Application For the Washington State Bar Examination

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

I, ___________________________________________________, hereby apply for admission to the practice of law in the State of Washington under Admission and Practice Rule (APR) 3.

I am applying for the exam in the:  □ Winter of 20___ □ Summer of 20___

I would like to take the exam by:  □ Laptop Computer □ Handwriting

Note: If you elect to use your computer you must also register with Examsoft at www.Examsoft.com/wabar

Mail completed applications to:
Washington State Bar Association
Admissions Department
1325 Fourth Avenue Suite 600
Seattle, WA 98101-2539

NO EXCEPTIONS TO THE FILING DEADLINES WILL BE GRANTED. If your application is not received by any required deadline, a late filing charge will be imposed. If you miss the late filing deadline, you will not be allowed to sit for this exam (see filing schedule). The correct filing fee must accompany your application forms (see fee schedule).

For WSBA Office Use Only

GEN / ATY / REP

Applicant ID Number: ____________________________

Payment Information

☐ Mastercard  ☐ Visa  ☐ Amex  ☐ Check (Make checks payable to the WSBA)

Name (as it appears on the card) ________________________________________________

Signature ________________________________________________________________

Credit Card No. ____________________________ Exp Date __________

Telephone Number ____________________________ Amount __________

A/R Date: __________ Check No. __________ Amount: __________
APPLICATION TO THE WASHINGTON STATE BAR ASSOCIATION

Name
First Middle Last Suffix

NCBE Number
You must provide us with your identification number received from the National Conference of Bar Examiners (NCBE). Your unique NCBE Number will be used for identification purposes when you take the Uniform Bar Examination and the Multistate Professional Responsibility Examination. If you do not already have an NCBE Number, request your NCBE Number at www.ncbex.org/ncbe-number.

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

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

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

■ First, Middle, Last Name, Suffix

____________________________________ From Mo/Year_____ To Mo/Year_____
Reason for change__________________________________________________________

■ First, Middle, Last Name, Suffix

____________________________________ From Mo/Year_____ To Mo/Year_____
Reason for change__________________________________________________________

Date of birth: Month______ Day______ Year________
Place of birth: City_____________________________ State____
Country_____________________________________

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

(______) (______) E-mail
Home Office

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

Check if address is □ Residence or □ Business

If business, name of firm______________________________
Address/P.O. Box______________________________

City______________________________ State____ Zip____
Country______________________________ Province____
RESIDENCE INFORMATION
Make additional copies of this page as necessary.

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

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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 ____________________________

■ 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 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.

■ Law School

Mailing Address

City__________________________State__________Zip__________________________

Country________________________Province__________________________

From Mo/Yr__________________To Mo/Yr__________________ Date degree received or expected (Mo/Yr)__________________

Degree received or expected to be received (No Degree, J.D., LL.B., etc.) ____________________________

■ Law School

Mailing Address

City__________________________State__________Zip__________________________

Country________________________Province__________________________

From Mo/Yr__________________To Mo/Yr__________________ Date degree received or expected (Mo/Yr)__________________

Degree received or expected to be received (No Degree, J.D., LL.B., etc.) ____________________________
EDUCATION INFORMATION

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

Law School__________________________
Mailing Address ____________________________
City________________ State____ Zip________
Country________________ Province________
From Mo/Yr______ To Mo/Yr_________ Date degree received or expected (Mo/Yr)________
Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.)_____________________

Law School__________________________
Mailing Address ____________________________
City________________ State____ Zip________
Country________________ Province________
From Mo/Yr______ To Mo/Yr_________ Date degree received or expected (Mo/Yr)________
Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.)_____________________

3. C. Are you applying under APR 3(b)(iii) or 3(b)(iv), allowing graduates of non-ABA approved or foreign law schools to sit for the exam if they obtain an LL.M. from an ABA-approved law school? (Yes/No)________

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).

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

☐ 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.

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 furnish your own name or the name of 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.

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<th>To Mo/Yr</th>
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Employment Position/Description of Unemployment __________________________________________

Employer or Firm ____________________________

(At time of employment)

Reason for Leaving __________________________________________

Supervisor/Associate Name ____________________________

Employer or Firm Mailing Address ____________________________

City ____________________________ State ____________ Zip ____________

Country ____________________________ Province ____________

Employer Telephone ( ) ____________ Employer E-mail ____________________________

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

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

Name(s) ____________________________

Address ____________________________

City ____________________________ State ____________ Zip ____________

Country ____________________________ Province ____________

Telephone ( ) ____________ E-mail ____________________________
From Mo/Yr_________ To Mo/Yr_________ □ Unemployment Period

Employment Position/Description of Unemployment________________________________________________________

Employer or Firm__________________________________________________________

(At time of employment)

Reason for Leaving_____________________________________________________________________________________

Supervisor/Associate Name______________________________________________________________

Employer or Firm Mailing Address ________________________________________________________________

City__________________________ State______________ Zip________________________

Country______________________ Province________________________________________

Employer Telephone (______)________________ Employer E-mail___________________________

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

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

Name(s)__________________________________________________________

Address__________________________________________________________

City__________________________ State______________ Zip________________________

Country______________________ Province________________________________________

Telephone (______)________________ E-mail___________________________
EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been investigated, warned, terminated, suspended, disciplined, laid-off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)

□ Yes □ No

If yes, provide the following information about each occurrence:

Employer or Firm

Dates of Employment: From Mo/Yr________ To Mo/Yr________

Disposition: □ Terminated □ Suspended □ Disciplined □ Laid-Off □ Permitted to resign

Date of disposition (Mo/Yr)______________

Explanation of circumstances

Employer or Firm

Dates of Employment: From Mo/Yr________ To Mo/Yr________

Disposition: □ Terminated □ Suspended □ Disciplined □ Laid-Off □ Permitted to resign

Date of disposition (Mo/Yr)______________

Explanation of circumstances

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

□ Check here if you have never been a member.

Name of Bar Association

Dates of Membership: From Mo/Yr________ To Mo/Yr________

Address

City______________________________ State________ Zip ________

Country__________________________ Province________

Name of Bar Association

Dates of Membership: From Mo/Yr________ To Mo/Yr________

Address

City______________________________ State________ Zip ________

Country__________________________ Province________
10. A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as an attorney by any regulatory or licensing agency or court? □ Yes □ No
   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? □ Yes □ No

   □ Check here if you have never been admitted to practice law.

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

   Name of Regulatory/Licensing Agency or Court________________________
   Address__________________________________________________________
   City_____________________________State_______Zip____________________
   Country________________________Province___________________________
   Case Number (if applicable)________________________________________
   Action Taken________________________Date___________________________
   Explanation______________________________________________________

11. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending? □ Yes □ No

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

   Name of Regulatory Agency__________________________
   Address_______________________________________________________
   City_____________________________State_______Zip____________________
   Country________________________Province___________________________
   Case Number (if applicable)________________________________________
   Action Taken________________________Date___________________________
   Explanation______________________________________________________

12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? □ Yes □ No

   □ Check here if you have never been admitted to practice law.

   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:

Action Type: □ Denial □ Revocation
License (Type, Application Date, License Number)______________________________
Name of Regulatory or Licensing Agency__________________________
Address____________________________________________________________________
City________________________State__________Zip________________________
Country________________________Province________________________
Action Taken__________________________________________________________ Date________
Explanation________________________________________________________________

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

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

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

Name of Regulatory Agency________________________________________________
Address____________________________________________________________________
City________________________State__________Zip________________________
Country________________________Province________________________
Case Number (if applicable)__________________________________________________
Action Taken__________________________________________________________ Date________
Explanation________________________________________________________________

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

If yes, complete FORM 2.

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

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

If yes, complete a separate FORM 3 for each action.
19. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum? □ Yes □ No

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

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

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

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

If yes, report each incident on FORM 5T.

NOTE: Your responses to Questions 20A and 20B must include matters that have been dismissed, expunged, 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, 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,
   b) your excessive absences,
   c) the manner in which you handled or preserved the money or property of others,
   d) a serious or repeated failure to submit your work in a timely manner,
   e) your competence or diligence in the performance of job or academic duties,
   f) your ability to maintain the confidentiality of information, or
   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 issues was raised (i.e., employer, school, etc.):
   Address:
   City, State, Zip:
   Telephone:
   Province, Country:
   Nature of the Issue:
   Relevant Dates:
   Disposition, if any:
   Explanation:
CERTIFICATION OF APPLICANT

I, _________________________________________,
(Name)
certify under penalty of perjury under the laws of the State of Washington that I am the applicant above named; that I have read the Rules of Professional Conduct adopted by the Washington State Supreme Court and agree to abide by them; that I have read the foregoing application; and that the statements contained in it are full, true and correct. I also understand that I have a duty to inform the Washington State Bar Association Admissions Department in writing of any changes to the information above that occur at any time between the date signed and the date I am admitted to the Washington State Bar Association.

Dated this _________ day of _________________________________, 20 _____,

at ________________________________________________________________.
(City, State where signed)

______________________________________________________________
(Signature of Applicant)
CERTIFICATES OF GOOD MORAL CHARACTER

(To be completed by two lawyers in good standing in any state/jurisdiction; original signatures required.)

Lawyer I

This is to certify that I, ________________________________________, am a member in good standing of the Bar of _______________________________________; that I am and have been well acquainted with _____________________________________________, an applicant for admission to the Bar of the State of Washington, since _________________________; and that I believe this applicant is of good moral character and that I recommend his or her admission.

Certified on this _____ day of ______________________, 20___

Signature

Bar/License No.

Street Address

City, State, Zip

Email

Lawyer II

This is to certify that I, ________________________________________, am a member in good standing of the Bar of _______________________________________; that I am and have been well acquainted with _____________________________________________, an applicant for admission to the Bar of the State of Washington, since _________________________; and that I believe this applicant is of good moral character and that I recommend his or her admission.

Certified on this _____ day of ______________________, 20___

Signature

Bar/License No.

Street Address

City, State, Zip

Email
AUTHORIZATION AND RELEASE

I, (Name) ___________________________________________

born at (City) ______________________________, (State) ____________

(COUNTRY) ______________________________, on (Date of Birth) ________________

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

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

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

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

Signature of Applicant ____________________________ Date ____________________________

STATE/DISTRICT OF ______________________________

COUNTY/PARISH OF ______________________________

Subscribed and sworn to or affirmed before me this ______________ day of ______________, ______________

Month ______________, Year ______________

Signature of Notary Public ______________________________

My commission expires ______________________________

Seal or stamp must be affixed to each original.
AUTHORIZATION AND RELEASE

I, (Name)______________________________,

born at (City)______________________________, (State)______________________________,

(COUNTRY)______________________________, on (Date of Birth)__________________________.

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

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

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

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

______________________________
Signature of Applicant

______________________________
Date

______________________________
STATE/DISTRICT OF______________________________

______________________________
COUNTY/PARISH OF______________________________

Subscribed and sworn to or affirmed before me this ______________________ day

of ________________, _________: ________________

______________________________
Signature of Notary Public

My commission expires______________________________

Seal or stamp must be affixed to each original.

WSBA Authorization and Release Form
AUTHORIZATION AND RELEASE

I, (Name)__________________________________________

born at (City)______________________________________, (State)________________________

(COUNTRY)_______________________________________ on (Date of Birth)______________

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

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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 _______ Social Security Number _______

☐ 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

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:

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To be used with Question 18

FORM 3 / RECORD OF CIVIL ACTIONS

Name

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

Defendant's name

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.

Form 3
To be used with Question 19

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name

First    Middle    Last    Suffix    Social Security Number

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Date bankruptcy filed

Complete title of action

Court file number

Name and complete address of court involved:

<table>
<thead>
<tr>
<th>Name of court</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Province</td>
<td></td>
</tr>
</tbody>
</table>

Debts discharged:

<table>
<thead>
<tr>
<th>Credit Grantor</th>
<th>Account Number</th>
<th>Amount Discharged</th>
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<tbody>
<tr>
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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:

<table>
<thead>
<tr>
<th>Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.</th>
</tr>
</thead>
</table>
**FORM 5 / RECORD OF CRIMINAL CASES**

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
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</table>

**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:**

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

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

<table>
<thead>
<tr>
<th>Name of law enforcement agency</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
<th>Province</th>
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</table>

**Name and address of defendant's attorney:**

<table>
<thead>
<tr>
<th>Name of attorney</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
<th>Province</th>
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</table>

**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 ____________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

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 5T

**To be used with Question 23**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

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:

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---
To be used with Question 6

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

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Social Security Number</th>
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</tbody>
</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)__________________________