































































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, attach additional pages as necessary:**

v 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 \_\_\_\_\_

v 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 \_\_\_\_\_

v 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; if balance owed, provide plan to repay. Attach additional pages as necessary:

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

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) \_\_\_\_\_

Form 10