

**To the Board of Governors and the Law Clerk Board of the Washington State Bar Association:** I hereby apply for enrollment in the Washington State Law Clerk Program under Admission to Practice Rule 6.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

**Home Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List all the other names you have used or been known by, when and reason for change. Attach additional sheets as needed.

Last Name, First Name	/ From Mo/Year - To Mo/Year	/ Reason for change
_____	/ _____	/ _____
_____	/ _____	/ _____

Method of Payment:

\_\_\_ Check (\$100 payable to Washington State Bar Association)

\_\_\_ Credit Card (please complete the section below)

I authorize the WSBA to charge the below noted credit card \$100.

**Please note: Our service provider will charge you a separate transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you pay by check.**

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ AmEx \_\_\_\_\_

Credit card no. \_\_\_\_\_ Expiration date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone no. \_\_\_\_\_

*For office use only*

**Prod Code: CLERK\_APP**

Law Clerk Fees – 42286 - CLERK

Date \_\_\_\_\_ Check no. \_\_\_\_\_ Amount \$ \_\_\_\_\_



# PART I

- A. Include an essay explaining why you wish to be considered for enrollment in the Law Clerk Program. (Please limit your remarks to 500 words.)
- B. Include two reference letters. Please inform your reference that he or she should attest “to the applicant’s good moral character and appraising the applicant’s ability to undertake and successfully complete the program.”
- C. Bachelor’s Degree awarded from:

Institution: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_\_

An official, sealed transcript showing that a bachelor’s degree has been awarded by a college or university with approved accreditation before the date of your application is required. Transcripts for all institutions attended for more than 15 credits are required. Additional educational information is requested in Part II of the application.

- D. Regular, full-time paid employment with a lawyer or judge who will act as a tutor:

APR 6. (b) (3) Be engaged in regular, full-time employment in Washington State for an average of 32 hours per week with the primary tutor or primary tutor’s employer in a (i) law office, (ii) legal department or (iii) a court of general, limited, or appellate jurisdiction in Washington State. The employment must include tasks and duties which contribute to the practical aspects of engaging in the practice of law;

Regulation 1-3. J. “Regular, full-time employment” means that the law clerk is hired by the tutor or the tutor’s employer in a (i) law office, (ii) legal department, or (iii) a court of general, limited, or appellate jurisdiction located in Washington State, for an average of 32 hours per week for at least 48 weeks each calendar year.

Regulation 3-1 A. (1) Under no circumstances may the tutor assess a fee or require any other form of compensation in return for instructing or employing the law clerk. The law clerk shall receive monetary compensation in compliance with federal and state law governing employment. The Board may require proof of employment as deemed necessary.

Dates of Employment: Mo/Yr \_\_\_\_\_ to PRESENT.

Supervisor Name: \_\_\_\_\_

Employer or Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Telephone \_\_\_\_\_ Employer E-mail: \_\_\_\_\_

- E. Additional items, if applicable.

- To request ADVANCED STANDING as per APR 6 (b) (6), see Regulation 3-2 and submit conforming petition.
- To request an EMPLOYMENT WAIVER as per APR 6 (b) (7) and Regulations 1-3 G. and 3-1 (2), see Waiver Guidelines document.

## PART II

Note that the following questions are identical to the questions on the application for the bar examination. Some may not, or rarely, apply to APR 6 Law Clerk Program applicants. If that is the case for you, you may answer with NA or Not Applicable. Any questions that do apply must be answered completely.

Make additional copies of pages as necessary.

<p><b>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 (continue on an attached page if necessary):</b></p> <p><b>Current Address</b>                      From Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		

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

**Official transcripts for all institutions attended for more than 15 credits are required.**

**Credentials for foreign institutions must be accompanied by an education credential evaluation report.**

See <http://www.naces.org/> for a list of companies offering this service.

<p><b>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 the Law Clerk Program and 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.</b></p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____</p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____</p>	NA	___
<p><b>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).</b></p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.) _____</p>	NA	___
<p><b>3. C.</b> <i>Not Applicable for Law Clerk Applicants</i></p>	NA	NA
<p><b>4.</b> <i>Not Applicable for Law Clerk Applicants</i></p>	NA	NA

**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 \_\_\_\_\_

Address \_\_\_\_\_

Type of Action \_\_\_\_\_

Date Action Taken \_\_\_\_\_

Explanation of Institution Action

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Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Type of Action \_\_\_\_\_

Date Action Taken \_\_\_\_\_

Explanation of Institution Action

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**Please include documentation for each incident.**

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

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction \_\_\_\_\_

Name and address of foreign bar authority \_\_\_\_\_

Application Type:

- Bar Exam  Motion/Reciprocity  Diploma  Law Student Registrant  
 Foreign Legal Consultant  Other \_\_\_\_\_

Date application made (Mo/Yr) \_\_\_\_\_

Date examination taken (Mo/Yr) \_\_\_\_\_

Reason not admitted:

- Failed exam  Withdrew application  Pending  Denied  Other reason

Explanation \_\_\_\_\_

Admission or Readmission date (Mo/Day/Yr) \_\_\_\_\_ Bar Number\* \_\_\_\_\_

Admitted/Registered as:

- Attorney  In-House Counsel  Foreign Legal Consultant  Other

**7. List your employment and unemployment information for the last five years in reverse chronological order.**

- 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 furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

**CURRENT EMPLOYMENT**

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 \_\_\_\_\_



<p><b>7. CONT. PAST EMPLOYMENT (or unemployment) From _____ Mo/Yr To _____ Mo/Yr</b></p> <p>Employment Position/Description of Unemployment _____</p> <p>Employer or Firm _____</p> <p>Supervisor/Associate Name _____</p> <p>Employer or Firm Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone ( _____ ) _____ Employer E-mail _____</p> <p>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.</p> <p>Name(s) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( _____ ) _____ E-mail _____</p>		
<p><b>7. CONT. PAST EMPLOYMENT (or unemployment) From _____ Mo/Yr To _____ Mo/Yr</b></p> <p>Employment Position/Description of Unemployment _____</p> <p>Employer or Firm _____</p> <p>Supervisor/Associate Name _____</p> <p>Employer or Firm Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone ( _____ ) _____ Employer E-mail _____</p> <p>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.</p> <p>Name(s) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( _____ ) _____ E-mail _____</p>		

<p><b>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.)</b></p> <p>If yes, provide the following information about each occurrence:</p> <p>■ Employer or Firm _____</p> <p>Dates of Employment:            From Mo/Yr _____ To Mo/Yr _____</p> <p>Disposition:   <input type="checkbox"/> Terminated   <input type="checkbox"/> Suspended   <input type="checkbox"/> Disciplined   <input type="checkbox"/> Laid-Off   <input type="checkbox"/> Permitted to resign</p> <p>Date of disposition (Mo/Yr) _____</p> <p>Explanation of circumstances _____</p> <p>_____</p> <p>■ Employer or Firm _____</p> <p>Dates of Employment:            From Mo/Yr _____ To Mo/Yr _____</p> <p>Disposition:   <input type="checkbox"/> Terminated   <input type="checkbox"/> Suspended   <input type="checkbox"/> Disciplined   <input type="checkbox"/> Laid-Off   <input type="checkbox"/> Permitted to resign</p> <p>Date of disposition (Mo/Yr) _____</p> <p>Explanation of circumstances _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>9. List the full name and address of each <u>mandatory</u> bar association of which you have been or are currently a member.</b> <b>If you have never been a member of any bar association, check NA.</b></p> <p>Name of Bar Association _____</p> <p>Dates of Membership: From Mo/Yr _____ To Mo/Yr _____</p>	<p>NA</p>	<p>_____</p>
<p><b>10. A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as an attorney by any regulatory or licensing agency or court?</b></p> <p><b>10. B. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?</b></p> <p>If you answered <b>yes</b> to 10A and/or 10B, please provide the following information for each matter:</p> <p>Name of Regulatory/Licensing Agency or Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____ Date _____</p> <p>Explanation _____</p>	<p>YES <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p><b>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?</b></p> <p>If the answer is yes, please provide the following information for each matter:</p> <p>Name of Regulatory Agency _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____ Date _____</p> <p>Explanation _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?</b></p> <p>If the answer is yes, please provide the following for each sanction or disqualification:</p> <p>Name of Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Case Number _____</p> <p>Action Taken _____</p> <p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Reason for the sanction or disqualification _____</p> <p><b>Attach a copy of the order of sanction or disqualification.</b></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>13. Have you ever held judicial office?</b></p> <p>If yes, provide the following information about each office:</p> <p>Office Held _____ From Mo/Yr _____ To Mo/Yr _____</p> <p>Name of Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Reason for leaving office (if applicable) _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>14. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?</b></p> <p>If yes, complete a separate <b>FORM 1</b> for each period of service.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

<p><b>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.)?</b></p> <p>If yes, please provide the following information for each denial or revocation:</p> <p>Action Type:    <input type="checkbox"/> Denial            <input type="checkbox"/> Revocation</p> <p>License (Type, Application Date, License Number) _____</p> <p>Name of Regulatory or Licensing Agency _____</p> <p>Address _____</p> <p>Action Taken _____</p> <p>Date _____</p> <p>Explanation _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>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?</b></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>16. 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?</b></p> <p>If you answered yes to 16A and/or 16B, please provide the following information for each matter:</p> <p>Name of Regulatory Agency _____</p> <p>Address _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____</p> <p>Date _____</p> <p>Explanation _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>17. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?</b></p> <p>If yes, complete <b>FORM 2</b>.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

<p><b>18. Have you ever been a named party to any civil action? NOTE: Family law matters (including divorce and continuing orders for child support) should be included here.</b></p> <p style="text-align: center;">If yes, complete a separate <b>FORM 3</b> for each action.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>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?</b></p> <p style="text-align: center;">If yes, complete a separate <b>FORM 3A</b> for each complaint or action.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>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?</b></p> <p style="text-align: center;">If yes, complete a separate <b>FORM 5</b> for each incident.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>20. 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.)</b></p> <p style="text-align: center;">If yes, report each incident on <b>FORM 5T</b>.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>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.)</b></p> <p style="text-align: center;">If yes, complete a separate <b>FORM 5</b> for each incident.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>22. Have you ever filed a petition for bankruptcy?</b></p> <p style="text-align: center;">If yes, complete a separate <b>FORM 4</b> for each bankruptcy petition filed. See also Question 23. C.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>23. A. Have you ever defaulted on any student loans?</b></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>23. B. Have you ever defaulted on any other debt?</b></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>23. C. If your answer to Question 22 is yes, are there any additional debts not reported in Questions 23(A &amp; B) that were not discharged in bankruptcy?</b></p> <p style="text-align: center;">If you answered yes to 23A, 23B, and/or 23C, complete a separate <b>FORM 6</b> for each debt.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

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:	YES	NO
<ul style="list-style-type: none"> <li>a) your truthfulness,</li> <li>b) your excessive absences,</li> <li>c) the manner in which you handled or preserved the money or property of others,</li> <li>d) a serious or repeated failure to submit your work in a timely manner,</li> <li>e) your competence or diligence in the performance of job or academic duties,</li> <li>f) your ability to maintain the confidentiality of information, or</li> <li>g) your endangering the safety of others?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p> <p>Name of entity before which the issues was raised (i.e., employer, school, etc.):</p> <p>_____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Province, Country: _____</p> <p>Nature of the Issue: _____</p> <p>Relevant Dates: _____</p> <p>Disposition, if any: _____</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

***Use additional pages if necessary.***

### **PART III**

#### **LAW CLERK PROGRAM RULES AND REGULATIONS**

Please initial next to each statement to verify that you understand and agree:

**Initials:**

I have read the "Rules and Regulations Governing the Washington State Law Clerk Program" \_\_\_\_\_

I thoroughly understand and agree to abide by the "Rules and Regulations Governing the Washington State Law Clerk Program" \_\_\_\_\_

I understand that enrollment in the Law Clerk Program may be terminated for failure to complete the program within 6 years, failure to submit monthly examinations and certificates on time, failure to comply with the requirements of the program, or other grounds deemed pertinent. \_\_\_\_\_

I understand that a law clerk may be deemed involuntarily withdrawn from the program for unapproved absences, leave of absence of more than 12 months, and nonpayment of the annual fee. Failure to submit exams and/or a tutor's certificate (explaining lack of exam) shall be interpreted as an unapproved absence. \_\_\_\_\_

If approved for enrollment, I agree to immediately notify the Law Clerk Board and WSBA program staff of any change in my employment, incident that might call into question my character and fitness to participate in the program, or any other matter which might affect my eligibility or suitability for the Law Clerk Program. \_\_\_\_\_

#### **Certificate of Applicant**

I, \_\_\_\_\_, state under penalty of perjury under the law of the State of Washington that I am the applicant above named; that I make this application for the purpose of seeking enrollment in the Law Clerk Program in the State of Washington; that I have read the foregoing application, and that the statements herein contained are full, true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State where signed

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

### AUTHORIZATION AND RELEASE

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

having filed an application for enrollment in the Washington State Bar Association's APR 6 Law Clerk Program, hereby consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of law and to have such information as may be received reported to the admitting authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, record, and other information pertaining to me, to furnish to the Washington State Bar Association any such information, including documents; records; bar association files regarding charges or complaints filed against me, formal or informal, pending or closed; or any other pertinent data, and to permit the Washington State Bar Association or any of its agents or representatives to inspect and make copies of such documents, records, and 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 information or photocopies from my military record.

I hereby release, discharge, exonerate the Washington State Bar Association, its agents and representatives, and any person so 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 Washington State Bar Association.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

\_\_\_\_\_  
Signature of Applicant Date

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.



To be used with Question 13  
**FORM 1 / MILITARY SERVICE**

Name \_\_\_\_\_  
First Middle Last Suffix

- I am presently a member of the armed forces.
- I was a member of the armed forces.

- A. Regular armed forces:  Air Force  Army  Coast Guard  Marine Corps  Navy  
 Reserve components:  Air Force  Army  Coast Guard  Marine Corps  Navy  
 National Guard:  Air Force  Army State \_\_\_\_\_

My serial number was/is \_\_\_\_\_ My rank was/is \_\_\_\_\_  
 Dates of service: Active Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 Reserve Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 National Guard - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

**ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.**

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check:  Active  Reserve  National Guard

Present duty station \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Province \_\_\_\_\_  
 Telephone number (\_\_\_\_) \_\_\_\_\_  
 Name of commanding officer \_\_\_\_\_

- C. As a member of the armed forces of the United States:  
 1. Were you ever court-martialed?  \*Yes  No  
 2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ)  \*Yes  No

**If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.**

3. Did you receive an honorable discharge?  Yes  \*No  
 4. Were you allowed to resign in lieu of court-martial?  \*Yes  No  
 5. Were you administratively discharged?  \*Yes  No

**\*If you checked a box followed by an asterisk, provide an explanation for each answer:**

■ Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_  
 Explanation of circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
 \_\_\_\_\_

■ Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_  
 Explanation of circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Result, including any punishment \_\_\_\_\_  
 \_\_\_\_\_

To be used with Question 17  
**FORM 2 / BONDING COMPANIES**

Name \_\_\_\_\_  
First Middle Last Suffix

Name and complete address of surety (bonding company):

Name of surety \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Amount of money paid by surety \_\_\_\_\_

Date money paid \_\_\_\_\_

Reason for bond \_\_\_\_\_

Brief explanation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be used with Question 18  
**FORM 3 / RECORD OF CIVIL ACTIONS**

Name \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Date filed \_\_\_\_\_

Name and complete address of court involved:

Name of court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Plaintiff's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Plaintiff's attorney \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Defendant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Defendant's attorney \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Trial date \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

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

Yes     No

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

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

If yes, give the date the judgment was satisfied \_\_\_\_\_

If no, what amount is still owing? \_\_\_\_\_

Brief explanation of suit \_\_\_\_\_

**Attach a copy of the 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.**

To be used with Question 22  
**FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY**

Name \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix

Date bankruptcy filed \_\_\_\_\_

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved:

    Name of court \_\_\_\_\_

    Address \_\_\_\_\_

    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

    Country \_\_\_\_\_ Province \_\_\_\_\_

**Debts discharged:**

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

Were any adversary proceedings instituted?  Yes  
 No

Were there any allegations of fraud?  Yes  
 No

Were any debts not discharged?  Yes  No

Brief description of circumstances surrounding filing petition for bankruptcy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.**

To be used with Questions 20A and 21  
**FORM 5 / RECORD OF CRIMINAL CASES**

Name \_\_\_\_\_  
                    First                                      Middle                                      Last                                      Suffix

Date (or time period) of incident \_\_\_\_\_

Charge(s) on date of arrest or citation \_\_\_\_\_

Incident location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Title of complaint, indictment, or citation \_\_\_\_\_  
\_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved:

    Name of court \_\_\_\_\_

    Address \_\_\_\_\_

    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

    Country \_\_\_\_\_ Province \_\_\_\_\_

Name and address of law enforcement agency involved:

    Name of law enforcement agency \_\_\_\_\_

    Address \_\_\_\_\_

    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

    Country \_\_\_\_\_ Province \_\_\_\_\_

Name and address of defendant's attorney:

    Name of attorney \_\_\_\_\_

    Address \_\_\_\_\_

    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

    Country \_\_\_\_\_ Province \_\_\_\_\_

Date of initial court hearing \_\_\_\_\_

Charge(s) at time of initial court hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.**

To be used with Question 20B  
**FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS**

Name \_\_\_\_\_  
First Middle Last Suffix

Currently licensed in \_\_\_\_\_ Driver's license number \_\_\_\_\_  
State

**Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.**

**Please complete the following information for each incident:**

■ Name of law enforcement agency \_\_\_\_\_  
Incident location (city, county, state) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Brief description of incident \_\_\_\_\_

■ Name of law enforcement agency \_\_\_\_\_  
Incident location (city, county, state) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Brief description of incident \_\_\_\_\_

■ Name of law enforcement agency \_\_\_\_\_  
Incident location (city, county, state) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Brief description of incident \_\_\_\_\_

To be used with Question 23

**FORM 6 / DEBTS: Defaults; Past Due; Revocations**

Name \_\_\_\_\_  
First Middle Last Suffix

**This copy of FORM 6 refers to Question 23**     **A Defaulted student loan**  
 **B Defaulted other debt**  
 **C Debt not discharged**

Type of debt:     Student Loan     Other \_\_\_\_\_

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

Full account number \_\_\_\_\_

Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_

Date of last payment \_\_\_\_\_

Name and complete address of entity extending credit:

Name of entity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number (    ) \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone number (    ) \_\_\_\_\_

Full account number \_\_\_\_\_

Current status of this debt \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



To be used with Question 6

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

Name \_\_\_\_\_  
First Middle Last Suffix

Date of admission \_\_\_\_\_  
\_\_\_\_\_

Department in which you were admitted (check one):

- First Department       Second Department
- Third Department       Fourth Department

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

- I have not practiced law in any department in New York.
- First Department; County(ies) \_\_\_\_\_
- Second Department; County(ies) \_\_\_\_\_
- Third Department; County(ies) \_\_\_\_\_
- Fourth Department; County(ies) \_\_\_\_\_