having control of any documents, records and any other information pertaining to me, to furnish to the Board of Law Examiners of the State of North Carolina any information, including documents, records, consumer reporting agency credit history reports, 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 Board of Law Examiners of the State of North Carolina or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, exonerate the Board of Law Examiners of the State of North Carolina or any of its agents or representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Board of Law Examiners of the State of North Carolina.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, institution or entity which shall comply in good faith with the authorization and release made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by relevant to this applicant's good moral character and general fitness required for an attorney under North Carolina laws.

I understand that the investigation process requires that the Board of Law Examiners of the State of North Carolina receive and release my social security account number for the purpose of assessing or verifying information pertinent to this investigation and character report, and I authorize such receipt or release.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of _____,
County of _____

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public
My Commission Expires: _____

the Board of Law Examiners of the State of North Carolina. The undersigned further waives absolutely any privilege this applicant may have

relevant to this applicant's good moral character and general fitness required for an attorney under North Carolina laws.

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AUTHORIZATION AND RELEASE
Re Application of:

(Name of Applicant)

TO WHOM IT MAY CONCERN:

I, _____, born at _____
(NAME) (CITY) (STATE)

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I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Board of Law Examiners of the State of North Carolina or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Board of Law Examiners of the State of North Carolina or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, consumer reporting agency, governmental agency, court, association or institution or any other person or entity having control of any documents, records and any other information pertaining to me, to furnish to the Board of Law Examiners of the State of North Carolina any information, including documents, records, consumer reporting agency credit history reports, 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 Board of Law Examiners of the State of North Carolina or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, exonerate the Board of Law Examiners of the State of North Carolina or any of its agents or representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Board of Law Examiners of the State of North Carolina.

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State of _____,
County of _____

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public
My Commission Expires: _____

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Notary Public

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