



**OFFICE OF PROFESSIONAL REGULATION
OF THE SUPREME COURT
APPLICATION FOR THE IOWA BAR EXAMINATION**

INSTRUCTIONS

READ BEFORE YOU BEGIN THIS FORM

- 1) **PLEASE NOTE: SIGNIFICANT CHANGES HAVE BEEN MADE TO THE BAR APPLICATION. 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 application on your computer in order to work at your own pace. Before you begin completing the application, 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 APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Reader, you will not be able to save the application with entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. Once you fill out the application, 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, you may print this document and fill it out by hand.
- 3) **FILING THE APPLICATION:** 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 application and the required fee to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319 no later than April 1 preceding the July examination or November 1 preceding the February examination. An applicant who fails the Iowa bar examination and wants to take the next examination must file a new application within 30 days of the date the applicant's score is posted in the Office of Professional Regulation. There will be no exceptions to these deadlines. A new application must be filed and a new fee must be paid for each examination. See Iowa Ct. R. 31.5.
- 4) **EXAMINATION FEE:** Each applicant must remit a fee in the form of a check or money order made payable to the Board of Law Examiners. The fee, if not previously admitted to the bar of another state or the District of Columbia, is \$550. The fee, if previously admitted, is \$800. See Iowa Ct. R. 31.6. The fee is not refundable and cannot under any circumstances be applied to a subsequent application.
- 5) **NON-LAW ENFORCEMENT RECORD CHECK REQUEST:** All applicants are required to fill out the Non-Law Enforcement Record Check Request. Complete the box entitled "Request" and SIGN THE DOCUMENT AT THE BOTTOM TO COMPLETE THE WAIVER PORTION OF THE FORM.
- 6) **UPDATING THE APPLICATION:** If any changes occur after the application is filed that affect the applicant's answers, the applicant must promptly amend the application by a letter or email to the Office of Professional Regulation.
- 7) **DATES OF EXAMINATIONS:** Written examinations for admission to the bar shall be held in Polk County, Iowa, beginning on the Monday preceding the last Wednesday in July, and on the Monday preceding the last Wednesday in February. See Iowa Ct. R. 31.3. Specific dates and locations are posted on the Supreme Court's website, www.iowacourts.gov.

- 8) **INTENT TO PRACTICE LAW:** Only those applicants who can demonstrate a bona fide intention to practice law in Iowa or another UBE jurisdiction are permitted to take the Iowa bar examination. See Iowa Ct. R. 31.7. Documented proof of intent to practice law in Iowa or another UBE jurisdiction is required and will be investigated. See attached Affidavit of Intent to Practice Law in Iowa or another UBE jurisdiction.
- 9) **LAW DEGREE:** No applicant will be permitted to take the examination without proof that he or she has received the degree of LL.B. or J.D. from a reputable law school fully accredited by the American Bar Association. A student in such a school who expects to receive the degree within 45 days after the first day of the February or July examination will be permitted to take the examination upon the filing of an affidavit of the dean of the school stating that he or she expects the student to receive the degree within the specified time. See Iowa Ct. R. 31.8. If the applicant fails to obtain the degree within the 45-day period, the results of the applicant's examination shall be null and void.
- 10) **MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE):** Each applicant must 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 MPRE administered by the National Conference of Bar Examiners. Applicants must receive a scaled score of at least 80 on the MPRE to be admitted to practice law in Iowa. MPRE scores will 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.
- 11) **MULTISTATE BAR EXAMINATION (MBE):** Iowa no longer permits applicants to use a transferred or banked MBE score. All applicants must take the entire examination.
- 12) **LAPTOP OPTION:** Applicants must indicate their intent to take the examination on a laptop computer on their bar application. The signed Laptop Enrollment & Release form must accompany your application form to qualify. Thereafter, instructions on how to register will be emailed to you. If your Enrollment & Release form is not received by the application deadline, you will be required to hand-write your exam.
- 13) **APPLICATION STATUS:** No receipt is sent to confirm arrival of your application package. For documentation, you may choose a delivery system which offers tracking and requires a signature for delivery. You may also file your application in person at the Office of Professional Regulation, 8:00 a.m. to 4:30 p.m. business days. You will be contacted in writing if further information is required. Letters advising applicants as to whether they are accepted to sit for the exam are scheduled to go out about one month prior to the exam. These letters include the dates, times, location, and rules of conduct for the Iowa bar exam.
- 14) **CHECKLIST:** The checklist below is included for personal use only. Please utilize this tool to ensure that all required components are on file so that your application can be processed. Do not include the checklist with your application.

~ DO NOT INCLUDE THESE PAGES WITH YOUR APPLICATION ~

BAR APPLICATION CHECKLIST

Please utilize this checklist to ensure all components of your application are complete. This checklist is for your use only and should not accompany your completed application.

- COMPLETE THE BAR APPLICATION.**
 - Complete each and every question included with the application, giving a detailed answer when necessary. Do not leave questions blank.
 - If there is not enough space for any answer, complete your answer on a separate sheet of paper and reference the question number.

- LAW STUDENT REGISTRATION ON FILE (UNLESS YOU ARE ADMITTED IN ANOTHER JURISDICTION) BY THE DEADLINE FOR THIS APPLICATION.**

- ENCLOSE THE FEE.**
 - This fee is non-refundable and non-transferable
 - \$550 if not previously admitted to the bar of another state or the District of Columbia
 - \$800 if previously admitted to another state or the District of Columbia
 - Check or money order should be payable to the “Iowa Board of Law Examiners”

- ENCLOSE COMPLETED FINGERPRINT CARD**
 - If you do not have access to a fingerprint card, one may be requested by emailing Bar.Admissions@iowacourts.gov and providing your name and address

- DEAN’S AFFIDAVIT**

- LAPTOP OPTION**
 - Decide whether you would like to use the laptop option for completing the essay portions of the exam. If you would like to use the laptop option, check the box on Question 26 and complete and sign the required Authorization and Release form. Payment will be made directly to ILG Technologies once the laptop registration period opens.

- IF YOU PLAN TO TRANSFER A UBE SCORE FROM ANOTHER JURISDICTION, PLEASE COMPLETE THE UBE APPLICATION WHICH MAY BE FOUND AT:**
[HTTP://WWW.IOWACOURTS.GOV/FOR ATTORNEYS/BAR INFORMATION ADMISSIONS/ADMISSION BY TRANSFERRED UBE SCORE/](http://www.iowacourts.gov/for_attorneys/bar_information_admissions/admission_by_transferred_ube_score/)
 - You may not submit the score yourself. The score must be received directly from the National Conference of Bar Examiners. Check the National Conference of Bar Examiners website at www.ncbex.org for information on how to request and send your score directly to our office.
 - The UBE score must either be from a UBE administered within two years immediately preceding the transfer application filing date or it will be accepted up to five years after the UBE administration if you have been regularly engaged in the practice of law for at least two of the last three years immediately preceding the transfer application filing date.
 - The transfer application must be accompanied by a \$900 filing fee.
 - Do not file both a UBE transfer application and a bar application.

- ENSURE THAT YOUR MPRE SCORE OF AT LEAST 80 IS ON FILE WITH THE OFFICE OF PROFESSIONAL REGULATION.**
 - You may not submit the score yourself. The score must be received from the National Conference of Bar Examiners. Check www.ncbex.org for information on how to send an MPRE score directly to our office.
 - If you do not have a passing MPRE score by the application deadline, you must submit a petition with your application requesting the Iowa Supreme Court to grant you leave to submit a late MPRE score. There is no sample form for this document. The petition should detail your future plans to fulfill the MPRE requirement.
 - MPRE scores will only be accepted for three years after the date the MPRE is taken.
- IF YOU ARE LICENSED IN ANOTHER STATE, INCLUDE A CERTIFICATE OF GOOD STANDING FROM THAT JURISDICTION**
- COMPLETE THE CRIMINAL HISTORY RECORD CHECK REQUEST FORM BY COMPLETING ALL THE INFORMATION IN THE SHADED AND ENSURING THAT YOU SIGN THE DOCUMENT WHERE IT SAYS “WAIVER SIGNATURE.”**
- AFFIDAVIT OF INTENT TO PRACTICE LAW IN IOWA OR ANOTHER UBE JURISDICTION**
- THREE SIGNED RELEASES**
 - Make sure each of the releases are both signed and notarized
- ENSURE APPLICATION AND THREE RELEASES ARE SIGNED, DATED, AND NOTARIZED WHERE REQUIRED**
- IF YOU ARE REQUESTING TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT, SUBMIT REQUIRED FORMS WITHIN THE APPLICATION DEADLINE**
 - These forms can be found on the court’s website at http://www.iowacourts.gov/Professional_Regulation/Bar_Admission_Practice_Rules/Bar_Exam_Schedule_Fees_Applications/
- IF YOU ARE REQUESTING TESTING ACCOMMODATIONS BASED UPON A CONDITION NOT COVERED BY THE AMERICANS WITH DISABILITIES ACT, INCLUDING BUT NOT LIMITED TO BREAST-PUMPING, PREGNANCY, OR THE NEED TO ACCESS MEDICATION AT THE EXAM SITE, PLEASE CONTACT OUR OFFICE AS SOON AS THE NEED FOR ACCOMMODATIONS BECOMES APPARENT. THE BOARD OF LAW EXAMINERS WILL ADDRESS SUCH REQUESTS ON AN INDIVIDUALIZED BASIS AND MAY REQUIRE MEDICAL DOCUMENTATION. THE BOARD WILL ENSURE BREAST-PUMPING APPLICANTS CAN BRING NECESSARY EQUIPMENT TO THE EXAM SITE AND ARE ABLE TO EXPRESS MILK IN A SANITARY AND PRIVATE SETTING WITH ACCESS TO ELECTRICAL OUTLETS.**
- KEEP A COPY OF THIS COMPLETED APPLICATION FOR FUTURE REFERENCE**
- MAIL OR HAND-DELIVER THE COMPLETED APPLICATION TO:**
 - Office of Professional Regulation
Judicial Branch Building, Second Floor
1111 East Court Avenue
Des Moines, IA 50319

~ DO NOT INCLUDE THE CHECKLIST WITH YOUR APPLICATION ~

OFFICE OF PROFESSIONAL REGULATION

APPLICATION FOR THE IOWA BAR EXAMINATION

The contents of this application will be public information subject to the limitations of Iowa Code section 602.10141.

This application MUST be on file with the Office of Professional Regulation or postmarked no later than April 1 preceding the July examination or November 1 preceding the February examination. There will be NO exceptions to this requirement. See Iowa Ct. R. 31.5.

Type all information on the online form or handwrite the information on a printed form. If any answer exceeds the space on the form, you may add a separate page as an attachment. Do not change the page breaks included in the document. Staple all attachments to the back of the form. File completed form with the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319. Enclose the examination fee as a check or money order made payable to Board of Law Examiners. This fee is not refundable. All applicants MUST review the INSTRUCTIONS at the beginning of this form.

SECTION A

1. **I AM APPLYING TO TAKE THE IOWA BAR EXAMINATION THAT WILL BE GIVEN IN:**

_____ (Mo/Yr)

2. **FULL NAME:** _____
Last First Middle

3. **NAME AS IT SHOULD APPEAR ON CERTIFICATE OF ADMISSION TO THE IOWA BAR:**

4. **NCBE NUMBER (enter 8 digits):** N _____

NOTE: If you have not already done so, go to www.ncbex.org/ncbe-number to request an NCBE Number. This is NOT optional. Your unique NCBE Number will be used for identification purposes when you take the Multistate Bar Examination and the Multistate Professional Responsibility Examination and may be used as an identifier for other bar-admission-related purposes.

5. **MAILING ADDRESS:** _____
Street Address or P.O. Box Number

City State Zip Code County

6. **RESIDENCE ADDRESS:** _____
Street Address

City State Zip Code County

How long have you lived at this address? Since ___ / ___ (Mo/Yr)

7. **TELEPHONE NUMBER:** _____
Residence Work Cell

8. **EMAIL ADDRESS:** _____

9. **DRIVER'S LICENSE:** _____
State Number

10. **BIRTH DATE:** _____ (MM/DD/YYYY) **AGE:** _____

11. **BIRTHPLACE:** _____ (City/State)

12. **CITIZENSHIP:** _____ (Of which country are you a citizen?)

13. **PARENT'S NAME:** _____

14. **PARENT'S RESIDENCE ADDRESS:** _____ (City/State)

How long has this parent lived at this address? Since ___ / ___ (Mo/Yr)

15. **PARENT'S NAME:** _____

16. **PARENT'S RESIDENCE ADDRESS:** _____ (City/State)

How long has this parent lived at this address? Since ___ / ___ (Mo/Yr)

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

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.

18. **PREVIOUS RESIDENCE ADDRESSES:** List in chronological order every residence address you have had since age 18 other than your current one. Give the dates you lived at each address, paying careful attention not to include any gaps in time.

From MO/YR to MO/YR	STREET AND NUMBER	CITY AND STATE

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

19. **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.

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20. **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.

21. **EMPLOYMENT OTHER THAN PRACTICE OF LAW:** List all full-time and part-time permanent and temporary employment, self-employment, internships, and associations with businesses and professionals you have had since age 18. Exclude the practice of law, but include employment as a law clerk, etc. DO NOT attach a resume.

NOTE: DO NOT INCLUDE ANY GAPS. ALL TIME PERIODS MUST BE ACCOUNTED FOR. SPECIFY ANY TIME PERIOD OF UNEMPLOYMENT AND INCLUDE A REASON FOR THIS UNEMPLOYMENT (E.G. "IN SCHOOL").

FROM (MO/YR) TO (MO/YR)	EMPLOYER'S NAME & MAILING ADDRESS	NATURE OF BUSINESS	POSITION	REASON FOR LEAVING

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

22. _____ **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** Have you ever been a party to any judicial or administrative proceedings? (This does NOT include criminal and 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 dispositive orders. If you need additional space, attach pages.

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

DATE OF FILING	COURT OR AGENCY AND LOCATION	TITLE OF CASE
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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

23. _____ **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.

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

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

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

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

24. **MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE):**

_____ A. Have you passed the MPRE administered by the National Conference of Bar
Yes/No Examiners with a scaled score of at least 80?

_____ B. If **YES**, have you filed the results with the Office of Professional Regulation pursuant
Yes/No to Iowa Ct. R. 31.3?

Provide the date of test ____ / ____ (Mo/Yr) and scaled score _____.

C. If **NO**, give the date you plan to take the MPRE. ____ / ____ (Mo/Yr)

NOTE: If you plan to take the MPRE after the deadline for filing this application, you must:

a. **ATTACH** a petition requesting the Court's permission to submit your score late.

b. **INCLUDE** an explanation of why it is necessary to submit a late MPRE score.

THIS IS A REQUIREMENT TO TAKE THE IOWA BAR EXAM. MPRE scores shall only be accepted for three years after the date the MPRE is taken. See Iowa Ct. R. 31.3.

25. **LAW STUDENT REGISTRATION:**

_____ Have you filed a law student registration as required by Iowa Ct. R. 31.2?

Yes/No

If **YES**, give the approximate date of filing. ____ / ____ (Mo/Yr)

NOTE: If you are an attorney licensed in another jurisdiction by the deadline for filing this application, you do not need to file a law student registration.

26. **LAPTOP OPTION:** The Board of Law Examiners offers the option to use your laptop computer to write your answers to the Multistate Essay Examination and Multistate Performance Test questions. The laptop option uses the ILG Exam360® program. The fee for utilizing this option is separate from this application.

_____ Do you choose to take the MEE and MPT on a laptop computer?

Yes/No

If **YES**, complete and sign the Enrollment/Release form and include it with this application. Once enrolled, instructions on how to register your computer with ILG Technologies will be emailed to you when laptop registration opens.

27. _____ **FINGERPRINT CARD:** The required fingerprint card is included with this
Yes/No application.

28. _____ **DEAN'S AFFIDAVIT:** I have provided my law school with the required dean's
Yes/No affidavit to be completed in order to fulfill the Court's requirements.

The dean's affidavit: is included with this application.
(Check one)

will be forwarded promptly by my law school.

SECTION B

29. _____ **ADMISSION TO PRACTICE:** Are you admitted to practice in another jurisdiction?
Yes/No

IF **YES**, COMPLETE THIS SECTION. IF **NO**, CONTINUE TO QUESTION 34.

30. **ADMISSION TO PRACTICE:** List all jurisdictions, state and federal, in which you have been admitted to practice and give the date of admission to each.

JURISDICTION	DATE OF ADMISSION (MO/YR)

31. **CERTIFICATE OF GOOD STANDING:** Applicants admitted in other jurisdictions **MUST** submit from each state a current certificate of good standing. Normally the Clerk of Supreme Court in the admitting jurisdiction can provide this. Certificates must be on file no later than 60 days prior to the examination.

_____ I have requested a certificate of good standing from jurisdictions in which I am admitted.
Yes/No

32. _____ **PRACTICE OF LAW:** Have you been employed in the practice of law?
Yes/No

If **YES**, list each period of employment in the practice of law since you were first admitted to practice in any jurisdiction, including temporary and part-time work.

FROM MO/YR TO MO/YR	FIRM NAME AND MAILING ADDRESS	PARTNERS, ASSOCIATES OR PERSONS SHARING OFFICE SPACE AND MAILING ADDRESS
NATURE OF PRACTICE/EXTENT OF DUTIES		REASON FOR LEAVING

CONTINUED ON NEXT PAGE

FROM MO/YR TO MO/YR	FIRM NAME AND MAILING ADDRESS	PARTNERS, ASSOCIATES OR PERSONS SHARING OFFICE SPACE AND MAILING ADDRESS
NATURE OF PRACTICE/EXTENT OF DUTIES		REASON FOR LEAVING

FROM MO/YR TO MO/YR	FIRM NAME AND MAILING ADDRESS	PARTNERS, ASSOCIATES OR PERSONS SHARING OFFICE SPACE AND MAILING ADDRESS
NATURE OF PRACTICE/EXTENT OF DUTIES		REASON FOR LEAVING

FROM MO/YR TO MO/YR	FIRM NAME AND MAILING ADDRESS	PARTNERS, ASSOCIATES OR PERSONS SHARING OFFICE SPACE AND MAILING ADDRESS
NATURE OF PRACTICE/EXTENT OF DUTIES		REASON FOR LEAVING

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

33. **LEGAL REFERENCES:** Give the names and mailing addresses of three attorneys and two clients who know you well, but are not listed elsewhere on this form. If you do not have clients, list an additional two attorneys or individuals who are not related to you who can attest to your moral character.

NAME AND WHETHER ATTORNEY OR CLIENT	MAILING ADDRESS

SECTION C: CONFIDENTIAL

34. **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.

35. _____ **DISABILITY STATUS:** Do you have any disability for which you are requesting
Yes/No reasonable testing accommodations under the Americans with Disabilities Act?

If **YES**, you will need to file an **ELIGIBILITY QUESTIONNAIRE FOR REASONABLE ACCOMMODATIONS** (Form A) and any other required disability forms with the Office of Professional Regulation within the bar application deadline. These forms can be found on the Supreme Court's website at:

[http://www.iowacourts.gov/For Attorneys/Bar Information Admissions/Bar Exam Schedule Fees Applications/](http://www.iowacourts.gov/For_Attorneys/Bar_Information_Admissions/Bar_Exam_Schedule_Fees_Applications/)

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

_____ 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.

37. _____ **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.

38. **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, national or ethnic origin, sexual orientation or gender identity;
- 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.

39. **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, 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.

40. _____ **CRIMINAL PROCEEDINGS:** Have you ever been arrested, cited for, or charged with a crime or a delinquent act, **INCLUDING ANY TRAFFIC VIOLATIONS**, but excluding parking tickets?
 Yes/No

If **YES**, provide a complete and detailed explanation of each occurrence. Include in the chart below the date of the arrest or charge, the arresting agency, the nature of the charge, the name and location of the court, and the disposition. **Do NOT attach your DMV driving record or a print-out from the Court's website**, but you should consult those sources in completing this application.

NOTE: You must disclose **EVERY** occurrence even if the charge was dismissed, the judgment was deferred, or the record was sealed or expunged, etc.

DATE	ARRESTING AGENCY	CHARGE	NAME AND LOCATION OF THE COURT	DISPOSITION

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

41. _____ **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 which 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.

42. _____ **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.

43. _____ **CONDUCT AND BEHAVIOR:** Within the past five years, have you exhibited any Yes/No conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

If **YES**, furnish a thorough explanation below, including relevant dates.

44. _____ **CONDITIONS OR IMPAIRMENTS:** Do you currently have any condition or impairment that in any way affects your ability to practice law in a competent, ethical, and professional manner?
Yes/No

If **YES**, set forth the specifics, including dates, the name and the address of treating physician or mental health counselor.

"Condition or impairment" means any physiological, mental, or psychological condition, impairment or disorder, including drug addiction and alcoholism.

"Currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

"Ability to Practice Law" is to be construed to include the following:

- a. The cognitive capacity to undertake fundamental lawyering skills such as problem solving, legal analysis and reasoning, legal research, factual investigation, organization and management of legal work, making appropriate reasoned legal judgments, and recognizing and resolving ethical dilemmas, for example.
- b. The ability to communicate legal judgments and legal information to clients, other attorneys, judicial and regulatory authorities with or without the use of aids or devices; and
- c. The capability to perform legal tasks in a timely manner.

The Board understands that mental health counseling or treatment is a normal part of many persons' lives and such counseling or treatment does not of itself disqualify an applicant from the practice of law. Furthermore, the Board does not wish to pry into the private affairs of applicants. However, the Board is obligated by the Supreme Court of Iowa's rules governing admission to the Bar to determine whether an applicant is physically and mentally fit to practice law, and therefore, must inquire into such matters to the extent necessary to make such determination. The Board is not seeking disclosure of counseling or treatment for a traumatic or upsetting event such as death, break-up of a relationship, or a personal assault, even if such event does affect the applicant's ability to practice law for a limited time.

45. _____ **CONDITIONS OR IMPAIRMENTS:** Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure
- Yes/No

If **YES**, set forth the specifics, including dates, the name and the address of entity before which the issue was raised, the nature of the proceeding, and the disposition, if any.

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

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.

47. **PREVIOUS APPLICATIONS FOR ADMISSION TO THE BAR:**

_____ A. Have you ever before applied for admission to the bar or for permission to take the
Yes/No bar examination in Iowa?

_____ B. Have you ever before applied for admission to the bar or for permission to take the
Yes/No bar in any other state or jurisdiction?

If **YES to either of the above**, give the date of each application, the state or jurisdiction to which applied, and the disposition of the application, including the dates and results of any bar examination taken. All applications must be listed, even if the application was withdrawn prior to the disposition.

DATE OF APPLICATION	STATE OR JURISDICTION TO WHICH APPLIED	DISPOSITION, INCLUDING DATES AND RESULTS OF ANY BAR APPLICATION TAKEN

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

49. _____ **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 D: CONFIDENTIAL

50. LEGAL DISCIPLINE:

_____ Have you ever been disbarred, suspended from practice, reprimanded,
Yes/No/ N/A censured, or otherwise disciplined?

_____ Have any complaints or charges, formal or informal, including any now pending,
Yes/No/ N/A ever been made or proceedings instituted against you?

_____ Have you ever appeared, formally or informally, before a grievance or other
Yes/No/ N/A similar committee of any bar association or other law group?

If you answered **YES** to any of the foregoing three questions, give full details, including the date of the charge, the nature of the charge, the facts, the disposition of the matter and the name and mailing address of the person in possession of the records thereof.

51. REFERENCES: Give the names, mailing addresses, and email addresses of five individuals who know you well, are not listed elsewhere on this form, and are not related to you who can attest to your moral character.

NAME	MAILING ADDRESS	EMAIL ADDRESS

SECTION E

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. I understand that if any changes occur after the application is filed which affect my answers, I must amend my application by a letter to the Office of Professional Regulation.

Applicant's Signature

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

(Notary Seal)

Notary Public for
State of _____

SECTION F: OPTIONAL



ENROLLMENT & RELEASE

Iowa Essay Exam

Laptop Option

I am filing an application to take the Iowa Bar Exam and wish to complete the essay portion of the exam on my laptop computer.

I submit this Enrollment & Release with the understanding that the use of electronic technology in completing my essay answers carries with it some risks, such as power failure, computer failure, etc. As described in the attached Acknowledgement, I recognize those risks and understand that in the event of such developments, I will be obligated to hand write my answers to the questions. No additional time will be granted for delays, malfunctions, or transition to handwriting. I will hold harmless the Iowa Supreme Court, the Office of Professional Regulation, the Board of Law Examiners, ILG Technologies, LLC, and/or the venue operators of the examination site for any computer malfunctions, regardless of the reason.

DATE OF BAR EXAM FOR WHICH YOU ARE APPLYING (MO/YR): _____ / _____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL ADDRESS: _____

All information required to go forward with laptop registration will be emailed to you when registration opens.

**Iowa Bar Exam Laptop Option Acknowledgement
(Relief of Responsibility Statement)**

I, _____, hereby acknowledge that I intend to exercise my option to answer the written portions of the Iowa bar examination using my own personal laptop computer. I understand that a fee is payable with a credit card when I register with ILG Technologies. The fee is nonrefundable, and is in addition to my bar exam application fee. I agree that it is my sole responsibility to correctly preinstall the ILG Exam360® software from ILG Technologies, LLC to be used during the administration of the written portions of the bar examination. Additionally, I understand that in order to be permitted to use my computer, I must register and certify software downloads with ILG Technologies, and demonstrate that I have experience with both the laptop computer and the ILG Exam360® software that I will be using for the bar examination before examination day. I will accept the use of ILG Exam360® under the provisions of the ILG Technologies license and agree to be bound by its terms and conditions.

I have been notified, understand and accept the fact that no additional time will be given to me due to any unforeseen complications such as, but not limited to, power failure, lost data, and/or other technical problems, etc., that may be associated with using a computer. I have been notified, understand, and accept that the Iowa Supreme Court, Office of Professional Regulation, the Board of Law Examiners, its staff and ILG Technologies, will not assume responsibility for technical difficulties that may be incurred when using a laptop computer during the bar examination. I also understand that in the event there is a malfunction with the computer or software, for any reason, I agree to begin and/or continue the examination by writing my answers in the answer books provided. I understand that once I start handwriting the answers, I cannot return to my laptop for any reason.

Additionally, I understand and accept the fact that in the rare event portions of my answers become lost and unrecoverable, I will not hold the Board or its agents liable. Such data loss may result from, but is not limited to, power failure, technical problems, software incompatibilities, operator errors, etc. If I experience data saving and/or retrieval problems, I will immediately and continually assist the staff in every way, including presenting, at the exam site or by mail, my laptop computer to the staff or their designated representative in attempts to retrieve my answer data. I understand that in the event any or all of my answers are lost or unrecoverable, only those portions that are able to be retrieved will be graded. If I am unsuccessful on the bar examination, I understand that I cannot request, nor will I receive any reconsideration or modification of my grades for failure of my laptop to perform as desired.

I understand that I am required to report to the laptop testing area each session no later than 15 minutes prior to the start of testing, to set up my personal laptop computer at my assigned seat and begin the boot up procedures for the ILG Exam360® software. I will follow the instructions provided. I understand that if I have any technical difficulties or malfunctions I will immediately notify a proctor who will provide me with paper answer books for me to complete the bar

examination by handwriting. I understand that if the ILG Exam360® software is not fully functional when the session's announcements begin, I will be required to handwrite my answers. Additionally, I understand that if I am late for any reason, I may be disqualified from using my laptop computer for this examination and that, if disqualified, will be required to handwrite my answers in the answer books provided, while taking the examination in my assigned seat in the laptop room.

I understand that ALL of my answers must be uploaded to ILG Technology's secure web server by 11:00 p.m. on Wednesday of exam week. Failure to upload my answer files by that time will result in the disqualification of my answers, and I will be required to apply for a subsequent bar examination.

I understand that the Office of Professional Regulation has the final authority to determine my eligibility for the laptop option. The decision of the Office of Professional Regulation is final.

I hereby release, discharge, and exonerate the Board, its agents, representatives and/or any affiliate thereof from any and all liabilities of every nature and kind arising out of the option to use my own personal laptop computer for the written portions of the bar examination. I understand that no technical assistance will be provided in the event of a computer or software problem.

AFFIDAVIT OF INTENT TO PRACTICE LAW IN IOWA

(Must be completed by ALL applicants)

STATE OF _____)
COUNTY OF _____)

The undersigned, being first duly sworn on oath, does hereby depose and state that it is my intention, in the event I successfully pass the Iowa State Bar examination, to practice law in the State of Iowa. For the information of the Board, the following is a statement of my intentions in this regard:

(Set out facts that will sustain establishment of intent to practice law in Iowa. Specific facts and details are required rather than mere conclusions. Attach additional statement if necessary.)

Persons who can verify my intentions are:

NAME	MAILING ADDRESS	SHORT EXPLANATION AS TO WHY THEY ARE QUALIFIED TO VERIFY YOUR INTENT

I agree to furnish such further information as may be required by the Iowa Board of Law Examiners to complete its investigation.

I understand that if the Board of Law Examiners permits me to take the bar examination, I will not be sworn in as a lawyer or admitted to practice as a lawyer in Iowa until after I have demonstrated my intent to practice law in Iowa. For the latter purpose, I hereby designate the Clerk of the Supreme Court as my agent for service of process in Iowa for all purposes.

Type Name Here

Applicant's Signature

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

(Notary Seal)

Notary Public for
State of _____

RELEASE

I, _____, authorize the Board of Law Examiners and its 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 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 National Conference of Bar Examiners, all other bar associations 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 Supreme Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

Signature

STATE OF _____)
)
COUNTY OF _____)

I, _____, 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

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

(Notary Seal)

Notary Public for
the State of _____

RELEASE

I, _____, authorize the Board of Law Examiners and its 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.

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Signature

STATE OF _____)
)
COUNTY OF _____)

I, _____, 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

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

(Notary Seal)

Notary Public for
the State of _____

RELEASE

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I hereby release, discharge, and exonerate the Iowa Board of Law Examiners, the National Conference of Bar Examiners, all other bar associations 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 Supreme Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

Signature

STATE OF _____)
COUNTY OF _____)

I, _____, 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

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

(Notary Seal)

Notary Public for
the State of _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: Office of Professional Regulation
(if applicable)

To: Iowa Division of Criminal Investigation
 Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: Office of Professional Regulation
 Judicial Branch Building
 1111 E. Court Avenue
 Des Moines, IA 50319

Phone: 515.348.4670

Fax: 515.348.4698

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

AFFIDAVIT OF THE DEAN OF _____ (Name of Law School)

This affidavit attests to important matters about a bar applicant's legal education and character and fitness to practice law. Court rule 31.8 requires that an applicant must have graduated with a degree of J.D./L.L.B from a law school approved by the American Bar Association. In this affidavit, the dean will certify that the applicant has received his degree or will receive it within 45 days of the examination, and will attest to character and fitness matters. We ask that the dean consult all law school files related to the applicant when filling out this form so that we obtain a comprehensive understanding of the applicant's character. If the dean cannot yet attest to matters relating to applicant's degree but possesses matters that reflect adversely on character and fitness the dean should file the character information now and supplement later with information regarding the applicant's degree completion.

I, _____, pursuant to the provision of Court Rules for Admission to the Iowa Bar, being first duly sworn do depose and state:

(1) That I am the duly appointed and acting Dean of the Law School.

(2) That _____ (Applicant Name) actually, and in good faith, pursued and successfully completed the regular _____-year course and received the Degree of J.D./L.L.B. from said Law School on the ____ day of _____, _____.

- OR -

That _____ (Applicant Name) is expected to successfully complete the regular _____-year course to receive the Degree of J.D./L.L.B. from said Law School on the ____ day of _____, _____.

(3) That on the date the Degree was conferred, said Law School was fully approved by the Council of Legal Education of the American Bar Association.

(4) That the responses to the following questions attached to this affidavit concerning the Applicant's character and fitness to practice law are true and correct based on my review of all Law School files concerning this applicant or my firsthand knowledge. For all questions that I have answered in the affirmative, I have provided an explanation, including the outcome or resolution of any charge or investigation, in the space provided at the end of each section, or on a separate attached sheet.

I. LAW SCHOOL	YES	NO	DON'T KNOW
1. Has the applicant been disciplined, placed on probation, suspended, or expelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the applicant's record indicate a lack of integrity or trustworthiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have there been accusations of cheating against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant made groundless accusations against professors, staff or other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were misrepresentations found in the applicant's law school application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LEGAL MATTERS	YES	NO	DON'T KNOW
1. Has the applicant been arrested for or charged with a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant been involved in lawsuits or other legal proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the applicant delinquent on court-ordered financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Has the applicant ever abused the legal process?

- | III. PERSONAL AFFAIRS | YES | NO | DON'T
KNOW |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did the applicant have a name change? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there an unaccounted-for interval in the applicant's history? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there evidence of conduct indicating a lack of mental, emotional, and/or behavioral stability that would interfere with his/her ability to practice law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant have a record of illegal drug use or conduct indicative of alcohol abuse that would interfere with his/her ability to practice law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-
-
-

- | IV. ADMISSION TO THE BAR | YES | NO | DON'T
KNOW |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has the applicant been denied admission to the bar by any other state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant demonstrated conduct that, if the applicant were a lawyer, would be in violation of your jurisdiction's ethical rules governing lawyers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-
-
-

	YES	NO	DON'T KNOW
Do you have any other information that would adversely reflect on the character and fitness of the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any member of your faculty or staff, or any student, who you believe could provide relevant information that adversely reflects on the applicant's character or fitness? If "yes," please provide the person's name, title, if any, and a current mailing address, telephone number, and email address.

	YES	NO	DON'T KNOW
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dean's signature: _____ Date: _____

Subscribed and sworn before me on this ____ day of _____, 20__.

(Notarization or school seal required)

County: _____ State: _____