

APPLICATION INSTRUCTIONS

- This is the application for admission to the limited practice of law in the State of Washington as a Foreign Law Consultant. Read the application carefully. Answer each question completely. Attach additional sheets as necessary.
- **THE RESPONSIBILITY OF FULL DISCLOSURE RESTS ENTIRELY UPON THE APPLICANT.** No disclosure, or minimal disclosure, may be considered a reflection on the applicant's moral character. Experience has shown that failure to disclose may itself result in denial of admission. Disclosure permits an evaluation of the application upon its merits without injecting failure to disclose as a factor.
- One original and one copy of this application are to be filed together with certain certificates, letters of recommendation and other items requested in this application. There must be one original of each document.
- The application fee is \$620 which must be paid at the time this application is filed. In addition, you must submit an investigation fee directly to the National Conference of Bar Examiners using the NCBE payment form. Processing time may take up to six months.

Application Checklist

- Two Complete Applications** (one original & one copy), with an original and copy of the following:
 - Authorization and Release** signed and notarized within the last six months.
 - Reciprocity Documentation.** See question A.
 - Certificate(s) of Admission to Practice and Standing** in all jurisdictions where you are admitted (with a duly authenticated English translation if it is not in English). Dated within the last six months. See question B.
 - Letter of Recommendation** (with a duly authenticated English translation if it is not in English) from each foreign jurisdiction where you are admitted. Dated within the last six months. See question C.
- \$620 Application Fee (Checks payable to WSBA.)**

Mail Completed Application Packet to:

Washington State Bar Association
Attn: Special Admissions
1325 4th Ave. Ste 600
Seattle, WA 98101-2539

- NCBE fee and payment form mailed directly to NCBE (Page 29 of application)**



- A. RECIPROCITY: File with this application documentation (such as relevant rules or regulations) establishing that your application complies with the requirement of APR 14(h) that the country or jurisdiction from which you apply does not impose, by any law, rule or regulation, any requirements, limitations, restrictions or conditions upon the admission of members of the Washington State Bar Association as Foreign Law Consultants in that foreign country or jurisdiction which are significantly more limiting or restrictive than the requirements of APR 14.

If that foreign country or jurisdiction imposes any requirements, limitations, restrictions or conditions upon the admission of members of the Washington State Bar Association as Foreign Law Consultants in that foreign country or jurisdiction which are significantly more limiting or restrictive than the requirements of APR 14, describe them and include a copy of the relevant rule or regulation provisions with this application.

- B. File with this application a certificate from the authority in each foreign jurisdiction having final jurisdiction over professional discipline, certifying as to your admission to practice, and the date thereof, and as to your good standing in that jurisdiction, together with a duly authenticated English translation of such certificate, if it is not in English.
- C. File with this application a letter of recommendation from one of the members of the executive body in each foreign jurisdiction having final jurisdiction over professional discipline or from one of the judges of the highest law court or courts of original jurisdiction of such foreign country, together with a duly authenticated English translation of such letter, if it is not in English.

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

I, _____, hereby apply for a limited license to practice law in the State
(print name)
of Washington as a Foreign Law Consultant under Rule 14 of the Admission to Practice Rules (APR).

Full name _____
Last First Middle (required)

Birth date _____ Place of Birth _____

Nationality/Citizenship _____ Social Security No. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Home Email _____

Employer/Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone No. _____ Business Email _____

Method of Payment:

Check (\$620 payable to Washington State Bar Association) (continue to next page)

Credit Card (please complete the section below)

I authorize the WSBA to charge the below noted credit card \$620.

Master Card _____ Visa _____ AmEx _____

Credit card no. _____ Expiration date _____

Authorized Signature _____

Name as it appears on card _____

Address (if different from above) _____

City, State, Zip Code _____ Phone no. _____

<p><i>For office use only</i> Foreign Law Consultant Fees – 42285 – RSD Date _____ Check no. _____ Amount \$ _____</p>	
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IDENTITY INFORMATION

Name _____
First Middle Last Suffix

NCBE Number

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 when 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.

NCBE Number (e.g., N12345678): _____

LSAC Number _____

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

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

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change _____

Date of birth: Month_____Day_____Year_____

Social Security Number: _____

Place of birth: City_____State_____

Country_____

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

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

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

Check if address is Residence or Business

If business, name of firm _____

Address/P.O. Box _____

City_____State_____ Zip_____

Country_____Province_____

RESIDENCE INFORMATION
Make additional copies of this page as necessary.

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

Current Address From Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____
Street Address _____

City _____ County _____ State _____ Zip _____
Country _____ Province _____

EDUCATION INFORMATION
Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all legal education and law schools in Question 3.** If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

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

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____

EDUCATION INFORMATION

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

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.) _____

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.) _____

3. C. *Not applicable for Foreign Law Consultant applicants.*

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

If yes, under the approval of what jurisdiction? _____
Indicate when and where: From Mo/Yr _____ To Mo/Yr _____
Name of Firm _____
Tutor _____
Firm Address _____
City _____ State _____ Zip _____

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

If you answered yes, provide the following information:
Name of Institution _____
Type of Action _____ Date Action Taken _____
Explanation of Institution Action _____

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? (DONOT 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), including any investigations related to exam misconduct

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

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

Name and address of foreign bar authority _____

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted: Failed exam Withdrew application Pending Denied Exam misconduct
 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 _____

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), law school clinics, 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 list yourself or someone to whom you are related by blood or marriage as a confirming reference.

CURRENT EMPLOYMENT Currently Unemployed Since Mo/Yr _____

From Mo/Yr _____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

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

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of page 7 and 8 as necessary.

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



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Reason for Leaving _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

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

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

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____



From Mo/Yr_____ To Mo/Yr_____ Unemployment Period

Employment Position/Description of Unemployment_____

Employer or Firm_____ (At time of employment)

Reason for Leaving_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____ State_____ Zip_____

Country_____ Province_____

Employer Telephone (____) _____ Employer E-mail_____

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

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

Name(s)_____

Address _____

City_____ State_____ Zip_____

Country_____ Province_____

Telephone (____) _____ E-mail_____

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. 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? (If the employment was not previously listed, please go back and add it to Question 7.)

Yes No

If yes, provide the following information about each occurrence:



Employer or Firm _____

Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign

Date of disposition (Mo/Yr) _____

Explanation of circumstances _____



Employer or Firm _____

Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign

Date of disposition (Mo/Yr) _____

Explanation of circumstances _____

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

Check here if you have never been a member.



Name of Bar Association _____

Dates of Membership: From Mo/Yr _____ To Mo/Yr _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____



Name of Bar Association _____

Dates of Membership: From Mo/Yr _____ To Mo/Yr _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

10. A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as a lawyer or other licensed legal professional by any regulatory or licensing agency or court?

Yes No If yes, provide related documentation.

B. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) concerning your conduct as a lawyer or other licensed legal professional, including any now pending?

Yes No

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

Name of Regulatory/Licensing Agency or Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

11. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?

Yes No

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

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number _____

Action Taken _____

From Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification _____

Attach a copy of the order of sanction or disqualification.

13. Have you ever held judicial office? Yes No

If yes, provide the following information about each office:

■
Office Held _____ From Mo/Yr _____ To Mo/Yr _____
Name of Court _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Reason for leaving office (if applicable) _____

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

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

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

If yes, please provide the following information and any related documentation for each action taken:

Action Type: Denial Revocation Suspension Other

License (Type, Application Date, License Number) _____

Name of Regulatory or Licensing Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Taken _____ Date _____

Explanation _____

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

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

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

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

If yes, complete **FORM 2**.

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

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

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

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19. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24. 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:

- | | | |
|--|------------------------------|-----------------------------|
| a) your truthfulness, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) your excessive absences, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) the manner in which you handled or preserved the money or property of others, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) a serious or repeated failure to submit your work in a timely manner, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) your competence or diligence in the performance of job or academic duties, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) your ability to maintain the confidentiality of information, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) your endangering the safety of others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes, complete the following section. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

Name of entity before which the issue was raised (i.e., employer, school, etc): _____

Address: _____

City, State, Zip: _____

Province, Country: _____

Telephone: _____

Nature of the Issue: _____

Relevant Dates: _____

Disposition, if any: _____

Explanation: _____

CERTIFICATION OF APPLICANT



I, _____,
(Name)

certify under penalty of perjury under the laws of the State of Washington that:

- 1) I am the applicant above named;
- 2) I have read the Rules of Professional Conduct adopted by the Washington Supreme Court applicable to the license type for which I am applying and agree to abide by them;
- 3) I have read the foregoing application;
- 4) the statements contained in the application are full, true and correct; and
- 5) I understand that I have a duty to inform the Admissions staff at the Washington State Bar Association in writing of any changes to the information in the application that occur at any time between the date signed and the date I am licensed to practice law in Washington state.

Dated this _____ day of _____, 20 _____,

at _____.
(City, State where signed)

(Signature of Applicant)

CERTIFICATION OF EMPLOYER

I certify that the applicant, _____,
is or will be employed upon approval of this application as a lawyer for the corporation or
business entity exclusively, _____,
including its subsidiaries and affiliates, and the nature of the employment conforms to the
requirements of APR 14.

Certified to this _____ day of _____, 20 _____,

Signature of Employer Representative

Printed Name of Employer Representative

Title (*Must be an officer, director or general counsel of employer*)

City, State where signed

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

AUTHORIZATION AND RELEASE

I, (Name) _____

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

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

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

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

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

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the National Conference of Bar Examiners or by the Washington State Bar Association.

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

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

AUTHORIZATION AND RELEASE

I, (Name) _____

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

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

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

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

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

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the National Conference of Bar Examiners or by the Washington State Bar Association.

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

WSBA Authorization and Release Form

Corrections/Erasures VOID this form
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (Name) _____
born at (City) _____, (State) _____,
(COUNTRY) _____, on (Date of Birth) _____,

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

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

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

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the National Conference of Bar Examiners or by the Washington State Bar Association.

Signature of Applicant Date

STATE/DISTRICT OF _____
COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____
Month Year

Signature of Notary Public
My commission expires _____

Seal or stamp must be affixed to each original.

To be used with Question 14
FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix

- 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

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

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 docket, pleadings, judgments, and/or final orders.

Form 3

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

Name _____
First Middle Last Suffix

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

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

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, court docket, 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

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

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; if balance owed, provide plan to repay:

To be used with Question 6
FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix

Date of admission _____

Department in which you were admitted (check one):

- First Department Second Department
 Third Department Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

I have not practiced law in any department in New York.

First Department; County(ies) _____

Second Department; County(ies) _____

Third Department; County(ies) _____

Fourth Department; County(ies) _____

Form 10

NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)

Request for Preparation of a Character Report

All Attorney Applicants: Complete this form and submit it directly to the NCBE with separate payment made payable to the NCBE.

DATE: _____

APPLICANT NAME: _____
First Middle Last

APPLICANT EMAIL: _____ NCBE NUMBER: **N** _____

Fee Schedule

FEE CATEGORY	DESCRIPTION
<input type="checkbox"/> III: ATTORNEY/BAR ADMISSION \$500	→ You are currently or have ever been authorized to practice law or your application is received at NCBE more than one year after your JD was awarded.
<input type="checkbox"/> IV: FOREIGN-EDUCATED <i>OR</i> FOREIGN-LICENSED ATTORNEY \$875	→ Your first law degree was not obtained in the United States, whether or not a subsequent U.S. law degree was conferred; OR you have ever been authorized to practice law in a foreign country.
<input type="checkbox"/> V: SUPPLEMENTAL (<i>see fees below</i>)	CONDITIONS → You may be eligible for a reduced fee if NCBE has completed a character report for you in the last four years. Completion of a new application (by answering all questions again) is required.
<input type="checkbox"/> V(a): SUPPLEMENTAL \$225	→ The completed report was prepared for a different jurisdiction.
<input type="checkbox"/> V(b): SUPPLEMENTAL \$105	→ The completed report was prepared for the same jurisdiction.
<input type="checkbox"/> V(c): SUPPLEMENTAL \$400	→ The completed report was prepared for a category IV foreign licensed or educated applicant.

Payments may take up to 60 days for processing. Please do not call unless 60 days has passed.

METHOD OF PAYMENT

Payment (check or money order payable to NCBE) is enclosed. A returned check is subject to a \$25 fee.



Charge fee to my:

Name on card _____

Billing address _____

City _____ State _____ Zip _____ Telephone (____) _____

Country _____ Province _____

Credit Card#

□□□□ - □□□□ - □□□□ - □□□□

Expiration Date

□□ - □□□□

Signature _____

(required for credit card payment)

Note: If you request a refund for any reason after submitting your application, a processing fee will be retained. Once NCBE has generated correspondence on your application, the entire fee is nonrefundable. In addition to the processing fee, NCBE reserves the right to pass along the cost of obtaining records in conjunction with this application.

Mail this form with check or money order, if applicable, to:

NCBE, Intake Department
302 S Bedford St
Madison, WI 53703-3622