APPLICATION FOR READMISSION

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

I,	First, Middle, Last)	, hereby apply for readmission to the				
practice of law in the State of Washington under Article III Section M of the WSBA Bylaws.						
Appli	cation Check	<u>list</u> :				
•	• •					
0	Application Fe	e: busly admitted in Washington only: \$585				
		tted in another jurisdiction besides Wash.: \$620				
0		nd one copy of the completed application.				
0	, , ,	Certificates of Good Moral Character.				
0		pleted, signed and notarized Authorization & Release forms.				
0	Admitted in an you are admitted	other jurisdiction: Original Certificates of Good Standing from each jurisdiction where				
0	•	nother jurisdiction: NCBE Payment Form delivered to the NCBE. As an attorney				
Ü	applicant, you	r application will be investigated and verified by the National Conference of Bar separate fee is required.				
	Mail complete	l applications to:				
		ate Bar Association				
	Admissions De					
		venue Suite 600				
	Seattle, WA 98	101-2539				
	WCDA Admiss	sions Contact Info:				
	206-727-8209	dons Contact fino.				
	admissions@w	sba.org				
		Payment Information				
My prio	or WSBA No. was:	☐ Mastercard ☐ Visa ☐ Amex ☐ Check (Make checks payable to the Washington State Bar Association)				
		Name (as it appears on the card)				
		Signature				

A/R Date: Check No. : Amount:

Exp Date

Amount

Credit Card No.

Telephone Number

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 a	ccess it through the follow	ing link: http://lsac	lookup.lsac.org/.
List below all the other name was changed (e.g.,		ve used or been knows	n by, and describ	e when, how, and why your
■ First, Middle, Last Na	me, Suffix			
		F ₁	rom Mo/Year	To Mo/Year
Reason for change				
■ First, Middle, Last Na	me, Suffix			
		F ₁	rom Mo/Year	To Mo/Year
Reason for change				
Date of birth: Mont	:hDay	Year		
Place of birth: City				State
Country				
Telephone numbers and	l an e-mail address at which	n you can be reached d	uring the next six	x months:
()	() Office			
Home Mailing address at which	Office n you can be contacted abo	E-ma out this application duri	il ing the next six n	nonths:
Check if address is	☐ Residence or ☐ Business			
If business, name of f	īrm			
Address/P.O. Box				
City			State	_Zip
Country		Provinc	e	

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: From Mo/Yr_____ **Current Address** Street Address____ City_____State__Zip____ _____Province____ From Mo/Yr_____To Mo/Yr_____ Street Address____ _____County_____State___Zip_____ Country_____Province____ From Mo/Yr_____ To Mo/Yr_____ Street Address_ City_____State__Zip____ Country_____Province___ From Mo/Yr_____ To Mo/Yr____ Street Address____ City_____State__Zip____ Country_____Province____ From Mo/Yr______ To Mo/Yr_____ Street Address____ ____State___Zip____ City_____County___ Country_____Province___ From Mo/Yr_____ To Mo/Yr_____ Street Address____ City_____State__Zip____

EDUCATION INFORMATION

Province____

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

	C	
	StateZip	
·	Province To Mo/Yr	
	[.S., etc.)	
Field(s) of Study		_
College		
Mailing Address		
City	StateZip_	
Country	Province	
From Mo/Yr	To Mo/Yr	
Degree received (No Degree, B.A., M	I.S., etc.)	
Gield(s) of Study List complete information regard studied or are currently studying order. If the school's name has	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme	you have rse chronolog er names. Ple
B. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio	you have rse chronolog er names. Ple receive a deg
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Law School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations).	you have rse chronolog er names. Ple receive a deg
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Law School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations).	you have rse chronolog er names. Ple receive a deg
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Law School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perior y by school vacations). State Zip	you have rse chronolog er names. Ple receive a deg ds of attenda
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Law School Mailing Address City Country	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda
B. List complete information regards studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Caw School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda
B. List complete information regards studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Caw School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Law School	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda:
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Caw School Mailing Address City Country To Mo/Yr Degree received or expected to be received school	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZipProvince	you have rse chronolog er names. Ple receive a deg ds of attenda
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on Caw School Mailing Address City Country To Mo/Yr Degree received or expected to be received School Mailing Address Mailing Address	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perio y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda
3. List complete information regard studied or are currently studying order. If the school's name has indicate the degree received or Multiple degrees received from (other than those interrupted on the complete of the comp	ling your attendance at law schools/colleges/universities where law, including institutions at which you studied abroad, in reve changed since your attendance, provide the current and forme expected to be received or enter "No Degree" if you did not the same school require separate entries, as do multiple perior y by school vacations). StateZip	you have rse chronolog er names. Ple receive a deg ds of attenda

EDUCATION INFORMATION

	Did you engage in law office study or complete Washington's APR 6 Law Clerk Prog J.D.? (This is permitted only in certain jurisdictions.)			
If yes, under the approval of w	hat jurisdiction?		_	
Indicate when and where:	From Mo/Yr	To Mo/Yr		
Name of Firm				
Tutor				
Firm Address				
City		State	Zip	
City		State	Zip	
	suspended, warned, plac l, requested to withdraw law school), or otherwis	ed on academic or scholasti , or allowed to withdraw in se subjected to discipline by	c probation, placed on lieu of discipline from an any such institution or	
5. Have you ever been dropped, disciplinary probation, expelled college or university (including	suspended, warned, plac d, requested to withdraw law school), or otherwis ch institution to disconti	ed on academic or scholasti , or allowed to withdraw in se subjected to discipline by inue your studies there?	c probation, placed on lieu of discipline from an any such institution or	
5. Have you ever been dropped, disciplinary probation, expelled college or university (including requested or advised by any su If you answered yes, provide the control of	suspended, warned, placed, requested to withdraw, law school), or otherwisch institution to discontinue following information	ed on academic or scholasti , or allowed to withdraw in se subjected to discipline by inue your studies there?	c probation, placed on lieu of discipline from an any such institution or	
disciplinary probation, expelled college or university (including requested or advised by any su	suspended, warned, placed, requested to withdraw law school), or otherwisch institution to discontinue following information	ed on academic or scholasti, or allowed to withdraw in se subjected to discipline by inue your studies there?	c probation, placed on lieu of discipline from an any such institution or	

ADMISSION INFORMATION

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 1
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.

LEGAL AND OTHER EMPLOYMENT INFORMATION

- 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 S	Since Mo/Yr		
From Mo/Yr	To PRESENT			
Employment Position/Description	on of Unemployment		_	
Employer or Firm				
Supervisor/Associate Name				
Employer or Firm Mailing Addre				
City	State_		Zip	
Country	F	rovince		
Employer Telephone ()	Employer E	-mail		
If you are self-employed or employment or practice. If you business.	ot related by blood or marriage	who can v	verify the nature	e and length of your
Name(s)				
Address				
City				
Country	<u>_</u> F	rovince		
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	□ Unemploym	ent Period	
Employment Position	n/Description of Unemploy	ment		
Employer or Firm				
	(A	At time of employment)		
Reason for Leaving_				
Supervisor/Associate	Name			
Employer or Firm M	ailing Address			
City		State	Zip	
Country		Province_		
Employer Telephone	()	Employer E-mail_		
☐ If the employer information below.	's/firm's name or address h	as changed, check this box	and provide the current employer's/firm	m'
provide a reference marriage who can ve	(preferably someone associ	iated with the business) to of your employment or pra	m is out of business, check this box as whom you are not related by blood actice. If you provide a business address.	0
Name(s)				
			Zip	
Country		Province_		
Telephone ()		E-mail		

From Mo/Yr To Mo/Yr	□ Unemployment Per	riod
Employment Position/Description of Une	mployment	
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 <u>(</u>)	Employer E-mail	
☐ If the employer's/firm's name or add information below.	ress has changed, check this box and pr	rovide the current employer's/firm'
☐ If you were self-employed, or employed a reference (preferably someone marriage who can verify the nature and leplease include the names of both the reference.	associated with the business) to whon ngth of your employment or practice.	n you are not related by blood o
Name(s)		
Address		
City		_Zip
Country	Province	
Telephone ()	E-mail	

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been term resign in lieu of termination fr					
Question 7.)				□ Yes	□No
If yes, provide the following	ng information ab	out each occurre	nce:		
Employer or Firm					
Dates of Employment:	From Mo/Yr	r To Mo	o/Yr	_	
Disposition: Terminated	□ Suspended	☐ Disciplined	□ Laid-Off	□ Permitted to resig	gn
Date of disposition (Mo/Yr)_					
Explanation of circumstances_					
■ Employer or Firm					
Dates of Employment:	From Mo/Yr	r To Mo	o/Yr	<u> </u>	
Disposition: Terminated	□ Suspended	□ Disciplined	□ Laid-Off	☐ Permitted to resig	ŗn
Date of disposition (Mo/Yr)_					
Explanation of circumstances_					
9. List the full name and ac member. □ Check here if you have		·	ociation of wh	ich you have been or	are currently a
Name of Bar Association					
Dates of Membership:	From Mo/Yr	r To Mo	o/Yr	<u> </u>	
Address					
City				_	
Country			Province		
Name of Bar Association					
Dates of Membership:		r To Mo	o/Yr		
Address			-,	_	
City			State	Zip	
Country				-	

10. A. Have you ever been disbarred, suspended, ce	nsured, or otherwise reprima	nded or disqualitied	d as an attorney?
n II a vector	1	□ Yes	□ No
B. Have you ever been the subject of any charge conduct as an attorney, including any now pe		(tormal or intorma ☐ Yes	l) concerning youi □ No
☐ Check here if you have never been admitted		2 100	
If you answered yes to 10A and/or 10B, please	1	ation for each matt	0 * *
,			C1.
Name of Regulatory Agency			
Address			
City		-	
Country			
Case Number (if applicable)			
Action Taken			
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, inc		□ Yes	□ No
If the answer is yes, please provide the following	g information for each matter	r:	
Name of Regulatory Agency			
Address			
City	State	Zip	
Country	Province		
Case Number (if applicable)			
Action Taken			
Explanation_			
	•		0 .
☐ Check here if you have never been admitted	•		
If the answer is yes, please provide the following	1		
Name of Court			
Address			
City		_	
Country			
Case Number			
Action Taken			
From Mo/Yr			

13. Have you ever held judicial office	ce?	□ Yes	□No
If yes, provide the following info	ormation about each office:		
Office Held	From Mo/Yr	To Mo/Yr	
Name of Court			
Address			
City			
Country	Provinc	ce	
Reason for leaving office (if applicab	le)		
14. Have you ever been a member National Guard?	er of the armed forces of the Ur		nponents, or the
If yes, complete a separate FOR	RM 1 for each period of service.	_ 160	21,0

15. Have	e you ever been denied a license or had	a license terminated or revoke	d for busine	ess, trade, o	r profession (e.g.
CPA, real	l estate broker, physician, patent practiti	oner)?	□ Yes	□ No	
If ye	s, please provide the following informat	ion for each denial or revocati	ion:		
Action T	ype: □ Denial □ Revoc	ration			
License (Гуре, Application Date, License Numbo	er)			
Name of	Regulatory Agency				
Address_					
City		State		Zip	
Country_		Province			
Action Ta	aken			Date	
Explanati	on				
16. A.	Have you ever been suspended, censure	ed, or otherwise reprimanded	or disqualif	ied as a men	mber of another
	profession, or as a holder of public office	ce?		□ Yes	□ No
	Have you ever been the subject of any of your conduct as a member of any other				
	pending?	p, no m 1	,	□ Yes	□ No
If yo	u answered yes to 16A and/or 16B, ple	ase provide the following info	rmation for	each matter	r:
Name of	Regulatory Agency				
Address_					
City		State		Zip	
Country_		Province			
Case Nur	mber (if applicable)				
Action Ta	aken			Date	
Explanati	on				
17. Has	any surety on any bond on which you w	ere the principal been require	d to pay any	y money on	your behalf?
				□ Yes	□ No
If ye	s, complete FORM 2.				
18. Have	e you ever been a named party to any cir	vil action?		□ Yes	□ No
NO'	TE: Family law matters (including conti	nuing orders for child suppor	t) should be	included he	ere.
If ye	s, complete a separate FORM 3 for eac	h action.			

19.	Have you ever had a complaint or action (including, but not limited to, misrepresentation, forgery, or malpractice) initiated against you in any administrat	~	fraud, deceit,				
		□ 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 traffic violation including any cases resolved in juvenile court? □ Yes	any alcohol- □ No	or drug-related				
	If yes, complete a separate FORM 5 for each incident.						
	B. Have you been cited for, arrested for, charged with, or convicted of any methe past ten years? (Omit parking violations.)	oving traffic v □ Yes	violation during □ 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 v any cases resolved in juvenile court? (Report traffic violations at Questions 20.)	iolation of an □ Yes	y law including □ 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 repo	_	ions 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 one of the complete and the co	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 recent 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 treatment for mental health problems 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 affected by a mental health condition, 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 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.

24. A.	During the past five years, have you experienced, been diagnosed with, or u	ndergone trea	atment for any
condition of	r impairment (including, but not limited to, substance abuse or dependency, al	lcohol abuse o	or dependency
or a psycho	tic, mental, emotional, or nervous disorder or condition) which affects, or if	untreated cou	ald affect, your
ability to pr	actice law in a competent and professional manner?	□ Yes	□ No
	If your answer to Question 24(A) is yes, are the limitations caused by your substance abuse problem reduced or ameliorated because you receive ongoing		
	medication) or because you participate in a monitoring program?	□ Yes	\square No

Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation f your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or oth proceeding; or any proposed termination by an educational institution, employer, government agence professional organization, or licensing authority?						
professional organiza	ation, of necessing autility	onty:		□ Ye	s □ No	
If you answered yes,	furnish a thorough exp	olanation belo	ow:			
Name of Entity befo	ore which the issue was	raised (i.e., c	ourt, agency, etc.)			
Address						
City	State	Zip_	Telephone()		
Date of disposition_	eding					
Explanation						

CERTIFICATION OF APPLICANT

$I, \underline{\hspace{1cm}},$
(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, 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 the	nat I,	, am a member in good
standing of the Ba	r of	; that I am and have been well
acquainted with _		, an applicant for admission to
the Bar of the Stat	te of Washington, since	; and that I believe this
applicant is of goo	od moral character and that I recommend his o	or her admission.
	Certified on this day of	, 20
	Signature	Bar/License No.
	Street Address	
	City, State, Zip	
Lawyer II		
This is to certify the	nat I,	, am a member in good
standing of the Ba	r of	; that I am and have been well
acquainted with _		, an applicant for admission to
the Bar of the Stat	te of Washington, since	; and that I believe this
applicant is of goo	od moral character and that I recommend his o	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)	
(COUNTRY)	on (Date of Birth),
be prepared by the Washington State Bar Association (NCBE). I further consent to allow NCBE and WSBA professional reputation, and fitness for the practice of larmay be required concerning my past record. I understa	of Washington State, hereby apply for a character report to (WSBA) and the National Conference of Bar Examiners A to conduct an investigation as to my moral character, w. I further agree to provide additional information which and that the contents of my character report are treated reports the contents of the report only to bar admission arding my character and fitness to practice law.
other educational institution, government agency, law en any records, files, documents, writings, or other informat such information regarding any and all charges, complair reprimands, disqualifications, censures, resignations, to judgments, courts-martial, non-judicial punishments, or otherwise erased or expunged by law, whether formal or information pertaining to me. I further authorize WSBA and make copies of such documents, records, or other information to the National Personnel Records Center in Strelease to the WSBA and NCBE information or photocopy	. Louis, MO, or other custodian of my military record to ies from my military record.
the Washington State Bar Association, its agents and repany and all liability of every nature and kind arising out o	onference of Bar Examiners, its agents and representatives, oresentatives, and any person furnishing information from f the furnishing or inspection of such documents, records, the National Conference of Bar Examiners or by the
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 ad be prepared by the Washington State (NCBE). I further consent to allow professional reputation, and fitness for may be required concerning my past confidentially by WSBA and NCBE, authorities for the purpose of making a	e Bar Association (WS NCBE and WSBA to r the practice of law. I record. I understand and, that NCBE repo	BA) and the Nati conduct an inve further agree to p that the contents rts the contents of	ional Conference of Bar Examiners stigation as to my moral character provide additional information which of my character report are treated of the report only to bar admission
I also authorize and request every pers other educational institution, government any records, files, documents, writings such information regarding any and all reprimands, disqualifications, censure judgments, courts-martial, non-judicial otherwise erased or expunged by law, vinformation pertaining to me. I further and make copies of such documents, real authorize the National Personnel Rerelease to the WSBA and NCBE information of the Washington State Bar Association, any and all liability of every nature and and other information, or the invest Washington State Bar Association.	ent agency, law enforce, or other information I charges, complaints, es, resignations, term II punishments, or adwhether formal or information authorize WSBA and ecords, or other information or photocopies at the National Confer, its agents and represt I kind arising out of the	ement agency, and pertaining to me to disciplinary actions nations, citations ministrative discharmal, pending or classification. The period of the period	l any other agency having control of to furnish to WSBA and NCBE any s, grievances, sanctions, suspensions, arrests, indictments, convictions arges (including those dismissed of losed), or any other pertinent data of a gents or representatives to inspect the custodian of my military record to ecord. The person furnishing information from pection of such documents, records
Signature of Applicant	Date		
STATE/DISTRICT OF			
COUNTY/PARISH OF			
Subscribed and sworn to or affirmed before	e me this	day	
of,	Year		
Signature of Notary Public			
My commission expires			
Seal or stamp must be affixed to each origin	nal.		

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 Wasbe prepared by the Washington State Bar Association (WSBA (NCBE). I further consent to allow NCBE and WSBA to oprofessional reputation, and fitness for the practice of law. I furmay be required concerning my past record. I understand the confidentially by WSBA and NCBE, and, that NCBE reports authorities for the purpose of making a determination regarding	A) and the National Conference of Bar Examiners conduct an investigation as to my moral character, arther agree to provide additional information which that the contents of my character report are treated as the contents of the report only to bar admission
I also authorize and request every person, firm, company, corported other educational institution, government agency, law enforced any records, files, documents, writings, or other information persuch information regarding any and all charges, complaints, disreprimands, disqualifications, censures, resignations, terminal judgments, courts-martial, non-judicial punishments, or admit otherwise erased or expunged by law, whether formal or information pertaining to me. I further authorize WSBA and No and make copies of such documents, records, or other information	nent agency, and any other agency having control of ertaining to me to furnish to WSBA and NCBE any sciplinary actions, grievances, sanctions, suspensions, ations, citations, arrests, indictments, convictions, inistrative discharges (including those dismissed or hal, pending or closed), or any other pertinent data or CBE or any of its agents or representatives to inspect ion.
I authorize the National Personnel Records Center in St. Loui release to the WSBA and NCBE information or photocopies from	
I hereby release, discharge and exonerate the National Conferent the Washington State Bar Association, its agents and represent any and all liability of every nature and kind arising out of the and other information, or the investigation made by the Nashington State Bar Association.	tatives, and any person furnishing information from furnishing or inspection of such documents, records,
Signature of Applicant Date	
STATE/DISTRICT OF	
COUNTY/PARISH OF	
Subscribed and sworn to or affirmed before me this	day
of,	
Signature of Notary Public My commission expires	
Seal or stamp must be affixed to each original.	

To be used with Question 13 FORM 1 / MILITARY SERVICE

Nan	ne						
	First	Middle		Last	Suff	ix Socia	al Security Number
	I am presently a memb		orces.				
	I was a member of the	armed forces.					
Α.	Regular armed forces:	□ Air Force	□ Army	□ Coast	Guard	☐ Marine Corp	s □ Navy
	Reserve components:	□ Air Force	□ Army	□ Coast	Guard	☐ Marine Corp	
	National Guard:	☐ Air Force	□ Army	State			
	My serial number	was/is		My rank	k was/is		
	My serial number Dates of service:	Active Duty -	From Mo/	Yr	T	o Mo/Yr	
		Reserve Duty -	From Mo/	Yr	1	o Mo/Yr	
		National Guard	-From Mo/	Y r		o Mo/Yr	<u> </u>
	TTACH COPIES OF ALL OF D FORM 214 THAT YOU PRO					COPY #4, NGB FOR	M 22, etc.). THE
В.	For PRESENTLY SEI	RVING PERSON	NNEL ONL	Y: Check:	□ Active	□ Reserve [□ National Guard
	Present duty statio						
	Address						
	City			State		Zip	
	Country			Provin	nce		
	Telephone numbe	r <u>()</u>					
	Name of comman	ding officer					
C.	As a member of the arr	med forces of the	United State	es:			
	1. Were you ever					□ *Yes	□ No
	2. Were you ever	awarded non-judi	icial punishm	ent? (Art.15 U	JCMJ)	□ *Yes	□ No
	If you are presently a	member of the	armed force	es, do not ans	swer Quest	ions 3, 4, and 5	
	3. Did you receive	e an honorable di	scharge?			□ Yes	□ *No
	4. Were you allow	red to resign in lie	u of court-m	artial?		□ *Yes	□ No
	5. Were you admi	nistratively discha	urged?			□ *Yes	□ No
*If	you checked a box fol	lowed by an aste	erisk, provid	le an explana	ation for ea	ch answer:	
	Refers to Item C (1 2 3 4 or 5)		Dat	e of action		
					_		
	Explanation of cir	cumstances					
	Result, including a	ny punishment_					
	-						
	■ Refers to Item C (1. 2. 3. 4. or 5)		Dat	e of action		
	Explanation of cir	•			_		
	Explanation of the	cumstances					
	Result, including a	ny punishment_					

To be used with Question 17 FORM 2 / BONDING COMPANIES

Name				
First	Middle	Last	Suffix	Social Security Number
Name and complete ac	ddress of surety (bonding	company):		
Name of surety				
City		State		Zip
Country		Provin	nce	
Amount of money paid	d by surety			
Date money paid				
Reason for bond				
_				
Brief explanation				

To be used with Question 18

FORM 3 / RECORD OF CIVIL ACTIONS

Name				
First Complete title of action	Middle	Last	Suffix	Social Security Number
Court file number				
Date filed				
Name and complete address				
Name of court				
Address	_			
City		State		Zip
Country		Provi	nce	
Plaintiff's name				
				Zip
Country		Provi	nce	•
Plaintiff's attorney				
Address				
City		State		Zip
Country	_	Provi	nce	
Defendant's name				
				Zip
•				
•				
•				
City		State		Zip
•				
Trial date				
Date of final disposition				
Disposition				
Disposition				
Are you the subject of any	continuing court orde	er (e.g., for child suppo	ort or payment o	f a money judgment)?
If the disposition resulted is	in a judgment, has the	, ,		not result in a judgment.)
If yes, give the date the			1	,
If no, what amount is	still owing?			
Brief explanation of suit				

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

To be used with Question 19 FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name				
First	Middle	Last	Suffix	Social Security Number
Date action/complain	t initiated			
Name and complete ac	ddress of administrative fo	orum or body:		
Name of administ	crative forum or body			
Address				
City		State		Zip
Country		Provi	ince	
Address		State		Zip
Country		Provi	ince	
Date of final disposition	on			
Disposition				
Dui of annula matina				
brief explanation				

Form 3A

Attach a copy of the administrative record.

To be used with Question 22 FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name					
First	Middle	Last	Suffix	Social Secu	ırity Number
Date bankruptcy filed					
Complete title of action_					
Court file number					
Name and complete add	ress of court involved:				
Name of court					
Address					
City		S	State	Zip	
Country		Pro	ovince		
Debts discharged:					
Credit Gran	tor	Account N	Number	Amount Di	scharged
				-	
Date of final disposition					
•					
Disposition					
Were any adversary proc	condings instituted?			□ Yes	□ No
Were there any allegation				□ Yes	□ No
Were any debts not disch				□ Yes	□ No
Brief description of circu	ımstances surrounding filir	ng petition for bar	nkruptcy:		
Attach schedule of ind	ebtedness, petition for b	ankruptcy, and	discharge from b	ankruptcy ord	er.

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	of incident					
Charge(s) on date of ar	rest or citation					
Incident location (city,	county, state)					_
Title of complaint, indi	ctment, or citation					
Court file number						
Name and complete ac	ldress of court involve	ed:				
Name of court						
Address						
City		State		Zip		
Country				_Province_		
Name and address of la	aw enforcement agend	cy involved:				
Name of law enfo	rcement agency					
Address						
City		State		Zip		
Country				_Province_		
Name and address of d	lefendant's attorney:					
Name of attorney						
Address						
City		State		Zip		
Country				_Province_		
Date of initial court he	aring					
Charge(s) at time of ini	tial court hearing					
Date of final dispositio	n					
Charge(s) at time of fire	nal disposition					
Final disposition						
Brief description of inc	cident					

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

To be used with Question 20B FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Jame				
First	Middle	Last	Suffix	Social Security Number
	Driver's lie	cense number		
S	tate			
raffic violations involving	g alcohol or drugs sh	ould be reported in	response to Quest	tion 21A and on FORM
lease complete the follo	owing information for	or each incident:		
Name of law enforcen				
Incident location (city,	· .			
` •				
•				
Charge(s) on date of in				
Date of final disposition				
Charge(s) at time of fire	· · · · ·			
Final disposition				
Brief description of in	cident			
Name of law enforcen	nent agency			
Incident location (city,	, county, state)			
Country		Pro	ovince	
Date of incident (Mo/	(Yr)			
Charge(s) on date of in	ncident			
Date of final disposition	on (Mo/Yr)			
Charge(s) at time of fire	nal disposition			
Final disposition				
Brief description of in	cident			
Name of law enforcen	nent agency			
Incident location (city,	, county, state)			
Country		Pro	ovince	
Date of incident (Mo/	(Yr)			
Charge(s) on date of in	ncident			
Date of final disposition	on (Mo/Yr)			
Charge(s) at time of fire	nal disposition			
Final disposition				
Brief description of in	cident			

To be used with Question 23 FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name						
First	Middl	le		Last	Suffix	Social Security Number
This copy of F	FORM 6 refers to Qu	estion 23	\Box B	Defaulte	ed student loan ed other debt t discharged	
Type of debt:	□ Student Loan	□ Other				
If this debt wa	s discharged in ban	kruptcy, che	ck here	and do r	not complete the i	est of the form \square
Full account nu	mber					
Original amoun	nt of debt					
Current balance	2					
Date of last pay	ment					
Name and com	plete address of entity	extending cr	edit:			
Name of e	ntity					
•						_ Zip
-						
1	number ()					
Name and addr	ress of current creditor	r or collection	agency	if differen	nt from above:	
Name						
Address						
·						_ Zip
•						
-	number ()					
Full accoun	nt number					
Current status o	of this debt					
Describe the his	story of this debt, incl	uding any act	ions tak	en to colle	ect and any defense	es:
						_
						_

Form 6

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 yo	ou were admitted (check o	one):					
☐ First Department	☐ Second Department						
☐ Third Department	☐ Fourth Department						
Department(s) in which county):	you have practiced law	or been employed as	an attorney (chec	k ALL that apply and includ			
☐ I have not practiced la	aw in any department in 1	New York.					
□ First Department; Co	unty(ies)						
☐ Second Department;	County(ies)						
☐ Third Department; Co	ounty(ies)						
☐ Fourth Department; (County(ies)						

Form 10