



OFFICE OF PROFESSIONAL REGULATION
LAW STUDENT REGISTRATION

INSTRUCTIONS
READ BEFORE YOU BEGIN THIS FORM

- 1) **PLEASE NOTE: SIGNIFICANT CHANGES HAVE BEEN MADE TO THE LAW STUDENT REGISTRATION. THE FORM BELOW IS THE ONLY FORM THAT WILL BE ACCEPTED BY THE OFFICE OF PROFESSIONAL REGULATION.**
- 2) **THREE OPTIONS AVAILABLE FOR COMPLETING THIS FORM:**
 - a. **USING ADOBE ACROBAT:** If you have Adobe Acrobat (not Adobe Reader) you can complete and save your law student registration on your computer in order to work at your own pace. Before you begin completing the law student registration, you must save the file to a specific destination on your computer to enable you to complete the form in more than one sitting. If you do not do so, all information will be lost and you will be required to complete the form each time you open the link.
 - b. **USING ADOBE READER:** If you have Adobe Reader, YOU MAY NOT SAVE YOUR LAW STUDENT REGISTRATION ELECTRONICALLY. Due to limitations in the FREE Adobe Reader, you will not be able to save the law student registration with entries included. For this reason, you should be prepared to fill out the law student registration in its entirety before you begin. Once you fill out the law student registration, you will be allowed to print it, but will not be allowed to save it. Note, as soon as you close the document, all information entered into the form will be lost. If you do not have Adobe Reader, click here (<http://get.adobe.com/reader/>) to download the latest version of Adobe Reader.
 - c. **PRINT AND HANDWRITE THE FORM:** If you do not have either Adobe Acrobat or Adobe Reader, or you have difficulties typing in the form, you may print this document and fill it out by hand.
- 3) **FILING THE REGISTRATION:** Once you have completed the form, double check to make sure that all fields are filled in. Print the completed form. Then, sign at the required fields in the presence of a notary public. Finally, mail or hand-deliver the completed registration and the required fee to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319 by November 1 of the year in which you commence the study of law in an ABA-accredited law school. If the registration is not filed by the November 1 deadline listed above, it must be on file before any bar application will be processed and must be accompanied by a late filing fee of.
- 4) **REGISTRATION FEE:** Each registrant must remit a fee of \$25 in the form of a check or money order payable to the Board of Law Examiners. See Iowa Ct. R. 31.2. If the registrant does not file the law student registration by the November 1 registration deadline above, but does file one by July 1 immediately preceding the February examination or by December 1 immediately preceding the July examination, the registrant must pay a fee of \$75. If the registrant does not file the registration within the above deadlines, but does file one by November 1 immediately preceding the February examination or by April 1 immediately preceding the July examination, the registrant must pay a fee of \$150. Registration fees are not refundable.
- 5) **REGISTRATION STATUS:** No receipt is sent to confirm arrival of your registration. For documentation, you may choose a delivery system which offers tracking and requires a signature for delivery. You may also file your application personally in the Office of Professional Regulation, Monday through Friday, during business hours of 8:00 a.m. to 4:30 p.m. You will only be contacted about your registration if further information is required.

THE LAW STUDENT REGISTRATION IS NOT DEEMED AN APPLICATION FOR PERMISSION TO TAKE THE IOWA BAR EXAMINATION. Persons intending to take the Iowa Bar Examination must file an application to take the examination and pay the application fee. The bar application must be on file no later than April 1 preceding the July examination or November 1 preceding the February examination. There will be no exceptions to these deadlines. Each applicant must also have on file with the Office of Professional Regulation, no later than April 1 preceding the July examination or November 1 preceding the February examination, a score report from the Multistate Professional Responsibility Examination administered by the National Conference of Bar Examiners. Applicants must receive a scaled score of at least 80 or above on the MPRE to be admitted to practice law in Iowa. MPRE scores shall only be accepted for three years after the date the MPRE is taken. It is the responsibility of the applicant to ensure that the score report from the National Conference of Bar Examiners is sent to the Office of Professional Regulation within the specified time. See Iowa Ct. R. 31.3.

~ DO NOT INCLUDE THESE PAGES WITH YOUR REGISTRATION ~

14. _____ **OTHER NAMES:** Have you ever used or been known by any name other than that given above (because of marriage, formal name change, etc.)?
Yes/No

If YES, list in full each other name used, the dates you used it, and the reason you used it. If your name was formally changed (in a judicial or naturalization proceeding), **ATTACH** a copy of the name change order or marriage certificate.

15. **MARITAL STATUS:** Married Single

If you are married, give the date of your marriage, the place of the marriage, and the name of your spouse.

16. **REFERENCES:** Give the names and mailing addresses of three persons, who know you well but are not related to you, who will attest to your good moral character. **ATTACH signed** letters from these persons to your registration form.

NAME	MAILING ADDRESS	EMAIL ADDRESS

Continued on Next Page

18. EDUCATION:

A. List all law schools you have ever attended whether or not you received any credit. Begin with the law school you are currently attending.

LAW SCHOOL	DATES ATTENDED	CREDIT/DEGREE RECEIVED OR TO BE RECEIVED	DATE OF DEGREE (MONTH/YEAR)

B. _____ Is the law school you are currently attending, or attended, fully accredited by the American Bar Association?
 Yes/No

C. List all colleges and universities you have ever attended (other than the law schools listed above) whether or not you received any credit.

COLLEGE OR UNIVERSITY	MAILING ADDRESS	DATES ATTENDED	CREDIT/DEGREE

D. List all high schools you have ever attended whether or not you received a diploma.

HIGH SCHOOL	MAILING ADDRESS	DATES ATTENDED	DIPLOMA RECEIVED

NOTE: IF YOU NEED ADDITIONAL SPACE, ATTACH PAGES TO THE END OF THIS DOCUMENT.

20. _____ **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** Have you ever been a party to any judicial or administrative proceedings? (This does NOT include criminal or bankruptcy proceedings).
 Yes/No

If **YES**, list every proceeding to which you are or have ever been a party. Specify if you were **Plaintiff, Petitioner, Complainant, Defendant or Respondent**. For each proceeding **ATTACH** the petition, answer, and any dispository orders.

DATE OF FILING	COURT OR AGENCY AND LOCATION	TITLE OF CASE
CASE NUMBER	TYPE OF PROCEEDING	DESCRIPTION OF THE LAWSUIT INCLUDING YOUR ROLE AND THE DISPOSITION

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21. _____ **BANKRUPTCY:** Have you ever been a party to a bankruptcy proceeding?
 Yes/No

If **YES**, list every bankruptcy proceeding to which you are or have ever been a party, including any currently pending. For each proceeding **ATTACH** the petition and the discharge order. If you need additional space, attach pages.

DATE OF FILING	COURT AND LOCATION	TITLE OF CASE
CASE NUMBER	DISPOSITION	

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SECTION B: CONFIDENTIAL

22. **SOCIAL SECURITY NUMBER:** _____ - _____ - _____

Providing your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, providing it assists in expediting the character review process. Your social security number will be used for purposes of investigation and verification, so as to avoid errors of identity which might introduce problems and delays into the certification and licensure process.

23. _____ **DISABILITY STATUS:** A. Do you have any disability for which you are requesting
Yes/No reasonable testing accommodations?

If **YES**, please describe in detail and include current documentation from a doctor, psychologist, psychiatrist, or other appropriate medical professional certifying the disability and what accommodation you are requesting.

_____ B. Have you previously received accommodations for your disability on
Yes/No standardized tests or during college or law school?

If **YES**, please list any accommodations you were given and the entity that approved the accommodations.

24. _____ **CHILD SUPPORT/ALIMONY:** A. Have you ever been required to make child
Yes/No support or alimony payments?

_____ B. Have you ever been more than 30 days past due in the payment of any child support
Yes/No obligation or alimony (spousal maintenance) obligation?

If **YES**, what is the status of your compliance with the child support or alimony order? What is the name and last known mailing address of your former spouse(s)? If you answer yes to any of the above questions, **LIST DETAILS**, giving names and addresses, amounts, dates, and the reason for nonpayment.

25. _____ **UNSATISFIED JUDGMENTS:** Are there any unsatisfied judgments against you?
Yes/No

If **YES**, list details, giving names and addresses of creditors, amounts, dates, and the nature of debts or judgments, and the reason for nonpayment.

26. **MISCONDUCT:** Have you ever been formally or informally investigated, reprimanded, disciplined, discharged, or asked to resign by an employer or educational institution for misconduct including:

- Yes No a. Acts of dishonesty, fraud, or deceit;
- Yes No b. Lying or misrepresentations on a resume or prior application or registration;
- Yes No c. Academic misconduct, such as cheating or plagiarism;
- Yes No d. Misconduct involving student activities;
- Yes No e. Theft;
- Yes No f. Excessive absences;
- Yes No g. Failure to complete assignments in a timely manner;
- Yes No h. Actions in disregard for health, safety, and welfare of others;
- Yes No i. Discrimination or harassment based upon sex, religion, age, disability, race, or national or ethnic origin;
- Yes No j. Neglect of financial responsibilities;
- Yes No k. Conduct related to the use of alcohol or any other drug in the last ten years?

If the answer to any of the above is **YES**, describe the specific facts of each occurrence, including date of the action, by whom taken, the name and address of the employment supervisor or academic advisor involved, if applicable, and any person involved in the investigation of your conduct. If you need additional space, please attach sheets to the end of this document.

27. **MILITARY SERVICE:**

_____ A. Are you now or have you ever been a member of the United States Armed
Yes/No Forces (including the reserve components and the National Guard)?

If **YES**, give the branch of service and the period of duty. If you are no longer active, you must provide a certificate of discharge. If you no longer have a copy of your discharge, you must have a new copy forwarded to the Office of Professional Regulation.

_____ B. As a member of the armed forces, have any charges ever been made or any
Yes/No/ N/A proceedings been instituted against you (court martial, Article 15, etc.)?

If **YES**, give complete details below (or on an **ATTACHED** sheet), including the date, the charge, the disposition of the matter, and the address and designation of the military establishment where the proceedings took place.

_____ C. Have you ever received a discharge other than an honorable discharge from the
Yes/No/ N/A armed forces?

If **YES**, give complete details below (or on an **ATTACHED** sheet), including the reason for discharge, and **ATTACH** a copy of the other-than-honorable discharge.

29. _____ **ILLEGAL DRUGS:** Are you currently, or have you been in the last three years,
Yes/No engaged in the illegal use of drugs?

If **YES**, give complete details below (or on an **ATTACHED** sheet).

"Illegal Use of Drugs" means the use of controlled substances obtained illegally as well as the use of controlled substances that are not obtained pursuant to a valid prescription or taken in the accordance with the directions of a licensed health care practitioner. "Currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition or impairment may have an ongoing impact.

You have a right to elect not to answer those portions of the above questions which inquire as to the illegal use of controlled substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of the Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination.

30. _____ **FRAUD:** Have you ever, under any circumstances not explained elsewhere on this
Yes/No form, been accused of fraud?

If **YES**, give complete details below (or on an **ATTACHED** sheet), including the dates.

Continued on next page.

31. _____ **CHARACTER:** A. Have you ever been prohibited from applying for, or applied for but
Yes/No been denied, a position, certificate, or license which required proof of good character?
- _____ B. Have you ever held a position, certificate, or license that required proof of good
Yes/No character, but you were removed from the position or had the certificate or license
suspended or revoked?

If you answered **YES** to **either** of the foregoing two questions, give complete details below (or on an **ATTACHED** sheet), including the date, the name and mailing address of the issuing agency, and the reasons for the action. If there was a suspension or revocation order, **ATTACH** a copy.

32. _____ **INCOME TAX RETURNS:** Have you filed federal and state income tax returns for all
Yes/No years when your income warranted such filings?

If your answer is **NO**, provide a complete explanation, including a list of the returns you failed to file and the reason they were not filed.

33. _____ **MISCELLANEOUS ISSUES:** If there is any information (event, incident,
Yes/No occurrence, etc.) that was not specifically addressed or asked of you in this
application that could be considered to reflect on your character or fitness to
practice law, you are required to provide a detailed explanation for each event,
incident, or occurrence. Given this requirement, do you have any additional
information to disclose?

SECTION C

STATE OF _____)
COUNTY OF _____)

Under penalty of perjury, I do hereby make the foregoing application. I have read the questions and have answered them completely and truthfully. I have not omitted any information that might have a bearing on my application.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20 ____.

(Notary Seal)

Notary Public for
State of _____

RELEASE

I, _____, authorize the Iowa Board of Law Examiners and their agents or representatives to acquire from any source, any information they may request concerning my professional, academic, and character qualifications, which information may include without limitation, confidential reports, files, records, documents, and transcripts of any type of civil, criminal, disciplinary or administrative action or proceeding.

I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to receive a copy of any character report submitted on me or to know its contents.

I also authorize and request every person, firm, company, corporation, governmental agency, court, bar association, law enforcement agency, medical facility or other institution having control of any documents, records, and other information pertaining to me, to furnish to the Iowa Board of Law Examiners or their agents or representatives, any such information, including documents, records, medical files, and bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data.

I further authorize the National Conference of Bar Examiners or any other reporting agency to submit to the Iowa Board of Law Examiners its character report on me, and I fully understand and agree that I shall not have access to said report or to any other confidential reports and other information, except as the Supreme Court of Iowa or the Iowa Board of Law Examiners shall permit.

I hereby release, discharge, and exonerate the Iowa Board of Law Examiners, the Office of Professional Regulation of the Supreme Court of Iowa and its employees, the National Conference of Bar Examiners, all other bar associations or other bar admissions authorities, and any other persons furnishing information, and their agents, members, and representatives, from any and all liability of every nature and kind, in connection with the investigation into my background, the furnishing or inspection of files, documents, records, and reports relating to my character and other qualifications for admission to the Iowa State Bar and the submission of a character report on me.

I acknowledge that I have read and am aware of the contents of the relevant Statutes of the Iowa Code, the Iowa Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

Signature

STATE OF _____)
COUNTY OF _____) SS:

_____, being first duly sworn, deposes and states: I am the person above named. The above signature was written by my own hand. My answers to the foregoing questions are full, true, and correct to the best of my knowledge and belief.

Signature of Applicant

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