

# OFFICE OF PROFESSIONAL REGULATION OF THE SUPREME COURT APPLICATION FOR REGISTRATION AS IOWA HOUSE COUNSEL

[To be filed by Domestic Lawyers only – Foreign Lawyers must file the foreign-licensed attorney application with the National Conference of Bar Examiners (NCBE). The link to the NCBE application may be found here: <a href="http://www.ncbex.org/character-and-fitness/jurisdiction/ia">http://www.ncbex.org/character-and-fitness/jurisdiction/ia</a>]

# INSTRUCTIONS READ BEFORE YOU BEGIN THIS FORM

- 1) 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.
- 2) 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 to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319
- **3) FEE**: Prior to filing this application, each applicant must remit a nonrefundable application fee of eight hundred dollars (\$800) via the lowa Court Commissions website, which will accept a credit card or e-check. The site can be found here: <a href="https://www.iacourtcommissions.org/ords/f?p=106:129">www.iacourtcommissions.org/ords/f?p=106:129</a> See lowa Ct. R. 31.16(2)(c).

~ DO NOT INCLUDE THIS PAGE WITH YOUR APPLICATION ~

### HOUSE COUNSEL 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.
Enclose completed house counsel application
Documents proving admission to practice law and current good standing in all jurisdictions in which the lawyer is admitted to practice law
Pay the nonrefundable \$800 fee online and include a printed copy of the payment confirmation page with your application. Fee is paid at <a href="https://www.iacourtcommissions.org/ords/f?p=106:129">www.iacourtcommissions.org/ords/f?p=106:129</a>
A Certificate from the disciplinary authority of each jurisdiction of admission stating that the lawyer has not been suspended, disbarred, or disciplined and that no charges of professional misconduct are pending; or that identifies any suspensions, disbarments, or other disciplinary sanctions that have been imposed upon the lawyer, and any pending charges, complaints, or grievances
An affidavit from an officer, director, or general counsel of the employing entity attesting to the guidelines as stated in lowa Ct. R. $31.16(2)(g)$
An affidavit from the applicant attesting to the guidelines as stated in Iowa Ct. R. $31.16(2)(h)$
Keep a copy of this completed application for future reference
<ul> <li>Mail or Hand-deliver the completed application to:</li> <li>Office of Professional Regulation         Judicial Branch Building         1111 East Court Avenue         Des Moines, IA 50319</li> </ul>

~ DO NOT INCLUDE THE CHECKLIST WITH YOUR APPLICATION ~

# OFFICE OF PROFESSIONAL REGULATION APPLICATION FOR REGISTRATION OF HOUSE COUNSEL

The contents of Sections A and B of the application will be public information subject to the limitations of Iowa Code section 602.10141.

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. Submit all attachments with this form. File completed form with the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319. Enclose the application fee payment confirmation page; payment can be made by credit card or e-check at <a href="https://www.iacourtcommissions.org/ords/f?p=106:129">www.iacourtcommissions.org/ords/f?p=106:129</a>. This fee is not refundable. All applicants MUST review the INSTRUCTIONS at the beginning of this form.

	SECTION	ON A	
FULL NAME:	 Last	First	Middle
	LD APPEAR ON CERTII		RATION:
IAILING ADDRESS	: Street Address or P.O.	Box Number	
City	State	Zip Code	
CONTACT TELEPH	ONE NUMBER:		
CONTACT EMAIL A	ADDRESS:		
EMPLOYER NAME:	·		
	10 ADDDE00		
EMPLOYER <b>MAILIN</b>	Street A	ddress or P.O. Box N	lumber

#### SECTION B—REQUIRED DOCUMENTS AND APPLICATIONS

8.

JURISDICTION	DATE OF ADMISSION (MO/YR)
<b>`</b>	<b>j</b> :
	cants <b>MUST</b> submit an affidavit from an officer, directong entity attesting to the items contained within lowa Con.
PERSONAL AFFIDAVIT: Application contained within Iowa Ct. R. 31.1 My affidavit:  is included with this application.	
Court Commission website. Payr	oplication the fee payment confirmation page from the low ment can be made by credit card or e-check at s/f?p=106:129. This fee is not refundable.
www.iacourtcommissions.org/ord	<u> </u>

## 13. 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. 14. OTHER EMAIL ADDRESS: 15. DATE OF BIRTH: 16. DRIVER'S LICENSE: State Number 17. **RESIDENCE ADDRESS:** Street Address or P.O. Box Number City State Zip Code FRAUD: Have you ever, under any circumstances not explained elsewhere on this 18. Yes/No form, been accused of fraud? If YES, give complete details below (or on an **ATTACHED** sheet), including the dates.

**SECTION C: CONFIDENTIAL** 

#### 19. **LEGAL DISCIPLINE**:

Yes/No/ N/A	censured, or otherwise disciplined?
Yes/No/ N/A	Have any complaints or charges, formal or informal, including any now pending, ever been made or proceedings instituted against you?
Yes/No/ N/A	Have you ever appeared, formally or informally, before a grievance or other similar committee of any bar association or other law group?
the charge, the	<b>YES</b> to any of the foregoing three questions, give full details, including the date of nature of the charge, the facts, the disposition of the matter and the name and of the person in possession of the records thereof.

20Yes/I	O CRIMINAL PROCEEDINGS: Have you ever been arrested, cited for, or charged with a Yes/No felony criminal offense or a delinquent act that would have been a felony if committed by an adult?					
If <b>YES</b> , provide a complete and detailed explanation of each occurrence. Use an attached she necessary. Include in the chart below the date of the arrest or charge, the arresting agency, nature of the charge, the name and location of the court, and the disposition.						
<b>NOTE:</b> You must disclose <b>EVERY</b> occurrence even if the charge was dismissed, you pled guilty to a lesser offense, the judgment was deferred, or the record was sealed or expunged, etc.						
DATE	ARRESTING AGENCY	CHARGE	NAME AND LOCATION OF THE COURT	DISPOSITION		

SECTION D			
STATE OF			
and have answered them completely and to bearing on my application. I understand to affect my answers, I must amend my app understand that this is a continuing obligat	by make the foregoing application. I have read the questions ruthfully. I have not omitted any information that might have a that if any changes occur after the application is filed which lication in writing to the Office of Professional Regulation. I tion throughout the pendency of my application, and that any ements, or any failure to update promptly any aspect of this plication and other disciplinary sanctions.		
I certify the following (please initial)	:		
I have read and understand the the scope of my authority as region	he provisions contained within Iowa Court Rule 31.16 related istered house counsel.		
	eation to inform the Office of Professional Regulation in writing er listed in this application terminates.		
<ul> <li>when any of the following occur:</li> <li>My employment with the em</li> <li>I am suspended or disbarred any court or agency before well</li> </ul>	and privileges under rule 31.16 will automatically terminate ployer listed in this application terminates. If from practice in any jurisdiction, United States or freeing, or which I am admitted, or status in at least one non-lowa jurisdiction, United States or		
I agree to furnish such further info Regulation to complete its investigation.	ormation as may be required by the Office of Professional		
I hereby designate the Clerk of the Sall purposes.	Supreme Court as my agent for service of process in Iowa for		
	Applicant's Signature		
Sworn to and subscribed before me this _	day of, 20		
(Notary Seal)	Notary Public for		

State of \_\_\_\_\_

	RELEASE
representatives to acquire from any source, academic, and character qualifications, which it	authorize the Office of Professional Regulation and its agents or any information they may request concerning my professional, nformation may include without limitation, confidential reports, files, of civil, criminal, disciplinary, or administrative action or proceeding.
	y be required in reference to my past record. I understand that I will by of any character report submitted on me or to know its contents.
law enforcement agency, medical facility, or oth information pertaining to me, to furnish to the C any such information, including documents, red	company, corporation, governmental agency, court, bar association, ner institution having control of any documents, records, and other office of Professional Regulation or their agents or representatives, cords, medical files, and bar association files regarding charges or , pending or closed, or any other pertinent data.
Professional Regulation its character report on	Bar Examiners, or other reporting agency, to submit to the Office of me, and I fully understand and agree that I shall not have access to and other information, except as the Supreme Court of Iowa or the
Examiners, all other bar associations and any or representatives, from any and all liability of exbackground, the furnishing or inspection of files	Office of Professional Regulation, the National Conference of Bar ther persons furnishing information, and their agents, members, and very nature and kind, in connection with the investigation into my documents, records, and reports relating to my character and other Bar and the submission of a character report on me.
	e of the contents of the relevant Statutes of the Iowa Code, the a Bar, and the Iowa Rules of Professional Conduct.
	Signature
STATE OF	)
COUNTY OF	) )
	ing first duly sworn, deposes and states: I am the person above by own hand. My answers to the foregoing questions are full, true, elief.
	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)

Suppo 215 E Des M (515)	Iowa Division of Criminal Investigation Support Operations Bureau, 1 <sup>st</sup> Floor 215 E. 7 <sup>th</sup> 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			ding e
	ting an Iowa Criminal History				T	
Last Name	mandatory)	First Name (mandatory)			Middle Name (re	ecommended)
Date of Birth (mandatory)		Gender (mandatory)			Social Security I	Number (recommended)
		□ <sub>Male</sub>	☐Female			
releasable, pobtain a wai  Waiver Rele (DCI). Any crir	rmation: Without a signed waiter Code of Iowa, Chapter 692 ever signature from the subject ase: I hereby give permission for the abninal history data concerning me that is a waiver Signature:	2.2. For complete criminate of the request.  ove requesting official to conduct maintained by the DCI may be re-	al history re	cord i	ory record check with the	lowed by law, always
	Iowa Criminal His	tory Record Cl	neck Re	sult	t <u>s</u>	(DCI use only)
As of	As of, a search of the provided name and date of birth revealed:					
	No Iowa Criminal History R	ecord found with DCI				
	Iowa Criminal History Reco	rd attached, DCI #				
	DCI	initials				