SAMPLE WASHINGTON ADMISSION APPLICATION

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 * ____________________________
  Country ____________________________
• Date application submitted  * Required
  Month_________________ Day_________________ Year_________________

• Date examination taken
  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 _______________________
    ☐ Attorney  ☐ House Counsel  ☐ Foreign legal Consultant
    ☐ Other ________________________________________________

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

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:
  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*  
    __________________________________________________________

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 * __________________
6. **Foreign Legal Consultant**

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

- Yes  
- No

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

- Name of U.S. jurisdiction, tribal court, or foreign jurisdiction  
  
- Name and address of bar or licensing authority  
  
- Name  
  
- Country  
  
- Address Line 1  

---

State/Province___________________________________________________________
Postal Code * ____________________________
County ________________________________________________________________

- **Date application submitted**  
  
- **Were you admitted to this Jurisdiction?**
  - Yes  
  - No

If Yes:

- Admission or readmission date  

- Bar Number ____________________________

- Admitted/licensed/registered as
  - Attorney
  - House Counsel
  - Foreign legal Consultant
  - Other

If No:

- Reason not admitted/licensed/registered
  - Withdrew Application
  - Pending
  - Denied
  - Exam Misconduct
  - Other Reason

- Explanation  

---
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*

  ____________________________________________________________________________

### 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:**
  
  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*
    
    ____________________________
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:
  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:
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** * Required
  - **Country** * Required
  - **Address Line 1** * Required
  - **Address Line 2**
  - **Address Line 3**
  - **City** * Required
  - **State/Province**
  - **Postal Code** * Required
  - **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 require for each action):

- **Name and address of the Regulatory or Law Enforcement Agency**  *Required*

  Name * ____________________________

  Country * ____________________________

  Address Line 1 * ____________________________

  Address Line 2 ____________________________

  Address Line 3 ____________________________
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

Address Line 3
City *
State/Province
Postal Code *
County
• Case Number  * Required

• Case Name  * Required

• From Date  * Required
Month____________  Day____________  Year __________________

• To Date
Month____________  Day____________  Year __________________

• Action Taken  * Required

• Explanation  * Required

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 *

Sample Washington Admission Application  15    Effective 01/25/2021
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:
         o Law School  * Required

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

County ________________________________
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?

**Note:** You must include applicable college/university in question College/University Attendance.

* 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
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

  o **Name and email of alternate contact.**  *Required if box is checked*
    Full Name
    Email Address

  □ 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
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
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):

  o **Date of Action Taken  **  * Required

    Month_________________ Day_________________ Year ________________________

  o **Explanation of circumstances  **  * Required

    ______________________________________________________________________

  o **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) :

  o **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

• Did you receive an honorable discharge? * Required

☐ Yes ☐ No

If Yes (for each honorable discharge):

  • 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** *Required
  - ☐ Denial
  - ☐ Revocation
  - ☐ Suspension
  - ☐ Other ________________________________

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

- **License (Type, application date, license number)** *Required
  - ________________________________

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

- **Explanation** *Required
  - ________________________________
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 ________________________________

  o **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  

- **Additional Comments or Explanation**  *Required*  

________________________________________________________________________

________________________________________________________________________
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

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**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 defaulted on any debt other than a student loan 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

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**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 *
Address Line 1 * ____________________________________________
Address Line 2 ____________________________________________
Address Line 3 ____________________________________________
City * ________________________________________________
State/Province______________________________________
Postal Code * ________________________________________
County _______________________________________________
Phone Number * ________________________________________

- **Nature of the issue**  *Required*

- **Relevant Dates**  *Required*

- **Disposition, if any**

- **Detailed explanation**  *Required*