

The Washington State Bar Association administers the admission, licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court. Mail completed application to the WSBA at 1325 4th Ave, Ste 600, Seattle, WA 98101-2539.

Applicant Contact Information:

First Name _____ Middle _____ Last Name _____ Suffix _____

Email: _____ Phone: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

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

NO EXCEPTIONS TO THE FILING DEADLINES WILL BE GRANTED. If your application is not received by the first deadline, a late filing fee will be imposed. **If you miss the late filing deadline, your application will not be accepted.** The full and correct fees must accompany your application (see admissions policies).

Method of Payment:

- Check (payable to Washington State Bar Association)
- Credit Card (complete the section below)

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.

I authorize the WSBA to charge the below noted credit card (mark all that apply):

- \$300 (Practice Area and Professional Responsibility Exams)
- \$250 (Practice Area Exam Only)
- \$80 (Professional Responsibility Exam Only)
- \$150 (Late Filing Fee)

American Express Mastercard Visa

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

App. No: _____

Date _____ Check no. _____ Amount \$ _____



IDENTITY INFORMATION

Name _____
First Middle Last Suffix

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

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change_____

■ First, Middle, Last Name, Suffix

_____ From Mo/Year_____ To Mo/Year_____

Reason for change_____

Date of birth: Month_____ Day_____ Year_____

Social Security Number:_____

Place of birth: City_____ State_____

Country_____

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

(____) _____ (____) _____
Home Office E-mail

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

Check if address is Residence or Business

If business, name of firm_____

Address/P.O. Box_____

City_____ State_____ Zip_____

Country_____ Province_____

Do you have a disability for which you will need reasonable accommodation in taking the exam? Yes No

If yes, we will send you additional information required for making a reasonable accommodation request. You must file your request in writing no later than 80 days prior to the exam date. Medical documentation must support all requests. WSBA and any applicant granted accommodations must agree to and accept the terms and conditions of the accommodations no less than 60 days prior to the day of the examination.

SPECIFIC LLLT LICENSE AND EDUCATION INFORMATION

A. Have you previously been licensed as a Limited License Legal Technician? Yes No

If yes, state LLLT license number, current status, and reason you are returning to practice.

B. Have you previously applied for the Limited License Legal Technician Examination? Yes No

If yes, list date(s) and reason not admitted.

C. Do you have an approved limited time waiver? Yes No

If yes, date waiver was granted/approved (m/d/If _____

If yes, you may skip questions E and F.

D. Did you pass the National Federation of Paralegal Associations Paralegal Core Competency Exam (PCCE)? Yes No

If yes, provide the following information and attach documentary proof as required in the application instructions:

Date Passed the PCCE (m/d/y): _____

Certification Date (m/d/y): _____

Expiration Date (m/d/y): _____

E. Did you complete 45 credit hours of legal education in an ABA or LLLT Board approved educational program? Yes No

Provide an official transcript of your legal education and list course credits for the following required subjects:

Civil Procedure, 8 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Contracts, 3 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Interviewing and Investigation Techniques, 3 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Introduction to Law and Legal Process, 3 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Law Office Procedures and Technology, 3 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Legal Research, Writing & Analysis, 8 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Professional Responsibility, 3 credits minimum:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Total Credits from Required Subjects: _____

List other legal studies elective classes you completed to reach 45 total credits of approved legal education:

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

Class: _____ Credits: _____ Institution: _____

F. Do you have an Associate's (two-year) degree or a Bachelor's (four-year) degree? Yes No

If yes, Educational institution: _____

Attach a diploma or transcript demonstrating degree received.

G. Did you complete or are you enrolled in the University of Washington School of Law LLLT Family Law Practice Area courses? Yes No

If yes, provide: Date of Completion (m/d/y): _____ or

Expected Date of Completion (m/d/y): _____

You must complete and we must receive verification of completion by no later than 18 days prior to the exam.

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:

Current Address From Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

■

From Mo/Yr _____ To Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

■

From Mo/Yr _____ To Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

■

From Mo/Yr _____ To Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

■

From Mo/Yr _____ To Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

■

From Mo/Yr _____ To Mo/Yr _____

Street Address _____

City _____ County _____ State _____ Zip _____

Country _____ Province _____

EDUCATION INFORMATION
Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all 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 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.**

I did not attend law school.

■
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).

I did not attend law school.

■
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. *Not applicable for LLLT applicants.*

4. *Not applicable for LLLT applicants.*

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, attach additional sheets as necessary:

Name of Institution _____
Type of Action _____ Date Action Taken _____
Explanation of Institution Action _____

ADMISSION INFORMATION

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? (DONOT include information regarding authorizations to appear pro hac vice.)

Yes No

If yes, list **every** U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
- been admitted, registered, licensed, or authorized to practice law.
- submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination), including any investigations related to exam misconduct

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

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted: Failed exam Withdrew application Pending Denied Exam misconduct
 Other reason

Explanation _____

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

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other _____

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason
Explanation _____

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

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

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

Follow these instructions:

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), law school clinics, clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.
- Do not list yourself or someone to whom you are related by blood or marriage as a confirming reference.

CURRENT EMPLOYMENT Currently Unemployed Since Mo/Yr_____

From Mo/Yr_____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/ Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Employer E-mail _____

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

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of page 8 and 9 as necessary.

DO NOT furnish your own name or your own contact information for verifying employment.



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Reason for Leaving _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

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.) Attach additional sheets, if necessary.

Yes No

If yes, provide the following information about each occurrence:

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

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

Check here if you have never been a member.

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

10. A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as a lawyer or other licensed legal professional by any regulatory or licensing agency or court?
 Yes No If yes, provide related documentation.

B. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) concerning your conduct as a lawyer or other licensed legal professional, including any now pending?
 Yes No

If you answered yes to 10A and/or 10B, please provide the following information for each matter. Attach additional sheets as necessary:

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? Attach additional sheets as necessary.

Yes No

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

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

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

If the answer is yes, please provide the following for each sanction or disqualification:

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number _____

Action Taken _____

From Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification (attach additional sheets as necessary) _____

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, attach additional sheets as necessary:

■
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 and any related documentation for each action taken. Attach additional sheets as necessary:

Action Type: Denial Revocation Suspension Other

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, provide related documentation. If you answered yes to 16A and/or 16B, please provide the following information for each matter, attach additional sheets as necessary:

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, sealed, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside.

21. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any cases resolved in juvenile court? (Report traffic violations at Questions 20.) Yes No

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

NOTE: Include matters that have been sealed, dismissed, expunged, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside.

22. Have you ever filed a petition for bankruptcy? Yes No

If yes, complete a separate **FORM 4** for each bankruptcy petition filed.

23. A. Have you ever defaulted on any student loans? Yes No

- B. Have you ever defaulted on any other debt? Yes No

- C. If your answer to Question 22 is yes, are there any additional debts not reported in Questions 23(A & B) that were not discharged in bankruptcy? Yes No

If you answered yes to 23A, 23B, and/or 23C, complete a separate **FORM 6** for each debt.

24. Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:

- | | | |
|--|------------------------------|-----------------------------|
| a) your truthfulness, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) your excessive absences, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) the manner in which you handled or preserved the money or property of others, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) a serious or repeated failure to submit your work in a timely manner, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) your competence or diligence in the performance of job or academic duties, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) your ability to maintain the confidentiality of information, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) your endangering the safety of others | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. Attach additional sheets as necessary.

Name of entity before which the issue was raised (i.e., employer, school, etc.): _____

Address: _____

City, State, Zip: _____

Province, Country: _____

Telephone: _____

Nature of the Issue: _____

Relevant Dates: _____

Disposition, if any: _____

Explanation: _____

CERTIFICATION OF APPLICANT



I, _____,
(Name)

certify under penalty of perjury under the laws of the State of Washington that:

- 1) I am the applicant above named;
- 2) I have read the Rules of Professional Conduct adopted by the Washington Supreme Court applicable to the license type for which I am applying and agree to abide by them;
- 3) I have read the foregoing application;
- 4) the statements contained in the application are full, true and correct; and
- 5) I understand that I have a duty to inform the Admissions staff at the Washington State Bar Association in writing of any changes to the information in the application that occur at any time between the date signed and the date I am licensed to practice law in Washington state.

Dated this _____ day of _____, 20 _____,

at _____.
(City, State where signed)

(Signature of Applicant)

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE

WSBA Applicant ID No.: _____

The Washington Supreme Court Admission and Practice Rules (APRs) require that “[e]very person desiring to be admitted to the Bar and the practice of law in Washington must be of good moral character, and possess the requisite fitness to practice law....” APR 3(a).

Good moral character is defined in APR 20(c) as “a record of conduct manifesting the qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibilities, adherence to the law, and a respect for the rights of other persons and the judicial process.”

Fitness to practice law is defined in APR 20(d) “a record of conduct that establishes that the applicant meets the essential eligibility requirements for the practice of law.”

The **essential eligibility requirements** for the practice of law include the following five abilities:

- (1) the ability to exercise good judgment and to conduct oneself with a high degree of honesty, integrity, and trustworthiness in financial dealings, legal obligations, professional relationships and in one's professional business.
- (2) the ability to conduct oneself in a manner that engenders respect for the law and adheres to the Washington Rules of Professional Conduct.
- (3) the ability to diligently, reliably, and timely perform legal tasks and fulfill professional obligations to clients, lawyers, LLLTs, or LPOs, courts, and others.
- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
- (5) the ability to communicate comprehensibly with clients, lawyers, LLLTs, LPOs, courts, and others, with or without the use of aids or devices.

APR 20(e).

Lawyer, LLLT or LPO (two separate Licensed Legal Professionals must complete one of these forms for an applicant)*

This is to certify that I, _____,
(please print name)

Bar of _____; that I am and have been well acquainted

with _____, an applicant for admission/licensing to the Bar of the

State of Washington, since _____; and that I believe this applicant is of good moral character

and possesses the requisite fitness to practice as a lawyer, LLLT, or LPO defined above and that I recommend this applicant's admission.

Certified on this ____ day of _____, 20_____

Signature

Bar/License No.

Street Address

City, State, Zip

Email

Phone

*

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE

WSBA Applicant ID No.: _____

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The **essential eligibility requirements** for the practice of law include the following five abilities:

- (1) the ability to exercise good judgment and to conduct oneself with a high degree of honesty, integrity, and trustworthiness in financial dealings, legal obligations, professional relationships and in one's professional business.
- (2) the ability to conduct oneself in a manner that engenders respect for the law and adheres to the Washington Rules of Professional Conduct.
- (3) the ability to diligently, reliably, and timely perform legal tasks and fulfill professional obligations to clients, lawyers, LLLTs, or LPOs, courts, and others.
- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
- (5) the ability to communicate comprehensibly with clients, lawyers, LLLTs, LPOs, courts, and others, with or without the use of aids or devices.

APR 20(e).

Lawyer, LLLT or LPO (two separate Licensed Legal Professionals must complete one of these forms for an applicant)*

This is to certify that I, _____,
(please print name)

Bar of _____; that I am and have been well acquainted

with _____, an applicant for admission/licensing to the Bar of the

State of Washington, since _____; and that I believe this applicant is of good moral character

and possesses the requisite fitness to practice as a lawyer, LLLT, or LPO defined above and that I recommend this applicant's admission.

Certified on this ____ day of _____, 20_____

Signature

Bar/License No.

Street Address

City, State, Zip

Email

Phone

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 with the admission authority of Washington State, hereby apply for a character review to be conducted by the Washington State Bar Association (WSBA). I further consent to allow 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 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 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 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 information or photocopies from my military record.

I hereby release, discharge and exonerate 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 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.

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) _____,

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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 14
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, attach additional sheets as necessary:**

■ 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, attach additional sheets as necessary _____

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 additional documents as necessary _____

Attach a copy of the docket, 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 additional pages as necessary _____

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 additional pages as necessary:

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 additional pages as necessary _____

Attach a copy of the arresting agency's report, court docket, 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, attach additional pages as necessary:

- 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; 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) _____