APPLICATION INSTRUCTIONS:

Enclosed please find a copy of Rule 8(c) of the Admission to Practice Rules. To apply for Special Admission under this rule, send a completed application packet to:

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

Application Packet Checklist

☐ Two Complete Applications (one original & one copy), with an original and copy of the following:

☐ Certificates of Admission and Good Standing, from each jurisdiction in which you are admitted to practice law, and dated within 60 days preceding the filing of your application. One of the certificates may be a photocopy.

☐ Authorization and Release Form. This form must be signed, notarized, and dated within 60 days preceding the filing of your application.

☐ If you are employed by a law firm, accompanying your applications must be a letter from your employer stating that you will be rendering services only to indigents.

☐ If you are not a graduate of an ABA-approved law school, satisfactory proof of “active legal experience for at least 3 of the 5 years immediately preceding the filing of the application” is required in order to satisfy APR 8(c) and APR 3(b).

Please provide all information and documents requested. Do not rely on, or refer to, materials submitted for any other WSBA application. Each application process is separate from any other.
(c) *Exception for Indigent Representation.*

A member in good standing of the bar of another state or territory of the United States or of the District of Columbia, who is eligible to apply for admission as a lawyer under APR 3 in this state, while rendering service in either a bar association or governmentally sponsored legal services organization or in a public defender's office or similar program providing legal services to indigents and only in that capacity, may, upon application and approval, practice law and appear as a lawyer before the courts of this state in any matter, litigation, or administrative proceeding, subject to the following conditions and limitations:

(1) Application to practice under this rule shall be made to the Bar, and the applicant shall be subject to the Rules for Enforcement of Lawyer Conduct and to the Rules of Professional Conduct.

(2) In any such matter, litigation, or administrative proceeding, the applicant shall be associated with an active lawyer member of the Bar, who shall be the lawyer of record and responsible for the conduct of the matter, litigation, or administrative proceeding.

(3) The applicant shall either apply for and take the first available lawyer bar examination after the date the applicant was granted authorization to practice under this rule, or already have filed an application for admission by motion or Uniform Bar Exam (UBE) score transfer.

(4) The applicant's authorization to practice under this rule (i) may be terminated by the Supreme Court at any time with or without cause, or (ii) shall be terminated automatically for failure to take or pass the required lawyer bar examination, or (iii) shall be terminated for failure to become an active lawyer member of the Bar within 60 days of the date the lawyer bar examination results are made public, or (iv) shall be terminated automatically upon denial of the application for admission, or (v) in any event, shall be terminated within 1 year from the original date the applicant was authorized to practice law in this state under this rule.
IDENTITY INFORMATION

Name

First                  Middle                  Last                  Suffix

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            E-mail

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______________________________________________________________

_________________________________________________________ State____ Zip___________

City_________________________________________________________ State____ Zip___________

Country_________________________________________________________ Province____________
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**

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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

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.)
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.) __________________________

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 ___________________________
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? (DO NOT 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

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

Washington State Bar Association • 1325 Fourth Avenue, Suite 600 / Seattle, WA 98101-2539 • 206-727-8227
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__________________

Washington State Bar Association • 1325 Fourth Avenue, Suite 600 / Seattle, WA 98101-2539 • 206-727-8227
□ 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

Washington State Bar Association • 1325 Fourth Avenue, Suite 600 / Seattle, WA 98101-2539 • 206-727-8227
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 for each denial or revocation:

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<th>Action Type:</th>
<th>Denial □</th>
<th>Revocation □</th>
<th>Suspension □</th>
<th>Other □</th>
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<th>License (Type, Application Date, License Number)</th>
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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 and/or 16B, please provide the following information for each matter:

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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.
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 FORM 5T 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, □ Yes □ No
   b) your excessive absences, □ Yes □ No
   c) the manner in which you handled or preserved the money or property of others, □ Yes □ No
   d) a serious or repeated failure to submit your work in a timely manner, □ Yes □ No
   e) your competence or diligence in the performance of job or academic duties, □ Yes □ No
   f) your ability to maintain the confidentiality of information, □ Yes □ No
   g) your endangering the safety of others □ Yes □ 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:___________________________________________________________________________________
AUTHORIZATION AND RELEASE
This form must be signed and notarized

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

STATE/DISTRICT OF ____________________________

COUNTY/PARISH OF ____________________________

Subscribed and sworn to or affirmed before me this ________________ day
of ____________________________, ____________________________.

______________________________
Signature of Notary Public

My commission expires ____________________________

Seal or stamp must be affixed to each original.
CERTIFICATE OF APPLICANT

I, ______________________________, under penalty of perjury under the laws of the State of Washington say that I am a member in Good Standing in (state) ________________________, and am presently employed by/volunteering with ________________________________, and will appear in court solely in one’s capacity to render legal assistance to indigents as a member of that office.

DATED this __________ day of ____________________, 20______.

______________________________
City, State where signed

________________________________
Signature of Applicant

AFFIDAVIT OF EMPLOYER/ORGANIZATION/PROGRAM

______________________________ is employed/volunteering in the office of ________________________________, and has been since ________________________ to the present.

The applicant is / is not on an annual grant from: ________________________________.

Certified to this __________ day of ____________________, 20______.

______________________________
City, State where signed

________________________________
Signature of Employer

AFFIDAVIT OF ATTORNEY OF RECORD

I, ________________________________ do hereby declare that I will be the attorney of record for ________________________________ before the courts of the State of Washington and I will be responsible for the conduct thereof. I have been an active member of the Washington State Bar Association for __________ years.

______________________________
Signature

______________________________
Bar Number

______________________________
Address

______________________________
City/State/Zip Code
## FORM 1 / MILITARY SERVICE

**Name**

<table>
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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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</table>

- □ 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

<table>
<thead>
<tr>
<th>My serial number</th>
<th>My rank</th>
</tr>
</thead>
</table>

**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 ____________

### B. For PRESENTLY SERVING PERSONNEL ONLY:

- Check: □ Active  □ Reserve  □ National Guard

<table>
<thead>
<tr>
<th>Present duty station</th>
<th>Address</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Country</th>
<th>Province</th>
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| Telephone number | (______)
|-----------------|---------|

<table>
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<tr>
<th>Name of commanding officer</th>
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</table>

### 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___________**

**Refers to Item C (1, 2, 3, 4, or 5)___________**  **Date of action___________**  **Explanation of circumstances___________**

<table>
<thead>
<tr>
<th>Result, including any punishment</th>
</tr>
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</table>

### 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.
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


FORM 3 / RECORD OF CIVIL ACTIONS

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<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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Complete title of action

Court file number

Date filed

Name and complete address of court involved:

<table>
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<tr>
<th>Name of court</th>
<th>Address</th>
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City State Zip Province

Plaintiff's name

Address

City State Zip Province

Defendant's name

Address

City State Zip Province

Trial date

Date of final disposition

Disposition

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

- [ ] Yes  - [ ] No

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

- [ ] Yes  - [ ] No  - [ ] Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied

If no, what amount is still owing?

Brief explanation of suit

Attach a copy of the pleadings, judgments, and/or final orders.
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.
FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name

<table>
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<th>Middle</th>
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<th>Suffix</th>
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Date bankruptcy filed

Complete title of action

Court file number

Name and complete address of court involved:

<table>
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<tr>
<th>Name of court</th>
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<tbody>
<tr>
<td>Address</td>
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<td>City</td>
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<td>Country</td>
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Debts discharged:

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<tr>
<th>Credit Grantor</th>
<th>Account Number</th>
<th>Amount Discharged</th>
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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.
<table>
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<th>Name</th>
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**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:**

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**Name and address of law enforcement agency involved:**

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<th>Name of law enforcement agency</th>
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**Name and address of defendant's attorney:**

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<th>Name of attorney</th>
<th>Address</th>
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**Date of initial court hearing**

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

**Date of final disposition**

**Charge(s) at time of final disposition**

**Final disposition**

**Brief description of incident**

---

*Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.*
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__________________________________________________
**FORM 6 / DEBTS: Defaults; Past Due; Revocations**

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<th>Name</th>
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This copy of FORM 6 refers to Question 23

- □ A Defaulted student loan
- □ B Defaulted other debt
- □ C Debt not discharged

Type of debt: □ Student Loan □ Other __________

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form □

Full account number __________________________

Original amount of debt __________________________

Current balance __________________________

Date of last payment __________________________

Name and complete address of entity extending credit:

- Name of entity __________________________________________
- Address ________________________________________________
- City __________________________ State __________ Zip __________
- Country __________________________________________ Province __________________________
- Telephone number ( ) __________________________

Name and address of current creditor or collection agency if different from above:

- Name __________________________________________
- Address __________________________________________
- City __________________________ State __________ Zip __________
- Country __________________________________________ Province __________________________
- Telephone number ( ) __________________________

Full account number __________________________

Current status of this debt __________________________

__________________________________________

__________________________________________

__________________________________________

Describe the history of this debt, including any actions taken to collect and any defenses:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
To be used with Question 6

**FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK**

<table>
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<th>Name</th>
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<th>Last</th>
<th>Suffix</th>
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</thead>
</table>

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