

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 \_\_\_\_\_

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 \_\_\_\_\_

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

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 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.**

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.**

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.**

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 \_\_\_\_\_

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:

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



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) \_\_\_\_\_