SAMPLE WASHINGTON ADMISSION APPLICATION – TO BE EFFECTIVE 12/1/2020

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court.

This sample application has essentially the same questions as will be on the online application available on .... Do not submit a paper application. Use this to prepare answers and gather documentation.

APPLICANT INFORMATION

• Full legal name. You must provide your full legal name including middle name(s) if any. *Required
  First __________________ Middle __________________ Last __________________ Suffix ____________

• Previous Names
  Have you ever used or been known by any other name? *Required
  ☐ Yes  ☐ No

  Note: Your name(s) will be used as identification in correspondence sent to schools, employers, courts, references, etc. You must provide the full legal name including middle name(s) if applicable.

  If Yes (the following information is required for every name):
  Include information for all other names (e.g., legal names, nicknames, or aliases) using separate entries.
  First __________________ Middle __________________ Last __________________ Suffix ____________
  o From Date
    Month __________________ Day __________________ Year ____________
  o To Date
    Month __________________ Day __________________ Year ____________
  o Reason for use or change
    ____________________________________________

• Social Security Number * Required if you have one
  ☐ I do not have a social security number

• Birth Date
  Month __________________ Day __________________ Year ____________

• Place of Birth (City, State/Province, County) * Required
  City __________________ State __________________ County __________________
CONTACT INFORMATION

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

Email Address  *Required

_________________________________________________________

Home/Mobile Phone  *Required

_________________________________________________________

Office Telephone Number

_________________________________________________________

Mailing Address  *Required

Firm Name (optional) _______________________________________

Country * ___________________________________________________

Address Line 1 * _____________________________________________

Address Line 2 ______________________________________________

Address Line 3 ______________________________________________

City * ______________________________________________________

State/Province _____________________________

Postal Code * _______________________________________________

NCBE Number: {NCBE Number does not apply to applicants for LPO, LLLT, Law Clerk, Military Spouse, Indigent Rep, or Legal Intern.}

Note: You must provide us with your identification number received from the National Conference of Bar Examiners (NCBE). Your unique NCBE Number will be used for identification purposes if you take the Uniform Bar Examination and the Multistate Professional Responsibility Examination. If you do not already have an NCBE Number, request your NCBE Number at www.ncbex.org/ncbe-number.

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

1. Law Student Registration

Have you ever submitted an application to register with a bar authority as a law student?  *Required

☐ Yes  ☐ No

If Yes (the following information is required for every such application):

○ Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  * Required
2. **Bar Exam**

Have you ever applied to take a bar exam or other exam to be admitted/licensed/registered to practice law, in any jurisdiction?  *Required*

☐ Yes  ☐ No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  * Required**

- **Name and address of bar or licensing authority  * Required**

  Name * ________________________________

  Country * ________________________________

  Address Line 1 * ________________________________

  Address Line 2 ________________________________

  Address Line 3 ________________________________

  City * ________________________________

  State/Province ________________

  Postal Code * ________________________________

  County ________________
3. **UBE Score Transfer**

Have you ever previously applied for admission/registration/licensing by transferred UBE score in any jurisdiction?  *Required*

☐ Yes    ☐ No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction**  *Required*

- **Date application submitted**  *Required*
  
  Month ___________________ Day ___________________ Year ___________________

- **Were you admitted to this Jurisdiction?**  *Required*
  
  ☐ Yes    ☐ No
If Yes:
- **Admission or readmission date** *Required*
  Month ___________ Day ___________ Year ________________________
- **Bar Number** ________________
- **Admitted/licensed/registered as** *Required*
  - Attorney
  - House Counsel
  - Foreign legal Consultant
  - Other __________________________

If No:
- **Reason not admitted/licensed/registered** *Required*
  - Withdrew Application
  - Pending
  - Denied
  - Exam Misconduct
  - Other Reason ____________________________

- **Explanation**
  __________________________________________________________________________

### 4. Motion

Have you ever previously applied for admission on motion or by reciprocity in any jurisdiction? *Required*

- Yes
- No

If Yes (the following information is required for every such application):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** *Required*
  __________________________________________________________________________

- **Name and address of bar or licensing authority** *Required*
  
  Name * __________________________
  
  Country * __________________________
  
  Address Line 1 * __________________________
  
  Address Line 2 __________________________
  
  Address Line 3 __________________________
  
  City * __________________________
  
  State/Province __________________________
  
  Postal Code * __________________________
  
  County __________________________
• Date application submitted  * Required
  Month __________________ Day __________________ Year __________________

• Were you admitted to this Jurisdiction?  * Required
  □ Yes    □ No

  If Yes:
  ◦ Admission or readmission date  * Required
    Month __________________ Day __________________ Year __________________
  ◦ Bar Number __________________
  ◦ Admitted/licensed/registered as  * Required
    □ Attorney    □ House Counsel    □ Foreign legal Consultant
    □ Other ____________________

  If No:
  ◦ Reason not admitted/licensed/registered  * Required
    □ Withdrew Application    □ Pending    □ Denied    □ Exam Misconduct
    □ Other Reason __________________
  ◦ Explanation  * Required
    _____________________________________________________________________

5. Diploma Privilege

Have you ever applied for admission/licensing/registration by diploma privilege in any jurisdiction?  * Required
  □ Yes    □ No

If Yes (the following information is required for every time you applied for such admission):

• Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  * Required
    _____________________________________________________________________

• Name and address of bar or licensing authority  * Required
  Name * __________________________
  Country * __________________________
  Address Line 1 * __________________________
  Address Line 2 __________________________
  Address Line 3 __________________________
  City * __________________________
State/Province
Postal Code *
County

- Date application submitted * Required
  Month Day Year

- Were you admitted to this Jurisdiction? * Required
  ☐ Yes ☐ No

  If Yes:
  - Admission or readmission date * Required
    Month Day Year
  - Bar Number
  - Admitted/licensed/registered as * Required
    ☐ Attorney ☐ House Counsel ☐ Foreign legal Consultant
    ☐ Other

  If No:
  - Reason not admitted/licensed/registered * Required
    ☐ Withdrew Application ☐ Pending ☐ Denied ☐ Exam Misconduct
    ☐ Other Reason
  - Explanation * Required

6. Foreign Legal Consultant

Have you ever previously applied for admission, registration, or licensing as a foreign legal consultant in any jurisdiction? * Required

  ☐ Yes ☐ No

  If Yes (the following information is required for every such application):
  - Name of U.S. jurisdiction, tribal court, or foreign jurisdiction * Required

  - Name and address of bar or licensing authority * Required
    Name *
    Country *
    Address Line 1 *
Address Line 2 ____________________________________________
Address Line 3 ____________________________________________
City * _____________________________________________________
State/Province ______________________________________________
Postal Code * _______________________________________________
County _____________________________________________________

- Date application submitted  * Required
  Month ___________ Day ___________ Year ________________

- Were you admitted to this Jurisdiction?  * Required
  □ Yes      □ No

  If Yes:
  o Admission or readmission date  * Required
    Month ___________ Day ___________ Year ________________
  o Bar Number ________________
  o Admitted/licensed/registered as  * Required
    □ Attorney      □ House Counsel      □ Foreign legal Consultant
    □ Other ________________

  If No:
  o Reason not admitted/licensed/registered  * Required
    □ Withdrew Application      □ Pending      □ Denied      □ Exam Misconduct
    □ Other Reason ________________
  o Explanation  * Required
    __________________________________________________________________________

7. **House Counsel**

Have you ever previously applied for admission, registration, or licensing as in-house counsel in any jurisdiction?  * Required

  □ Yes      □ No

  If Yes (the following information is required for every such application):
  - Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  * Required
    __________________________________________________________________________
- **Name and address of bar or licensing authority**  *Required*
  
  Name * ________________________________
  
  Country * ________________________________
  
  Address Line 1 * ________________________________
  
  Address Line 2 ________________________________
  
  Address Line 3 ________________________________
  
  City *
  
  State/Province ________________________________
  
  Postal Code * ________________________________
  
  County ________________________________

- **Date application submitted**  *Required*
  
  Month ___________ Day ___________ Year ___________

- **Were you admitted to this Jurisdiction?**  *Required*
  
  ☐ Yes    ☐ No

  **If Yes:**
  
  - **Admission or readmission date**  *Required*
    
    Month ___________ Day ___________ Year ___________
  
  - **Bar Number**
  
  - **Admitted/licensed/registered as**  *Required*
    
    ☐ Attorney    ☐ House Counsel    ☐ Foreign legal Consultant
    
    ☐ Other ________________________________

  **If No:**
  
  - **Reason not admitted/licensed/registered**  *Required*
    
    ☐ Withdrew Application    ☐ Pending    ☐ Denied    ☐ Exam Misconduct
    
    ☐ Other Reason ________________________________
  
  - **Explanation**  *Required*
    
    ____________________________________________
8. **Other Applications**

Have you ever otherwise submitted an application to, or been authorized or licensed to practice law in any U.S. or foreign jurisdiction or tribal court? *Required

☐ Yes ☐ No

If Yes (the following information is required for every application or authorization):

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction** *Required

- **Name and address of bar or licensing authority** *Required

  Name *
  
  Country *
  
  Address Line 1 *
  
  Address Line 2
  
  Address Line 3
  
  City *
  
  State/Province
  
  Postal Code *
  
  County

- **Date application submitted** *Required

  Month Day Year

- **Date examination taken** *Required

  Month Day Year

- **Were you admitted to this Jurisdiction?** *Required

  ☐ Yes ☐ No

  If Yes:

  - **Admission or readmission date** *Required

    Month Day Year

  - **Bar Number**

  - **Admitted/licensed/registered as** *Required

    ☐ Attorney ☐ House Counsel ☐ Foreign legal Consultant
    ☐ Other

  If No:
9. **Bar Association Membership**

Have you ever been or are you currently a member of any mandatory bar association? **If yes**, list the full name and address of each mandatory bar association of which you have been or are currently a member. **NOTE** - You do not need to report membership if you were a law student at the time you were a member of the bar association.  

* Required

- Yes
- No

If Yes (the following information is required for every mandatory bar association of which you are or have been a member):

- **Name and address of the bar association**  
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

- **Are you a current member of this bar association?**  
  Yes
  No

If Yes, member:

- **From**  
  Month Day Year

If No, member:

- **From**  
  Month Day Year
10. Licensed Legal Professional Discipline

Have you ever been disbarred, suspended, censured, or otherwise disciplined, sanctioned, or disqualified as a lawyer or other licensed legal professional? **If yes,** include a copy of relevant documentation from the regulatory agency.  **Required**

- Yes  
- No  

If Yes (the following information is required for every such incident):

- **Name and address of the Regulatory Agency**  **Required**
  - Name *
  - Country *
  - Address Line 1 *
  - Address Line 2
  - Address Line 3
  - City *
  - State/Province
  - Postal Code *
  - County

- **Case Number (if applicable)**

- **Date**  **Required**
  - Month  
  - Day  
  - Year  

- **Action Taken**  **Required**

- **Explanation**  **Required**

11. Licensed Legal Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a lawyer or other licensed legal professional, including any dismissed or now pending? **If yes,** include a copy of relevant documentation from the regulatory agency.  **Required**

- Yes  
- No
If Yes (the following information is required for every such matter):

- **Name and address of the Regulatory Agency**  *Required*
  - Name *
  - Country *
  - Address Line 1 *
  - Address Line 2
  - Address Line 3
  - City *
  - State/Province
  - Postal Code *
  - County

- **Case Number (if applicable)**

- **Date**  *Required*
  - Month Day Year

- **Action Taken**  *Required*

- **Explanation**  *Required*

12. **Unauthorized Practice of Law**

Have you ever been the subject of any formal or informal charges, complaints, or grievances alleging that you engaged in the unauthorized practice of law, including any dismissed or now pending? If yes, include a copy of relevant documentation from the regulatory or law enforcement agency.  *Required*

☐ Yes ☐ No

If Yes (the following information is required for each action):

- **Name and address of the Regulatory or Law Enforcement Agency**  *Required*
  - Name *
  - Country *
  - Address Line 1 *
  - Address Line 2

Sample Washington Admission Application 13 Effective 12/1/2020
13. Court Sanction or Disqualification

Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? If yes, include a copy of the order of sanction or disqualification and any documentation demonstrating compliance with the order. * Required

☐ Yes   ☐ No

If Yes (the following information is required for every court sanction or disqualification):

- Name and address of the Court    * Required
  
  Name * ________________________________
  
  Country * ________________________________
  
  Address Line 1 * ________________________________
  
  Address Line 2 ________________________________
  
  Address Line 3 ________________________________
  
  City * ________________________________
  
  State/Province ________________________________
  
  Postal Code * ________________________________
  
  County ________________________________
EDUCATION

14. Law Office Study/Washington Supreme Court APR 6 Law Clerk program

Did you engage in law office study or complete Washington's APR 6 Law Clerk Program in lieu of receiving a J.D.? **Required**

☐ Yes ☐ No

If Yes (the following information is required for every such study or program):

• Name of Tutor/Proctor **Required**

• Name and address of firm **Required**

  Name * __________________________
  Country * __________________________
  Address Line 1 * __________________________
  Address Line 2 __________________________
  Address Line 3 __________________________
  City * __________________________
  State/Province __________________________
  Postal Code * __________________________
County ____________________________

- **Date Started** *Required*
  Month ___________ Day _______________ Year __________________

- **Date Finished or Expect To Be Finished** *Required*
  Month ___________ Day _______________ Year __________________

15. **Law School Attendance**
List complete information regarding all law school attendance. Multiple degrees received from the same school require separate entries.

**I have attended law school** *Required*
- ☐ Yes    - ☐ No

**If Yes (the following information is required for every law school attended):**

- **Attended From** *Required*
  Month ___________ Day _______________ Year __________________

- **Attended To** *Required*
  Month ___________ Day _______________ Year __________________

- ☐ Check here if your enrollment at this institution was entirely through an online degree or program.

- **Enrollment Status** *Required*
  - ☐ Full Time     - ☐ Part Time

- **Degree received or expected to be received** *Required*
  - ☐ None     - ☐ J.D.     - ☐ LL.M.
  - ☐ LLM. for the Practice of Law     - ☐ LLLT Practice Certificate
  - ☐ Other _______________________

- **Did you/will you receive this degree from an ABA approved Law School?** *Required*
  - ☐ Yes    - ☐ No

  **If Yes:**
  - ☐ Law School *Required*

  ____________________________

**If No:**
  - ☐ Provide the name and mailing address of the non-ABA law school/institution you attended *Required*

  Name * ________________________________
Country * ____________________________

Address Line 1 * ____________________________

Address Line 2 ____________________________

Address Line 3 ____________________________

City * ____________________________

State/Province ____________________________

Postal Code * ____________________________

County ____________________________

- Are you relying on an LL.M. for the Practice of Law from an ABA-accredited law school per APR 3(b)(4) to apply to take the Washington Bar Exam?  * Required
  
  □ Yes   □ No

16. Law School Discipline

Have you ever taken a leave of absence from any law school, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any law school?  * Required

  □ Yes   □ No

If Yes (the following information is required for every applicable action):

  - Name of Institution  * Required

  ____________________________

  - Action taken  * Required

  ____________________________

  - Date action taken  * Required

    Month__________ Day______________ Year _________________

  - Explanation  * Required

    ____________________________

17. College/University Attendance

List complete information regarding all college/university attendance. Multiple degrees received from the same school require separate entries.

ATTENTION - Report all law school education, including any LL.M. degrees awarded by a law school and any LL.M. for the Practice of Law degrees, under question 15.
I have attended College or University.  *Required

☐ Yes    ☐ No

If Yes (the following is information is required for every college/university attended):

- Name and mailing address of college/university  *Required
  
  College/University Name * ________________________________
  
  Country * ________________________________
  
  Address Line 1 * ________________________________
  
  Address Line 2 ________________________________
  
  Address Line 3 ________________________________
  
  City * ________________________________
  
  State/Province ________________________________
  
  Postal Code * ________________________________
  
  County ________________________________

- Attended From  *Required
  
  Month _______ Day _______ Year ________________________________

- Attended To  *Required
  
  Month _______ Day _______ Year ________________________________

- Degree received  *Required
  
  ☐ No Degree    ☐ Associates    ☐ Bachelors    ☐ Masters
  
  ☐ Ph.D.    ☐ LL.M. Not Awarded by Law School
  
  ☐ Other ________________________________

- Field(s) of Study  *Required
  
  ________________________________

☐ Check here if your enrollment at this institution was entirely through an online degree or program.
18. College/University Discipline

Have you ever taken a leave of absence from any college or university, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, subjected to other discipline, or requested to discontinue your studies by any college or university? * Required

☐ Yes    ☐ No

If Yes (the following information is required for every applicable actions):

- Name of Institution * Required

- Action taken * Required

- Date action taken * Required

  Month ___________________ Day ___________________ Year ___________________

- Explanation * Required

________________________________________________________________________

RESIDENCES

19. Residence History

List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer.

NOTE - If you have never been admitted, licensed, or authorized to practice law, list every permanent or temporary physical address where you have resided for a period of one month or longer, for the last ten years or since age 18, whichever period of time is longer.

Have you ever been admitted, licensed, or authorized to practice law? * Required

☐ Yes    ☐ No

If Yes:

- Date first admitted to practice

  Month ___________________ Day ___________________ Year ___________________

Residence address (the following information is required for all addresses during relevant time period): * Required

  Country * ________________________________________________________________

  Address Line 1 * _________________________________________________________
Address Line 2 ____________________________________________________________
Address Line 3 __________________________________________________________
City * __________________________________________________________________
State/Province ____________________________________________________________
Postal Code * ____________________________________________________________
County __________________________________________________________________

- **Date From** * Required
  Month __________ Day _____________ Year __________________

- **Date To** * Required
  Month __________ Day _____________ Year __________________

**EMPLOYMENT**

**20. Employment History**

List your employment and unemployment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is longer. If you have never been admitted, licensed, or authorized to practice law, provide information for the last ten years, or since age 18, whichever period of time is shorter.

**NOTES:**

**Employment** - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, contract work, volunteer work, and temporary employment.

**Unemployment** - Provide a brief, but specific, description of your activities while unemployed (seeking employment, preparing for law school, attending law school; vacation, studying for bar exam, e.g.).

**Employment References** – A valid email address is required. If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. Do not list yourself or your own contact information or a relative as a verifying reference; doing so will delay processing of your application.

**Details** - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.
Have you ever been admitted, licensed, or authorized to practice law?  * Required

☐ Yes    ☐ No

If Yes:

- Date first admitted to practice
  Month ___________ Day ___________ Year ___________

Add Unemployment Records

Are you currently or have you been unemployed?  * Required

☐ Yes    ☐ No

If Yes (the following information is required for every period of unemployment during the relevant time period):

- Unemployed From  * Required
  Month ___________ Day ___________ Year ___________

- Provide a brief, but specific, description of your activities while unemployed.  * Required
  __________________________________________________________

Add Employment Records

Are you currently or have you been employed?  * Required

☐ Yes    ☐ No

If Yes (the following information is required for every employer during the relevant time period):

- Name and address of Employer or Firm  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

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

If checked:

  o Current Name and address of Employer or Firm  * Required
Name *

Country *

Address Line 1 *

Address Line 2

Address Line 3

City *

State/Province

Postal Code *

County

Employed From  * Required

Month Day Year

Employed To  * Required

Month Day Year

Employment Position  * Required


Employer/Firm Telephone Number  * Required


Name and email of Supervisor/Associate.  * Required

Full Name

Email Address

☐ Do Not Contact my direct supervisor

☐ If you are self-employed or employed by a relative, or if the firm is out of business, check this box and provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

Name and email of alternate reference  * Required if box is checked

Full Name

Email Address

Name and email of alternate contact.  * Required if box is checked

Full Name

Email Address
21. Employment Discipline

Have you ever been investigated, warned, terminated, suspended, disciplined, laid off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? * Required

☐ Yes    ☐ No

If Yes (the following information is required for every relevant action):

• Employer * Required

• Date of employment from * Required
  Month ___________ Day ___________ Year _______________

• Date of employment to * Required
  Month ___________ Day ___________ Year _______________

• Disposition * Required
  ☐ Terminated    ☐ Suspended    ☐ Disciplines
  ☐ Laid Off for Misconduct or Dishonesty    ☐ Permitted to resign in lieu of termination
  ☐ Other ________________________________

• Date of disposition * Required

• Explanation of circumstances * Required

22. Judicial Office

Have you ever held judicial office? * Required

☐ Yes    ☐ No

If Yes (the following information is required for every judicial office held):

• Office Held * Required

• From * Required
  Month ___________ Day ___________ Year _______________

• To * Required
  Month ___________ Day ___________ Year _______________

• Name and Address of the court * Required
Name * ________________________________________________________________
Country * ____________________________________________________________
Address Line 1 * ____________________________________________________________
Address Line 2 ____________________________________________________________
Address Line 3 ____________________________________________________________
City * ________________________________________________________________
State/Province ____________________________________________________________
Postal Code * ____________________________________________________________
County _________________________________________________________________

- Reason for leaving/termination * Required if applicable
  ________________________________________________________________________

23. Military Service

Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard? * Required

If yes and you have separated from service, include a copy of your military separation papers (DD 214 or equivalent). Forms must indicate character of service.

☐ Yes ☐ No

If Yes (the following information must be provided for each period of service):

- Service Type * Required
  - Regular Armed Forces ☐ Reserve Components ☐ National Guard

- Branch * Required
  - Air Force ☐ Army ☐ Coast Guard
  - Marine Corps ☐ Navy

- State * Required
  ________________________________________________________________________

- Rank * Required
  ________________________________________________________________________

- Date of Service From * Required
  Month ___________ Day ___________ Year __________________

- Date of Service To * Required
  ________________________________________________________________________
Month ___________ Day _______________ Year ________________

- **Duty Station**  *Required*
  - Name * ____________________________
  - Country * _________________________
  - Address Line 1 * __________________
  - Address Line 2 _______________________
  - Address Line 3 _______________________
  - City * ____________________________
  - State/Province _______________________
  - Postal Code * _______________________
  - County ____________________________

- **Phone Number**  *Required*
  ________________________________

- **Name of commanding officer**  *Required*
  ________________________________

- **Were you ever court-martialed?**  *Required*
  □ Yes □ No

  If Yes (the following information is required for each time you were court-martialed):

  - **Date of Action Taken**  *Required*
    Month ___________ Day _______________ Year ________________
  
  - **Explanation of circumstances**  *Required*
    ________________________________
  
  - **Result including any punishment**  *Required*
    ________________________________

- **Were you ever allowed to resign in lieu of court-martial?**  *Required*
  □ Yes □ No

  If Yes (the following information is required for each time you were allowed to resign):

  - **Date of Action Taken**  *Required*
    Month ___________ Day _______________ Year ________________
• Were you ever awarded non-judicial punishment (Art. 15 UCMJ)? * Required
  □ Yes □ No
  If Yes (the following information is required for each time you were awarded non-judicial punishment):
    ∙ Date of Action Taken * Required
      Month __________ Day __________________________ Year ______________________
    ∙ Explanation of circumstances * Required
      _______________________________________________________
    ∙ Result including any punishment * Required
      _______________________________________________________

• Were you administratively discharged? * Required
  □ Yes □ No
  If Yes (the following is required for each time you were administratively discharged):
    ∙ Date of Action Taken * Required
      Month __________ Day __________________________ Year ______________________
    ∙ Explanation of circumstances * Required
      _______________________________________________________
    ∙ Result including any punishment * Required
      _______________________________________________________
24. Licenses

Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as a lawyer or other licensed legal professional? * Required

☐ Yes  ☐ No

If Yes (the following information is required for every license applied for and/or held):

- License Type  * Required

- Issued to (include business name, if applicable)

- Current Status  * Required

- Application Date  * Required
  Month ___________ Day ________________ Year ________________

- License number (if applicable)

- Expiration/Inactive Date
  Month ___________ Day ________________ Year ________________

- Name and address of issuing authority  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
25. **License Denial/Revocation**

Have you ever been denied, or had revoked, a license for a business, trade, or profession?  

*Required*

**NOTE** - Do not include denials or revocations for a license as a lawyer or other licensed legal professional here.

☐ Yes  ☐ No

If Yes (the following information is required for every time a license was denied or revoked):

- **Action Taken**  
  - ☐ Denial  ☐ Revocation  ☐ Suspension  
  - ☐ Other ____________________________________________

- **Date**  
  - Month ___________ Day ___________ Year ________________

- **License (Type, application date, license number)**  
  - ____________________________________________________________

- **Name and address of Regulatory Agency**  
  - Name * ________________________________
  - Country * ________________________________
  - Address Line 1 * ________________________________
  - Address Line 2 ________________________________
  - Address Line 3 ________________________________
  - City * ________________________________
  - State/Province ________________________________
  - Postal Code * ________________________________
  - County ________________________________

- **Explanation**  
  - ____________________________________________________________
26. **Professional Discipline**

Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office?  *Required*

☐ Yes  ☐ No

If Yes (the following information is required for every action):

- **Name and address of Regulatory or Public Agency**  *Required*
  
  Name * ____________________________________________________________
  
  Country * __________________________________________________________
  
  Address Line 1 * ______________________________________________________
  
  Address Line 2 _______________________________________________________
  
  Address Line 3 _______________________________________________________
  
  City * _______________________________________________________________
  
  State/Province ____________________________
  
  Postal Code * _______________________________________________________ 
  
  County _____________________________________________________________

- **Case Number (if applicable)**
  
  __________________________________________________________

- **Date**  *Required*
  
  Month ____________ Day ________________ Year _________________

- **Action Taken**  *Required*
  
  ________________________________________________________________

- **Explanation**  *Required*
  
  ________________________________________________________________
27. **Professional Complaint**

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a member of any other profession, or as a holder of public office, including any dismissed or now pending?  *Required*

- [ ] Yes  - [ ] No

If Yes (the following information is required for every charge, complaint, or grievance):

- **Name and address of Regulatory or Public Agency**  *Required*
  - Name *
  - Country *
  - Address Line 1 *
  - Address Line 2
  - Address Line 3
  - City *
  - State/Province
  - Postal Code *
  - County

- **Case Number (if applicable)**

- **Date**  *Required*
  - Month Day Year

- **Action Taken**  *Required*

- **Explanation**  *Required*

28. **Bond**

Has any surety on any bond on which you were the principal been required to pay any money on your behalf?  *Required*

- [ ] Yes  - [ ] No

If Yes (the following information is required for each such bond):

- **Name and address of surety**  *Required*
Name * ________________________________

Country * ________________________________

Address Line 1 * ________________________________

Address Line 2 ________________________________

Address Line 3 ________________________________

City * ________________________________

State/Province ________________________________

Postal Code * ________________________________

County ________________________________

• Amount of money paid by surety * Required

• Date money paid by surety * Required

   Month __________ Day __________ Year __________

• Reason for bond * Required

   ____________________________________________

• Detailed explanation * Required

   ____________________________________________

LEGAL PROCEEDINGS

29. Civil Action

Have you ever been a named party (of any kind) to any civil action? * Required

NOTE: Family law matters (including divorce, child support, parenting plans, etc.) and protection orders should be included here.

If yes, include a copy of the associated pleadings, judgments, final orders and docket report.

☐ Yes    ☐ No

If Yes (the following information is required for each action):

• Complete title of action * Required

   ____________________________________________

• Court file number * Required

   ____________________________________________
• **Date filed**  * Required
  Month __________ Day __________ Year __________________________

• **Trial date**  * Required
  Month __________ Day __________ Year __________________________

• **Date of final disposition**  * Required
  Month __________ Day __________ Year __________________________

• **Disposition**
  __________________________________________________________

• **Are you the subject of any continuing court order (e.g., for child support or payment of a money judgement)?**  * Required
  □ Yes  □ No

  **If Yes (the following information must be provided for every continuing order):**
  o **Name and address of plaintiff**  * Required
    Name *
    Country *
    Address Line 1 *
    Address Line 2
    Address Line 3
    City *
    State/Province
    Postal Code *
    County

• **Name of plaintiff’s attorney**  * Required
  __________________________________________________________

• **Name and address of defendant**  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
City * ____________________________________________
State/Province _____________________________________
Postal Code * ______________________________________
County ____________________________________________

• Name of defendant’s attorney * Required

If the disposition resulted in a judgment, has the judgment been satisfied? * Required

☐ Yes ☐ No
If Yes:
  o Date judgement satisfied * Required
    Month_________Day_______________Year ________________
If No:
  o Amount still owed * Required

• Detailed explanation of civil action * Required

• Did this matter go to court? * Required

☐ Yes ☐ No
If Yes:
  o Name and address of court * Required
    Name * ____________________________________________
    Country * ________________________________________
    Address Line 1 * ___________________________________
    Address Line 2 _____________________________________
    Address Line 3 _____________________________________
    City * __________________________________________
    State/Province ___________________________________
    Postal Code * _____________________________________
    County __________________________________________
30. Administrative Action

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? * Required

If yes, include a copy of the relevant portions of the associated administrative record.

☐ Yes  ☐ No

If Yes (the following information is required for every administrative action):

• Date action/complaint initiated * Required

  Month _______ Day ____________ Year __________________________

• Name and address of Administrative Forum or Body * Required

  Name ____________________________
  Country __________________________
  Address Line 1 ____________________
  Address Line 2 ____________________
  Address Line 3 ____________________
  City ____________________________
  State/Province ____________________
  Postal Code ______________________
  County __________________________

• Date of final disposition, if any * Required

  Month _______ Day ____________ Year __________________________

• Disposition, if any

__________________________________________________________________________

• Explanation * Required

__________________________________________________________________________
31. **Criminal Action**

Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any case that was resolved in juvenile court?  *Required*

**NOTE** - Include matters that have been sealed or dismissed, expunged, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

If yes, include a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

☐ Yes  ☐ No

If Yes (the following information is required for each action):

- **Date (or time period) of incident**  *Required*
  Month ___________ Day ___________ Year ___________

- **Incident location**  *Required*
  Country *
  City *
  State/Province
  Postal Code *
  County

- **Detailed description of allegation or violation**  *Required*

  ________________________________

- **Name and address of the law enforcement agency involved**  *Required*
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County

- **Name of defendant’s attorney**
• Title of complaint, indictment, or citation


• Did this matter go to court?  * Required
  □ Yes  □ No
  
  If Yes:
  o Name and address of the court involved  * Required
    Name *
    Country *
    Address Line 1 *
    Address Line 2
    Address Line 3
    City *
    State/Province
    Postal Code *
    County
  
  o Date of initial court hearing  * Required
    Month Day Year
  
  o Charge(s) at time of initial court hearing  * Required

• Date of final disposition
  Month Day Year

• Charge(s) at time of final disposition

• Final disposition

• Additional Comments or Explanation
32. Alcohol or Drug Related Traffic Violation

Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation including any violation that was resolved in juvenile court? * Required

NOTE: Include matters that are currently pending, and matters that have been sealed, dismissed, expunged, pardoned, reduced to a lesser charge, subject to a diversion or deferred prosecution program, or otherwise set aside.

If yes, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and relevant appellate documentation, if any.

☐ Yes  ☐ No

If Yes (the following information is required for each violation):

- **Date of incident**  * Required
  
  Month __________ Day ________________ Year __________________

- **Incident location** * Required
  
  Country __________________________
  
  City * ____________________________
  
  State/Province ______________________
  
  Postal Code * _____________________
  
  County __________________________

- **Detailed description of allegation or violation** * Required

  ____________________________________________________________

- **Name and address of the law enforcement agency involved** * Required

  Name * ______________________________________________________
  
  Country * ____________________________
  
  Address Line 1 * __________________________
  
  Address Line 2 __________________________
  
  Address Line 3 __________________________
  
  City * ____________________________
  
  State/Province ______________________
  
  Postal Code * _____________________
  
  County __________________________
• Title of complaint, indictment, or citation


• Name of defendant’s attorney


• Did this matter go to court?  * Required
  ☐ Yes  ☐ No
  If Yes:
  o Court file number  * Required

  o Name and address of the court involved  * Required
    Name *
    Country *
    Address Line 1 *
    Address Line 2
    Address Line 3
    City *
    State/Province
    Postal Code *
    County

  o Date of court hearing  * Required
    Month Day Year

  o Charge(s) at time of initial court hearing  * Required

• Date of final disposition
  Month Day Year

• Charge(s) at time of final disposition

• Final disposition
33. Traffic Violation

Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? * Required

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

☐ Yes    ☐ No

If Yes (the following information is required for every moving violation):

• Date of violation * Required
  Month ___________ Day ________________ Year ____________________

• Original charged violation * Required

• Charge(s) at time of final disposition

• Final disposition

• Description of violation * Required

• Name of law enforcement agency * Required

• Incident location * Required
  Country * ________________________________
  City * ________________________________
  State/Province ________________________________
  Postal Code * ________________________________
  County ________________________________
34. **Driver’s License**

Have you held a driver's license during the last ten years?  

* Required  

☐ Yes  ☐ No

If Yes (the following information is required for each driver’s license):

- Driver’s License state, province, or country  
  * Required

- Driver’s License number (if unavailable, enter “unknown”)  
  * Required

- Check here if this is your current driver’s license  
  * Required

☐ Yes  ☐ No

**FINANCIAL RESPONSIBILITY**

35. **Revocation**

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?  

* Required  

☐ Yes  ☐ No

If Yes (the following information is required for every revocation):

- Type of Debt  
  * Required

  ☐ Charge Account  ☐ Credit Card

- Last four digits of account number  
  * Required

- Original amount of debt  
  * Required

- Current balance  
  * Required

- Date of last payment

  Month __________ Day ________________ Year ______________

- Current status of this debt  
  * Required
• Describe the history of this debt * Required

• Entity extending credit * Required
  
  Name * ________________________________
  Country * ________________________________
  Address Line 1 * ________________________________
  Address Line 2 ________________________________
  Address Line 3 ________________________________
  City * ________________________________
  State/Province ________________________________
  Postal Code * ________________________________
  County ________________________________
  Phone Number * ________________________________

  o Retailer * Required if different from Entity Extending Credit
    
    Name * ________________________________
    Country * ________________________________
    Address Line 1 * ________________________________
    Address Line 2 ________________________________
    Address Line 3 ________________________________
    City * ________________________________
    State/Province ________________________________
    Postal Code * ________________________________
    County ________________________________
    Phone Number * ________________________________

  o Current Creditor or Collection Agency * Required if different from Entity Extending Credit
    
    Name * ________________________________
    Country * ________________________________
    Address Line 1 * ________________________________
    Address Line 2 ________________________________
    Address Line 3 ________________________________
36. Defaulted Student Loan

Have you ever defaulted on a student loan?  * Required

☐ Yes    ☐ No

If Yes (the following information is required for each defaulted loan):

- Full account number  * Required

- Original amount of debt  * Required

- Current Balance  * Required

- Date of last payment
  Month____________ Day _________________ Year _________________

- Current status of this debt  * Required

- Describe the history of this debt  * Required

- Entity extending credit  * Required
  Name * ____________________________________________________________
  Country * _________________________________________________________
  Address Line 1 * ____________________________________________________
  Address Line 2 _____________________________________________________
  Address Line 3 _____________________________________________________
  City * _____________________________________________________________
State/Province________________________________________
Postal Code * _________________________________________
County _____________________________________________
Phone Number * _______________________________________

- **Current creditor or collection agency**  * Required if different from Entity Extending Credit*
  Name * _____________________________________________
  Country * __________________________________________
  Address Line 1 * ______________________________________
  Address Line 2 ________________________________________
  Address Line 3 ________________________________________
  City _*______________________________________________
  State/Province_______________________________________
  Postal Code * _________________________________________
  County _____________________________________________
  Phone Number * _______________________________________

### 37. Other Defaulted Debt

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?  * **Required**

**Note:** This includes but is not limited to debts assigned to collection, subject to garnishment or subject to other court-entered judgments or orders for payment.

☐ Yes  ☐ No

If Yes (the following information is required for every revoked card or account):

- **Type of Debt**  * **Required**
  ☐ Charge Account  ☐ Credit Card  ☐ Real Estate
  ☐ Other _______________________________________________

- **Last four digits of account number**  * **Required**

_________________________________________________________

- **Original amount of debt**  * **Required**

_________________________________________________________
• **Current Balance**  *Required*

  

• **Date of last payment**

  Month ___________  Day ___________  Year ___________

• **Current status of this debt**  *Required*

  

• **Describe the history of this debt**  *Required*

  

• **Entity extending credit**  *Required*

  Name * ________________________________

  Country * ________________________________

  Address Line 1 * ________________________________

  Address Line 2 ________________________________

  Address Line 3 ________________________________

  City * ________________________________

  State/Province ________________________________

  Postal Code * ________________________________

  County ________________________________

  Phone Number * ________________________________

• **Retailer**  *Required if different from Entity Extending Credit*

  Name * ________________________________

  Country * ________________________________

  Address Line 1 * ________________________________

  Address Line 2 ________________________________

  Address Line 3 ________________________________

  City * ________________________________

  State/Province ________________________________

  Postal Code * ________________________________

  County ________________________________

  Phone Number * ________________________________
**38. Past Due Debt**

Have you had a debt of $500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy?  *Required*

☐ Yes  ☐ No

If Yes (the following information is required for each applicable past due debt):

- **Type of Debt**  *Required*
  - ☐ Charge Account  ☐ Credit Card  ☐ Real Estate
  - ☐ Other ____________________________

- **Last four digits of account number**  *Required*
  ____________________________

- **Original amount of debt**  *Required*
  ____________________________

- **Current Balance**  *Required*
  ____________________________

- **Date of last payment**  *Required*
  Month __________ Day __________ Year __________________

- **Current status of this debt**  *Required*
  ____________________________

- **Describe the history of this debt**  *Required*
  ____________________________

- **Entity extending credit**  *Required*
  Name * ____________________________
  Country * ____________________________
  Address Line 1 * ____________________________
  Address Line 2 ____________________________
  Address Line 3 ____________________________
  City * ____________________________
  State/Province ____________________________
  Postal Code * ____________________________
  County ____________________________
Phone Number * 

- **Retailer**  * Required if different from Entity Extending Credit*
  
  Name * 
  Country * 
  Address Line 1 * 
  Address Line 2 
  Address Line 3 
  City * 
  State/Province 
  Postal Code * 
  County 
  Phone Number * 

- **Current creditor or collection agency**  * Required if different from Entity Extending Credit*
  
  Name * 
  Country * 
  Address Line 1 * 
  Address Line 2 
  Address Line 3 
  City * 
  State/Province 
  Postal Code * 
  County 
  Phone Number *
39. **Tax Debt**

Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; employment taxes; or real estate assessment taxes?  * Required

☐ Yes  ☐ No

If Yes (the following information is required for every such failure):

- **Current balance**  * Required

- **Date of last payment**  * Required
  Month ___________ Day ___________ Year ___________

- **Describe the history of this debt**  * Required

- **Agency**  * Required
  Name *
  Country *
  Address Line 1 *
  Address Line 2
  Address Line 3
  City *
  State/Province
  Postal Code *
  County
  Phone Number *

40. **Bankruptcy**

Have you ever filed a petition for bankruptcy?  * Required

If yes, include a copy of the petition, schedule of creditors, and order of discharge.

☐ Yes  ☐ No

If Yes (the following information is required for every petition filed):
• Date filed  * Required
  Month ___________________ Day ___________________ Year ___________________

• Title of action  * Required
  ________________________________________________________________

• Type of Bankruptcy  * Required
  □ Chapter 7          □ Chapter 11          □ Chapter 13
  □ Other ____________________________

• Court File Number/Case Number  * Required
  ________________________________________________________________

• Name and address of court involved  * Required
  Name * _________________________________________________________
  Country * _______________________________________________________
  Address Line 1 * _________________________________________________
  Address Line 2 _________________________________________________
  Address Line 3 _________________________________________________
  City * _________________________________________________________
  State/Province _________________________________________________
  Postal Code * __________________________________________________
  County _________________________________________________________

• Total amount discharged in U.S. dollars  * Required
  ________________________________________________________________

• Date of disposition
  Month _______________ Day _______________ Year _________________

• Disposition
  ________________________________________________________________

• Were any adversary proceedings instituted?  * Required
  □ Yes          □ No

• Were there any allegations of fraud?  * Required
  □ Yes          □ No
• Were any debts not discharged?  * Required
  □ Yes  □ No

• Detailed description of circumstances surrounding filing  * Required

---

**OTHER CONDUCT AND BEHAVIOR**

41. *Other Conduct and Behavior*

Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:

Your truthfulness  * Required
  □ Yes  □ No

Your excessive absences  * Required
  □ Yes  □ No

The manner in which you handled or preserved the money or property of others  * Required
  □ Yes  □ No

A serious or repeated failure to submit your work in a timely manner  * Required
  □ Yes  □ No

Your competence or diligence in the performance of job or academic duties  * Required
  □ Yes  □ No

Your ability to maintain the confidentiality of information  * Required
  □ Yes  □ No

Your endangering the safety of others  * Required
  □ Yes  □ No

If you answered yes to any of the above, complete the following section. Provide information for each separate occurrence; if one occurrence covered more than one type of behavior, you may include the information about each type of behavior covered during that one occurrence in one record below. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

For Each Yes, the following information is required:

- Entity before which the issues were raised (i.e., employer, school, etc.)  * Required
  Name *
  Country *
<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>Address Line 3</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State/Province</td>
<td></td>
</tr>
<tr>
<td>Postal Code</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td><strong>Nature of the issue</strong></td>
<td>Required</td>
</tr>
<tr>
<td><strong>Relevant Dates</strong></td>
<td>Required</td>
</tr>
<tr>
<td><strong>Disposition, if any</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Detailed explanation</strong></td>
<td>Required</td>
</tr>
</tbody>
</table>