

**5510 Six Forks Road, Suite 300
Raleigh, North Carolina 27609
(919) 848-4229**

IN RE: _____
Applicant to the North Carolina Bar

**CERTIFICATE
OF
MORAL CHARACTER**

How long and well have you known the applicant? (If you are related by blood or marriage to the applicant, please include the nature of such relationship) _____

What opportunities have you had for forming an opinion of this applicant's character? _____

Are you personally acquainted with the applicant's associates? _____ If so, what is their reputation in the community? _____

What is the applicant's reputation for honesty? _____ integrity? _____
trustworthiness? _____ character? _____

Please indicate to the best of your knowledge whether or not the applicant has ever been:

Discharged or asked to resign from employment _____

Dropped, suspended, asked to resign or otherwise subjected to discipline from any educational institution _____

Charged or arrested for a violation of any law _____

Addicted to the use of narcotics or intoxicating liquors _____

Accused of a violation of trust _____

A party to any court proceeding _____

Delinquent in any financial obligations _____

Adjudicated a bankrupt _____

If the answer to any of the above is yes, please provide a short summary of details on the back or on a separate sheet.

Would you recommend this applicant for a position of trust and confidence? _____

In your opinion does this applicant possess the high standards of moral character you would expect from a licensed attorney? ____ If the answer to these two questions is no, please explain in detail _____

I hereby certify that the information given in the foregoing answers is, where given from personal knowledge, correct; and where given from information received from others, has been obtained from sources which I believe to be reliable and was not secured from the applicant or members of the applicant's family.

_____ Date

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

Signature _____

Name _____

(please print)

Address _____

Occupation _____

Signature of Notary Public

My Commission Expires: _____

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

NOTE: The information which you provide will be disclosed only to those persons involved in the admission process. In order not to delay processing this applicant's application, **PLEASE REMIT AS SOON AS POSSIBLE.**