

WSBA ADMISSIONS APPLICATION – SAMPLE APPLICATION – EFFECTIVE 2/1/2019
This sample application has the same questions as will be on the online application available on February 1, 2019. 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.

First **Middle** **Last** **Suffix**

NCBE Number: {NCBE Number does not apply to applicants for LPO, LLLT, Law Clerk, 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 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

Social Security Number:

Date of birth:

Month _____ Day _____ Year _____

E-mail address:

Place of birth:

City _____ State _____

Country _____

Have you ever used or been known by any other name?

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.

Yes **No**

First **Middle** **Last** **Suffix**

From Mo/Yr _____ **To Mo/Yr** _____ **Reason for use or change** _____

Contact Information

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

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

Mobile or Home Telephone Number _____

Office Telephone Number _____

SAMPLE

Law Student Registration

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

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____

Bar Exam

2. Have you ever applied to take a bar exam, or other exam to be licensed to practice law, in any jurisdiction?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____ Date examination taken _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Exam Misconduct

Other reason

Explanation _____

UBE

3. Have you ever applied for admission by transferred UBE score?

Yes No

Name of U.S. jurisdiction _____

Date application submitted _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Withdrew application Pending Denied Other reason _____

Explanation _____

Motion

4. Have you ever applied for admission on motion in any jurisdiction?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Withdrew application Pending Denied Other reason

Explanation _____

Diploma Privilege

5. Have you ever applied for admission by diploma privilege?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Withdrew application Pending Denied Other reason

Explanation _____

Foreign Legal Consultant

6. Have you ever applied for, or registered or been licensed as, a foreign legal consultant?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason

Explanation _____

In-House Counsel

7. Have you ever applied for, or registered or been licensed as, in-house counsel?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason

Explanation _____

Other Applications to Practice Law

8. 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?

Yes No

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

Name and address of bar or licensing authority _____

Date application submitted _____ Date examination taken _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

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

Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason

Explanation _____

Bar Association Membership

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

NOTE: You do not need to report membership when you were a law student.

Bar association _____

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Licensed Legal Professional Discipline

10. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as lawyer or other licensed legal professional?

If Yes, include a copy of final orders imposing discipline from the court or regulatory agency.

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Licensed Legal Professional Complaint

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

If Yes, include a copy of final orders imposing discipline from the court or regulatory agency.

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Unauthorized Practice of Law

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

If Yes, include a copy of final orders imposing discipline from the regulatory or law enforcement agency.

Yes No

Name of regulatory or law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Court Sanction or Disqualification

13. 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 any documentation demonstrating compliance with the order.

Yes No

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number _____

Case name _____

Action taken _____

From Mo/Yr _____ To Mo/Yr _____

Explanation _____

Law Office Study

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

Yes No

From Mo/Yr _____ To Mo/Yr _____

Name of firm _____

Tutor/Proctor _____

Firm address _____

City _____ State _____ Zip _____

Law School Attendance

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

Full-time student Part-time student

Law School _____

ABA Approved Non-ABA Approved

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

Date degree received or expected _____ Degree received or expected to be received _____

No degree.

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

Law School Discipline

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

Yes No

Name of institution _____

Action taken _____ Date _____

Explanation _____

College/University Attendance

17. List complete information regarding all college/university attendance. Report all law school education under question 15.

College _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

Degree received (No degree, B.A., M.S., etc.) _____ Field of study _____

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

College/University Discipline

18. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to resign in lieu of discipline, otherwise subjected to discipline, or requested to discontinue your studies by any college or university?

Yes No

Name of institution _____

Action taken _____ Date _____

Explanation _____

Residence History

19. 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. If the previous category does not apply to you, for the last ten years or since age 18, whichever period of time is longer.

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

Employment History

20. 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 the previous category does not apply to you, 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 <school name>, 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.

■
From Mo/Yr _____ To PRESENT

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

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.

If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

- If the employer's/firm's name or address has changed, check this box and provide the current 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 to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

- If the employer's/firm's name or address has changed, check this box and provide the current 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 to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Employer or firm _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Supervisor/Associate name _____ Supervisor/Associate e-mail _____

Telephone _____

Reason for Leaving _____

- If the employer's/firm's name or address has changed, check this box and provide the current 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 to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- If you would like to provide further details regarding this employment, check this box and provide the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

Employment Discipline

21. 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?

Yes No

Employer _____

Dates of employment: From _____ To _____

Disposition: Terminated Suspended Disciplined Laid off Permitted to resign Other

Date of disposition _____ Explanation of circumstances _____

Judicial Office

22. Have you ever held judicial office?

Office held _____ From Mo/Yr _____ To Mo/Yr _____

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Reason for leaving/termination (if applicable) _____

Military Service

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

If Yes, include a copy of all of your military separation papers (DD Form 214 or equivalent). Forms must indicate character of service.

Yes No

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 _____

Serial number _____ Rank _____

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

Duty station _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

Name of commanding officer _____ (1).

Were you ever court-martialed?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(2). Were you ever awarded non-judicial punishment (Art. 15 UCMJ)?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(3). Did you receive an honorable discharge?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(4). Were you allowed to resign in lieu of court-martial?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(5). Were you administratively discharged?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

Licenses

24. 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?

Yes No

Type of license _____

Issued to (include business name, if applicable) _____

Current status _____ Application date (Mo/Yr) _____

License number (if applicable) _____ Expiration/Inactive date (Mo/Yr) _____

Issuing authority _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

License Denial/Revocation

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

Note: Do not include denials or revocations for a license to practice law here.

Yes No

Action taken: Denial Revocation Suspension Other Date _____

License (Type, application date, license number) _____

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Explanation _____

Professional Discipline

26. 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

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Professional Complaint

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

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Bond

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

Yes No

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____ Reason for bond _____

Detailed explanation _____

Civil Action

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

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**

Complete title of action _____

Court file number _____

Date filed _____

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**

Date satisfied _____

Amount still owing _____

Detailed explanation of suit _____

Name of court _____

Address _____

City _____ **State** _____ **Zip** _____

Country _____ **Province** _____

Plaintiff's name _____

Address _____

City _____ **State** _____ **Zip** _____

Country _____ Province _____

Name of plaintiff's attorney _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of defendant's attorney _____

Administrative Action

30. 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?

If Yes, include a copy of the associated administrative record.

Yes No

Date action/complaint initiated _____

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

Explanation _____

Criminal Action

31. 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?

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 appeal, if any.

Yes **No**

Date (or time period) of incident _____

Incident location (city, county, state) _____

Country _____ **Province** _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ **State** _____ **Zip** _____

Country _____ **Province** _____

Name of law enforcement agency involved _____

Address _____

City _____ **State** _____ **Zip** _____

Country _____ **Province** _____

Name of defendant's attorney _____

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 _____

Alcohol or Drug Related Traffic Violation

32. 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?

Note: Include 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 appeal, if any.

Yes No

Date (or time period) of incident _____

Incident location(city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of law enforcement agency involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of defendant's attorney _____

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 _____

Traffic Violation

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

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

■ Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Incident location (city, county, state) _____

Country _____ Province _____

■ Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Incident location(city, county, state) _____

Country _____ Province _____

■ Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Incident location (city, county, state) _____

Country _____ Province _____

Driver's License

34. List all driver's licenses held during the last ten years.

I have not held a driver's license in the last ten years.

■ Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

Is this a current license?

Yes No

■ Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

Is this a current license?

Yes No

■ Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

Is this a current license?

Yes No

Revocation

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

Yes No

Type of debt: Charge account Credit card

Last four digits of account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Last four digits of current account number _____

Defaulted Student Loan

36. Have you ever defaulted on a student loan?

Yes No

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

Other Defaulted Debt

37. Have you ever defaulted on any debt other than a student loan that was not resolved in bankruptcy?

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

Type of debt: Charge account** Credit card** Real estate* Other _____

(**Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate debt, provide address of property associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Past Due Debt

38. 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?

Yes No

Type of debt: Charge account** Credit card** Real estate* Student loan Utility/Telephone*
 Other _____

(**Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____
Country _____ Province _____
Telephone number _____

Tax Debt

39. 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?

Yes No

Type of debt: Income Property/Real Estate Assessment Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

Current status of this debt _____

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Bankruptcy

40. Have you ever filed a petition for bankruptcy?

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

Yes No

Date filed _____ Title of action _____

Type of bankruptcy _____

Court file number _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Total amount discharged in U.S. dollars _____

Date of disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes No

Were there any allegations of fraud? Yes No

Were any debts not discharged? Yes No

Detailed description of circumstances surrounding filing _____

Other Conduct and Behavior

41. 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 issues was raised (i.e., employer, school, etc.):

Address:

City, State, Zip:

Telephone:

Province, Country:

Nature of the Issue:

Relevant Dates:

Disposition, if any:

Explanation: