

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

**FORM A**

**PETITION FOR SPECIAL ACCOMMODATIONS FORM FOR APPLICANTS WITH DISABILITIES**

(To be completed by all applicants claiming disabilities)

Please type or print

**TO:** Board of Law Examiners of the State of North Carolina  
5510 Six Forks Road, Suite 300  
Raleigh, NC 27609

**PETITION FOR:** Special Accommodations During the Administration of a Bar Examination

**EXAM APPLIED FOR:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(name) (address)  
\_\_\_\_\_  
(city, state, zip)  
\_\_\_\_\_  
Telephone #: at place of employment Telephone #: at Home  
\_\_\_\_\_  
Telephone #: cellular/mobile  
E-mail address:  
\_\_\_\_\_

**I. YOUR DISABILITY STATUS**

1. Check the disability or disabilities for which you are requesting accommodations.

- |  |   |
|--|---|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Visual impairment        |
| <input type="checkbox"/> AD/HD               | <input type="checkbox"/> Hearing impairment       |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Psychological disability |
| <input type="checkbox"/> Other (describe)    |   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List your age when first diagnosed. \_\_\_\_\_

3. Are you currently being treated?  Yes  No

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

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4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

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5. Is the treatment or medication effective in controlling symptoms?  Yes  No  N/A  
If no, describe remaining symptoms and any side effects.

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6. [Optional] If there is anything else you would like the Board to know about your disability and need for accommodations, you may attach a personal narrative.

## II. HISTORY OF ACCOMMODATIONS

For questions 1 through 5 below, please follow these instructions:

If you were granted accommodations, check "Yes." List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time frame.

If you did not request accommodations, check "Not requested." Explain why you did not request accommodations.

If you were denied accommodations, in whole or in part, check "Denied." List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial. Note: if your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Denied."

If you did not attend the type of school or take that exam, check "N/A."

1. Did you receive accommodations for the bar examination taken in another jurisdiction? If yes, forward the Special Accommodations Form for Applicants with Disabilities, Statement of Another Bar Jurisdiction, Form G to each jurisdiction and have them forward the completed form to you for submission to the North Carolina Board of Law Examiners.

Yes       Not requested       Denied       N/A

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2. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)? If yes, forward the Certification of Accommodations History Form, Form H to the entity granting such accommodations and have the entity forward the completed form to you for submission to the North Carolina Board of Law Examiners.

Yes       Not requested       Denied       N/A

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3. Did you receive accommodations in law school? If yes, forward the Statement of Law School Official Form, Form F to each law school granting such accommodations and have the law school(s) forward the completed form to you for submission to the North Carolina Board of Law Examiners.

Yes       Not requested       Denied       N/A

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4. Did you receive accommodations in college (undergraduate or graduate studies)? If yes, forward the Certification of Accommodations History Form, Form H to the college granting such accommodations and have the college forward the completed form to you for submission to the North Carolina Board of Law Examiners.

Yes       Not requested       Denied       N/A

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5. Did you receive accommodations for any of the following standardized tests:

- |      |                              |  |                                 |                              |
|------|------------------------------|--|---------------------------------|------------------------------|
| LSAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| MCAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GRE  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GMAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| SAT  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| ACT  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
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6. Did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan? If yes, forward the Certification of Accommodations History Form, Form H to the entity granting such accommodations and have the entity forward the completed form to you for submission to the North Carolina Board of Law Examiners.

- Yes       Not requested       Denied       N/A
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7. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a 504 Plan? If yes, forward the Certification of Accommodations History Form, Form H to the entity granting such accommodations and have the entity forward the completed form to you for submission to the North Carolina Board of Law Examiners.

- Yes       Not requested       Denied       N/A
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**III. ACCOMMODATIONS REQUESTED FOR THE NORTH CAROLINA BAR EXAMINATION (CHECK ALL THAT APPLY)**

Test question formats:

- Braille
- Electronic USB version of **MPT and MEE** test items for use with screen-reading software.  
 Operating System?: PC or Mac - \_\_\_\_\_  
 File Format: Word (.docx), Accessible PDF (.PDF) or Plain Text (.txt): \_\_\_\_\_
- Electronic USB version of **MBE** test items for use with screen-reading software.  
 Operating System?: PC or Mac - \_\_\_\_\_  
 File Format: Word (.docx), Accessible PDF (.PDF) or Plain Text (.txt): \_\_\_\_\_
- Large print/18-point font
- Large print/24-point font

Assistance:

- Typist/Transcriber for MPT & MEE portion to be provided by the applicant
- Scribe for MBE

Extra testing time. Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Requested
MPT & MEE	3 hours AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25%
	3 hours PM	<input type="checkbox"/> 33% <input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify) _____
MBE	3 hours AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25%
	3 hours PM	<input type="checkbox"/> 33% <input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify) _____

Extra breaks. Describe the duration and frequency of the requested breaks.

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Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the arrangements.

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For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination.

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I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date signed

**The Board of Law Examiners reserves the right to make final judgment concerning testing accommodations for the North Carolina Bar Examination and may have this documentation reviewed by a medical specialist, psychologist or learning disability specialist.**

**VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE**

\_\_\_\_Initial The information I have provided in support of my request for test accommodations is true and complete.

\_\_\_\_Initial I understand that if the Board determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the [BAA] reserves the right to [withhold or void my bar examination scores] [treat such conduct as a character and fitness issue] [or both].

\_\_\_\_Initial I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Board, and I authorize such disclosure.

\_\_\_\_Initial I understand that all necessary documentation and information must be provided to the Board by the deadline and that my request for test accommodations [will not be considered] [may be denied] [will be denied] if the deadline is missed.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date signed