APPLICATION FOR READMISSION
To the Washington State Bar Association
Following Voluntary Resignation (less than 4 years)

To the Washington State Supreme Court and the Washington State Bar Association Board of Governors:

I, _____, hereby apply for readmission to the
(First, Middle, Last)
practice of law in the State of Washington under Article III Section M of the WSBA Bylaws.

Application Checklist:

Incomplete applications will not be processed

- Application Fee:
  - Previously admitted in Washington only: $585
  - Admitted in another jurisdiction besides Wash.: $620

- One original and one copy of the completed application.
- Two (2) signed Certificates of Good Moral Character.
- Three (3) completed, signed and notarized Authorization & Release forms.
- *Admitted in another jurisdiction:* Original Certificates of Good Standing from each jurisdiction where you are admitted to practice.
- *Admitted in another jurisdiction:* NCBE Payment Form delivered to the NCBE. As an attorney applicant, your application will be investigated and verified by the National Conference of Bar Examiners. A separate fee is required.

Mail completed applications to:
Washington State Bar Association
Admissions Department
1325 Fourth Avenue Suite 600
Seattle, WA 98101-2539

WSBA Admissions Contact Info:
206-727-8209
admissions@wsba.org

My prior WSBA No. was:	Payment Information ☐ Mastercard ☐ Visa ☐ Amex ☐ Check *(Make checks payable to the Washington State Bar Association)* Name (as it appears on the card) Signature Credit Card No. Exp Date Telephone Number Amount
	For WSBA Office Use Only A/R Date: Check No. : Amount:

APPLICATION TO THE WASHINGTON STATE BAR ASSOCIATION

Name _____ _____
First Middle Last Suffix Social Security Number

LSAC Number _____
If you have received such a number from LSAC, you may access it through the following link: http://lsaclookup.lsac.org/.

List below all the other names or surnames you have used or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce).

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change_____

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change_____

Date of birth: Month_____Day_____Year_____

Place of birth: City_____ State_____
Country_____

Telephone numbers and an e-mail address at which you can be reached during the next six months:

(____)_____ (____)_____
Home Office E-mail

Mailing address at which you can be contacted about this application during the next six months:

Check if address is ☐ Residence or ☐ Business

If business, name of firm_____

Address/P.O. Box_____

_____

City_____ State_____ Zip_____

Country_____Province_____

RESIDENCE INFORMATION

Make additional copies of this page as necessary.

1. List every permanent or temporary physical address where you have resided for a period of one month or longer during the last five years in reverse chronological order:

Current Address From Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

■

From Mo/Yr_____To Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

■

From Mo/Yr_____ To Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

■

From Mo/Yr_____ To Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

■

From Mo/Yr_____ To Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

■

From Mo/Yr_____ To Mo/Yr_____

Street Address_____

_____

City_____County_____State____Zip_____

Country_____Province_____

EDUCATION INFORMATION

Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all legal education and law schools in Question 3**. If the school's name has changed since your attendance, provide the current and former names. Please indicate the

degree received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■

College_____

Mailing Address_____

City_____State_____Zip_____

Country_____Province_____

From Mo/Yr_____ To Mo/Yr_____

Degree received (No Degree, B.A., M.S., etc.) _____

Field(s) of Study _____

■

College_____

Mailing Address_____

City_____State_____Zip_____

Country_____Province_____

From Mo/Yr_____ To Mo/Yr_____

Degree received (No Degree, B.A., M.S., etc.) _____

Field(s) of Study _____

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3. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying law, including institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or expected to be received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■

Law School_____

Mailing Address_____

City_____State_____Zip_____

Country_____Province_____

From Mo/Yr_____ To Mo/Yr _____ Date degree received or expected (Mo/Yr)_____

Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

■

Law School_____

Mailing Address_____

City_____State_____Zip_____

Country_____Province_____

From Mo/Yr_____ To Mo/Yr _____ Date degree received or expected (Mo/Yr)_____

Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

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4. Did you engage in law office study or complete Washington's APR 6 Law Clerk Program in lieu of receiving a J.D.? (This is permitted only in certain jurisdictions.) ☐ Yes ☐ No

If yes, under the approval of what jurisdiction? _____

Indicate when and where: From Mo/Yr_____ To Mo/Yr _____

Name of Firm_____

Tutor_____

Firm Address_____

City_____State_____Zip_____

5. Have you ever been dropped, suspended, warned, placed on academic or scholastic probation, placed on disciplinary probation, expelled, requested to withdraw, or allowed to withdraw in lieu of discipline from any college or university (including law school), or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies there? ☐ Yes ☐ No

If you answered yes, provide the following information:

Name of Institution_____

Type of Action_____Date Action Taken_____

Explanation of Institution Action_____

_____

6. PRIOR APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

Have you ever applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding authorizations to appear pro hac vice.)

☐ Yes ☐ No

If yes, list **every** U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
- been admitted, registered, licensed, or authorized to practice law.
- submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

If admitted to the bar of New York, indicate the judicial department to which admitted, and complete **FORM 10**.

■

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction_____

Name and address of foreign bar authority_____

_____

_____

Application Type: ☐ Bar Exam ☐ Motion/Reciprocity ☐ Diploma ☐ Law Student Registrant
☐ Foreign Legal Consultant ☐ Other_____

Date application made (Mo/Yr)_____

Date examination taken (Mo/Yr)_____

Reason not admitted: ☐ Failed exam ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation_____

_____

Admission or Readmission date (Mo/Day/Yr)_____ Bar Number*_____

Admitted/Registered as: ☐ Attorney☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

■

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction_____

Name and address of foreign bar authority_____

_____

_____

Application Type: ☐ Bar Exam ☐ Motion/Reciprocity ☐ Diploma ☐ Law Student Registrant
☐ Foreign Legal Consultant ☐ Other_____

Date application made (Mo/Yr)_____

Date examination taken (Mo/Yr)_____

Reason not admitted: ☐ Failed exam☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation_____

_____

Admission or Readmission date (Mo/Day/Yr)_____ Bar Number*_____

Admitted/Registered as: ☐ Attorney☐ In-House Counsel ☐ Foreign Legal Consultant ☐Other _____

*If the jurisdiction does not issue a Bar Number leave this space blank.

7. List your employment and unemployment information for the last five years in reverse chronological order. Follow these instructions:

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

■

CURRENT EMPLOYMENT ☐ Currently Unemployed Since Mo/Yr_____

From Mo/Yr_____To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Country_____Province_____

Employer Telephone (____)_____Employer E-mail_____

If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s)_____

Address _____

City_____State_____Zip_____

Country_____Province_____

Telephone (____)_____E-mail_____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of page 7 and 8 as necessary.

DO NOT furnish your own name or your own contact information for verifying employment.

■

From Mo/Yr_____ To Mo/Yr_____ ☐ Unemployment Period

Employment Position/Description of Unemployment_____

Employer or Firm_____

(At time of employment)

Reason for Leaving_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Country_____Province_____

Employer Telephone (____)_____Employer E-mail_____

☐ If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.

☐ If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s)_____

Address _____

City_____State_____Zip_____

Country_____Province_____

Telephone (____)_____E-mail_____

■

From Mo/Yr_____ To Mo/Yr_____ ☐ Unemployment Period

Employment Position/Description of Unemployment_____

Employer or Firm_____

(At time of employment)

Reason for Leaving_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Country_____Province_____

Employer Telephone (____)_____Employer E-mail_____

☐ If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.

☐ If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s)_____

Address _____

City_____State_____Zip_____

Country_____Province_____

Telephone (____)_____E-mail_____

8. Have you ever been terminated, suspended, disciplined, laid-off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)

☐ Yes ☐ No

If yes, provide the following information about each occurrence:

■

Employer or Firm_____

Dates of Employment: From Mo/Yr_____ To Mo/Yr_____

Disposition: ☐ Terminated ☐ Suspended ☐ Disciplined ☐ Laid-Off ☐ Permitted to resign

Date of disposition (Mo/Yr)_____

Explanation of circumstances_____

_____

■

Employer or Firm_____

Dates of Employment: From Mo/Yr_____ To Mo/Yr_____

Disposition: ☐ Terminated ☐ Suspended ☐ Disciplined ☐ Laid-Off ☐ Permitted to resign

Date of disposition (Mo/Yr)_____

Explanation of circumstances_____

_____

9. List the full name and address of each mandatory bar association of which you have been or are currently a member.

☐ Check here if you have never been a member.

■

Name of Bar Association_____

Dates of Membership: From Mo/Yr_____ To Mo/Yr_____

Address _____

City _____State_____ Zip _____

Country_____Province_____

■

Name of Bar Association_____

Dates of Membership: From Mo/Yr_____ To Mo/Yr_____

Address _____

City _____ State_____ Zip _____

Country_____Province_____

10. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney? ☐ Yes ☐ No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending? ☐ Yes ☐ No

☐ Check here if you have never been admitted to practice law.

If you answered yes to 10A and/or 10B, please provide the following information for each matter:

Name of Regulatory Agency_____

Address_____

City_____State_____Zip_____

Country_____Province_____

Case Number (if applicable)_____

Action Taken_____Date_____

Explanation_____

_____

11. 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 now pending? ☐ Yes ☐ No

If the answer is yes, please provide the following information for each matter:

Name of Regulatory Agency_____

Address_____

City_____State_____Zip_____

Country_____Province_____

Case Number (if applicable)_____

Action Taken_____Date_____

Explanation_____

_____

12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? ☐ Yes ☐ No

☐ Check here if you have never been admitted to practice law.

If the answer is yes, please provide the following for each sanction or disqualification:

Name of Court _____

Address_____

City _____State_____Zip_____

Country_____Province_____

Case Number_____

Action Taken _____

From Mo/Yr _____To Mo/Yr_____

Reason for the sanction or disqualification_____

_____

Attach a copy of the order of sanction or disqualification.

13. Have you ever held judicial office? ☐ Yes ☐ No

If yes, provide the following information about each office:

■

Office Held_____ From Mo/Yr _____ To Mo/Yr _____

Name of Court _____

Address _____

City_____State_____Zip_____

Country_____Province_____

Reason for leaving office (if applicable)_____

14. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard? ☐ Yes ☐ No

If yes, complete a separate **FORM 1** for each period of service.

15. Have you ever been denied a license or had a license terminated or revoked for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? ☐ Yes ☐ No

If yes, please provide the following information for each denial or revocation:

Action Type: ☐ Denial ☐ Revocation

License (Type, Application Date, License Number)_____

Name of Regulatory Agency_____

Address_____

City_____ State_____ Zip_____

Country_____ Province_____

Action Taken_____ Date_____

Explanation_____

_____

16. A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office? ☐ Yes ☐ No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending? ☐ Yes ☐ No

If you answered yes to 16A and/or 16B, please provide the following information for each matter:

Name of Regulatory Agency_____

Address_____

City_____ State_____ Zip_____

Country_____ Province_____

Case Number (if applicable)_____

Action Taken_____ Date_____

Explanation_____

_____

17. Has any surety on any bond on which you were the principal been required to pay any money on your behalf? ☐ Yes ☐ No

If yes, complete **FORM 2.**

18. Have you ever been a named party to any civil action? ☐ Yes ☐ No

NOTE: Family law matters (including continuing orders for child support) should be included here.

If yes, complete a separate **FORM 3** for each action.

19. 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?

☐ Yes ☐ No

If yes, complete a separate **FORM 3A** for each complaint or action.

20. **A.** Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation including any cases resolved in juvenile court? ☐ Yes ☐ No

If yes, complete a separate **FORM 5** for each incident.

B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.) ☐ Yes ☐ No

If yes, report each incident on **FORM 5T**.

NOTE: Your responses to Questions 20A and 20B must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

21. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any cases resolved in juvenile court? (Report traffic violations at Questions 20.) ☐ Yes ☐ No

If yes, complete a separate **FORM 5** for each incident.

NOTE: Include matters that have been sealed, dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

22. Have you ever filed a petition for bankruptcy? ☐ Yes ☐ No

If yes, complete a separate **FORM 4** for each bankruptcy petition filed.

23. **A.** Have you ever defaulted on any student loans? ☐ Yes ☐ No

B. Have you ever defaulted on any other debt? ☐ Yes ☐ No

C. If your answer to Question 22 is yes, are there any additional debts not reported in Questions 23(A & B) that were not discharged in bankruptcy? ☐ Yes ☐ No

If you answered yes to 23A, 23B, and/or 23C, complete a separate **FORM 6** for each debt.

PREAMBLE TO QUESTIONS 24 and 25

Through this application, the Washington State Bar Association and the National Conference of Bar Examiners make inquiry about current mental health and addiction matters. This information, along with all other information, is treated confidentially by the Washington State Bar Association and the National Conference. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of diagnosis or treatment for mental health matters or addictions is not, in itself, a basis on which an applicant is denied admission. The Washington State Bar Association and the National Conference encourage applicants who may benefit from treatment to seek it.

The Washington Supreme Court may deny admission to applicants whose ability to practice law in a competent and professional manner is substantially impaired by a mental impairment, or drug and alcohol dependency or abuse, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public protection purpose that underlies the licensing responsibilities assigned to the Washington State Bar Association; further, the applicant bears the burden of proving current fitness to practice law.

The Washington State Bar Association does not seek information about treatment or counseling that is commonly characterized as situational or adjustment counseling, provided the reason for the counseling does not arise from an act of violence by the applicant. Examples of situational or adjustment counseling include stress counseling, relationship counseling, grief counseling, and counseling for eating and sleeping disorders.

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24. **A.** During the past two years, have you experienced, been diagnosed with, or undergone treatment for any condition or impairment (including, but not limited to, substance abuse or dependency, alcohol abuse or dependency, or a psychotic, mental, emotional, or nervous disorder or condition) which substantially impairs your ability to practice law in a competent and professional manner? ☐ Yes ☐ No

B. If your answer to Question 24(A) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? ☐ Yes ☐ No

If your answer to Question 24(A) or (B) is yes, complete **FORM 8**. Duplicate **FORM 8** as needed.

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25. Within the past two years, have you engaged in or exhibited any conduct or behavior that could call into question your fitness to practice law as defined in APR 22(a)?

APR 22(a) states: "Fitness is the absence of any current mental impairment or current drug or alcohol dependency or abuse which, if extant, would substantially impair the ability of the applicant, bar association member, or petitioner to practice law."

☐ Yes ☐ No

If you answered yes, furnish a thorough explanation below, including relevant dates, locations, names and contact information for persons or agencies that can provide relevant information.

Relevant Dates_____

Relevant Location_____

Explanation_____

_____

_____

_____

_____

_____

Names and contact information for persons or agencies that can provide relevant information:

Name_____

Address_____

City_____State_____Zip_____Telephone___(_____)_____

Country_____Province_____

Name_____

Address_____

City_____State_____Zip_____Telephone___(_____)_____

Country_____Province_____

CERTIFICATION OF APPLICANT

I, _____,
(Name)
certify under penalty of perjury under the laws of the State of Washington that I am the applicant above named; that I have read the Rules of Professional Conduct adopted by the Washington State Supreme Court and agree to abide by them; that I have read the foregoing application; and that the statements contained in it are full, true and correct. I also understand that I have a duty to inform the Washington State Bar Association Admissions Department in writing of any changes to the information above that occur at any time between the date signed and the date I am admitted to the Washington State Bar Association.

Dated this _____ day of _____, 20 _____,

at _____.
(City, State where signed)

_____
(Signature of Applicant)

CERTIFICATES OF GOOD MORAL CHARACTER

(To be completed by two lawyers in good standing in any state/jurisdiction; original signatures required.)

Lawyer I

This is to certify that I, _____, am a member in good standing of the Bar of _____; that I am and have been well acquainted with _____, an applicant for admission to the Bar of the State of Washington, since _____; and that I believe this applicant is of good moral character and that I recommend his or her admission.

Certified on this _____ day of _____, 20____

_____

Signature Bar/License No.

_____

Street Address

_____

City, State, Zip

Lawyer II

This is to certify that I, _____, am a member in good standing of the Bar of _____; that I am and have been well acquainted with _____, an applicant for admission to the Bar of the State of Washington, since _____; and that I believe this applicant is of good moral character and that I recommend his or her admission.

Certified on this _____ day of _____, 20____

_____

Signature Bar/License No.

_____

Street Address

_____

City, State, Zip

DO NOT ALTER THESE FORMS
Corrections/Erasures VOID this form
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (Name)_____,

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

(**COUNTRY)**_____, on (Date of Birth)_____,

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and WSBA to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by WSBA and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA and NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA and NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and 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 National Conference of Bar Examiners or by the Washington State Bar Association.

_____

Signature of Applicant Date

STATE/DISTRICT OF_____

COUNTY/PARISH OF_____

Subscribed and sworn to or affirmed before me this_____day

of _____, _____
Month Year

_____

Signature of Notary Public

My commission expires_____

Seal or stamp must be affixed to each original.

WSBA Authorization and Release Form

DO NOT ALTER THESE FORMS
Corrections/Erasures VOID this form
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (Name)_____,

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

(**COUNTRY)**_____, on (Date of Birth)_____,

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and WSBA to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by WSBA and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA and NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA and NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and 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 National Conference of Bar Examiners or by the Washington State Bar Association.

_____
Signature of Applicant Date

STATE/DISTRICT OF_____

COUNTY/PARISH OF_____

Subscribed and sworn to or affirmed before me this_____day

of _____, _____
Month Year

_____
Signature of Notary Public

My commission expires_____

Seal or stamp must be affixed to each original.

WSBA Authorization and Release Form

DO NOT ALTER THESE FORMS
Corrections/Erasures VOID this form
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (Name)_____,

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

(**COUNTRY)**_____, on (Date of Birth)_____,

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and WSBA to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by WSBA and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA and NCBE any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA and NCBE or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and 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 National Conference of Bar Examiners or by the Washington State Bar Association.

_____

Signature of Applicant Date

STATE/DISTRICT OF_____

COUNTY/PARISH OF_____

Subscribed and sworn to or affirmed before me this_____day

of _____, _____
Month Year

_____

Signature of Notary Public

My commission expires_____

Seal or stamp must be affixed to each original.

WSBA Authorization and Release Form

To be used with Question 13

FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix Social Security 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_____

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

B. For PRESENTLY SERVING PERSONNEL ONLY: Check: ☐ Active ☐ Reserve ☐ National Guard

Present duty station_____

Address_____

City_____ State_____ Zip_____

Country_____Province_____

Telephone number (____)_____

Name of commanding officer_____

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

1. Were you ever court-martialed? ☐ *Yes ☐ No
2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) ☐ *Yes ☐ No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

3. Did you receive an honorable discharge? ☐ Yes ☐ *No
4. Were you allowed to resign in lieu of court-martial? ☐ *Yes ☐ No
5. Were you administratively discharged? ☐ *Yes ☐ 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_____

_____

Form 1

To be used with Question 17

FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix Social Security Number

Name and complete address of surety (bonding company):

Name of surety_____

Address_____

City_____ State_____ Zip_____

Country_____Province_____

Amount of money paid by surety_____

Date money paid_____

Reason for bond_____

_____

Brief explanation_____

_____

_____

_____

_____

_____

Form 2

To be used with Question 18

FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Suffix Social Security Number

Complete title of action_____

Court file number_____

Date filed_____

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., for 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?_____

Brief explanation of suit_____

_____

Attach a copy of the pleadings, judgments, and/or final orders.

Form 3

To be used with Question 19

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name_____
First Middle Last Suffix Social Security Number

Date action/complaint initiated_____

Name and complete address of administrative forum or body:

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_____

_____

_____

Brief explanation_____

_____

_____

Attach a copy of the administrative record.

Form 3A

To be used with Question 22

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name_____
First Middle Last Suffix Social Security Number

Date bankruptcy filed_____

Complete title of action_____

Court file number_____

Name and complete address of court involved:

Name of court_____

Address_____

City_____State_____Zip_____

Country_____Province_____

Debts discharged:

Credit Grantor	Account Number	Amount Discharged

Date of final disposition_____

Disposition_____

_____

_____

Were any adversary proceedings instituted? ☐ Yes ☐ No

Were there any allegations of fraud? ☐ Yes ☐ No

Were any debts not discharged? ☐ Yes ☐ No

Brief description of circumstances surrounding filing petition for bankruptcy:

_____

_____

_____

_____

_____

_____

_____

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

Form 4

To be used with Questions 20A and 21

FORM 5 / RECORD OF CRIMINAL CASES

Name_____
First Middle Last Suffix Social Security 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_____

_____

_____

Brief description of incident_____

_____

_____

_____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.

Form 5

To be used with Question 20B

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name_____
First Middle Last Suffix Social Security Number

Currently licensed in_____ Driver's license number_____
State

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

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_____
  Brief 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_____
  Brief 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_____
  Brief description of incident_____

Form 5T

To be used with Question 23

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name_____
First Middle Last Suffix Social Security Number

This copy of FORM 6 refers to Question 23

☐ **A Defaulted student loan**
☐ **B Defaulted other debt**
☐ **C Debt not discharged**

Type of debt: ☐ Student Loan ☐ Other_____

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form ☐

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 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_____

_____

_____

Describe the history of this debt, including any actions taken to collect and any defenses:

_____

_____

_____

_____

_____

_____

_____

_____

Form 6

To be used with Questions 24 and 25

FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix

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 (___) _____

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 (___) _____

Describe the condition or impairment_____

_____

_____

_____

_____

_____

Describe any treatment and/or monitoring program_____

_____

_____

_____

_____

NOTE: The Washington State Bar Association may require you to provide a letter or statement from your treatment provider that addresses the factors set forth in APR 24.2(d) and sets forth the treatment provider's opinion about your ability to practice. You may want to submit such a letter or statement with your application, or at least begin the process of obtaining it from your treatment provider so as to avoid delay in sitting for the bar exam. Additional records may be required in some cases.

Form 8

To be used with Question 6

FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix Social Security Number

Date of admission_____

Department in which you were admitted (check one):
☐ First Department ☐ Second Department
☐ Third Department ☐ Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):
☐ I have not practiced law in any department in New York.

☐ First Department; County(ies)_____

☐ Second Department; County(ies)_____

☐ Third Department; County(ies)_____

☐ Fourth Department; County(ies)_____

Form 10