OFFICE OF PROFESSIONAL REGULATION
OF THE SUPREME COURT
APPLICATION FOR THE IOWA BAR ADMISSION BY TRANSFERRED UBE SCORE

INSTRUCTIONS

READ BEFORE YOU BEGIN THIS FORM

1) PLEASE NOTE: SIGNIFICANT CHANGES HAVE BEEN MADE TO THE THIS 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

4) APPLICATION 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 is $900. *See* Iowa Ct. R. 31.4(1)(*b*). 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 to the Office of Professional Regulation.

7) LAW DEGREE: No applicant will be eligible for admission by transferred UBE score 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. *See* Iowa Ct. R. 31.4(1)(*d*).

8) MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE): Each applicant must have on file with the Office of Professional Regulation a score report from the MPRE administered by the National Conference of Bar Examiners. Applicants must receive a scaled scored of at least 80 on the MPRE to be admitted to practice law in Iowa. *See* Iowa Ct. R. 31.4(1)(*e*). 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.

9) 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.

10) 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 ~

CHECKLIST FOR ADMISSION BY TRANSFERRED UBE SCORE

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 UBE TRANSFER 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.

☐ **ENCLOSE THE FEE.**

- The $900 fee is non-refundable and non-transferable
- 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**

☐ **Ensure that your UBE score of 266 or above is transferred to the Office of Professional Regulation by the National Conference of Bar Examiners.**

- 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.

☐ **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 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."**

☐ **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**

☐ **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 ADMISSION BY TRANSFERRED UBE SCORE

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. 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 application 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 SEEKING TO TRANSFER A UBE SCALED SCORE OF AT LEAST 266 FROM ANOTHER UBE JURISDICTION.**

   UBE score you expect to have transmitted: _____

   Administering Jurisdiction: _____

   Date taken: _____ (Mo/Yr)

   - NOTE: 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 score must be requested by the applicant and certified directly to our office from the National Conference of Bar Examiners. If you are seeking to transfer a UBE score more than two years old, attach a sheet detailing your regular practice of law.

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

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

   _____

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

_____ _____ _____ _____
City State Zip Code County

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

5. **CONTACT TELEPHONE NUMBER:** _____

6. **CONTACT EMAIL ADDRESS:** _____

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

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

The dean's affidavit: (Check one)

☐ is included with this application.

☐ will be forwarded promptly by my law school.

SECTION B

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

IF **YES**, COMPLETE THIS SECTION. IF **NO**, CONTINUE TO QUESTION 13.

10. **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)

11. **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.

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

12. _____ **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.

SECTION C: CONFIDENTIAL

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. **NCBE NUMBER:** 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.

15. **OTHER EMAIL ADDRESS:** _____

16. **OTHER TELEPHONE NUMBER:** _____

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

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

_____ _____ _____ _____
City State Zip Code County

19. **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.

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

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

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

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

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

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

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

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

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

27. _____ **Yes/No** **OTHER NAMES:** Have you ever used or been known by any name other than that 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.

28. **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.

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

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.

CONTINUED ON NEXT PAGE:

30. **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 in chronological order. 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)	EMPLOYERS NAME & MAILING ADDRESS	NATURE OF BUSINESS	POSITION	REASON FOR LEAVING

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

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

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. 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**

32. _____ **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.

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

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

_____ Yes/No B. If **YES**, have you filed the results with the Office of Professional Regulation, as required?

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

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

_____ Yes/No Have you ever been more than 30 days past due in the payment of any child support 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.

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

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

36. **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.

37. **MILITARY SERVICE:**

_____ Yes/No A. Are you now or have you ever been a member of the United States Armed 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.

_____ Yes/No/ N/A B. As a member of the armed forces, have any charges ever been made or any 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.

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

38. _____ Yes/No **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?

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.

39. _____ Yes/No **ILLEGAL DRUGS**: Are you currently, or have you been in the last three years, 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.

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

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

41. _____ Yes/No **CONDITIONS OR IMPAIRMENTS**: Do you have any condition or impairment that currently impairs your ability to practice law?

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.

"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.

42. _____ Yes/No **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?

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.

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

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

If **YES**, please provide all information required in the table below. 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

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

45. _____ Yes/No **MISCELLANEOUS ISSUES**: If there is any information (event, incident, 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

46. **LEGAL DISCIPLINE:**

_____ Yes/No/ N/A — Have you ever been disbarred, suspended from practice, reprimanded, 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?

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.

47. **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 _____

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, depose and state: 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.

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, depose and state: 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.

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.

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STATE OF _____)
)
COUNTY OF _____)

I, _____, being first duly sworn, depose and state: 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: **515.281.8430**

Fax: **515.725.8032**

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)
	☐ **Male** ☐ **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_____

DCI-77 (Approved 08/25/10; updated 05/31/13; reviewed 08/13/14)

AFFIDAVIT OF THE DEAN OF _____

(Name of Law School)

This affidavit attests to important matters about the applicant's legal education and character and fitness to practice law. Court rule 31.4(1)(*d*) 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 application date, 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 _____, _____.

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.

(3) 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?	☐	☐	☐
2. Does the applicant's record indicate a lack of integrity or trustworthiness?	☐	☐	☐
3. Have there been accusations of cheating against the applicant?	☐	☐	☐
4. Has the applicant made groundless accusations against professors, staff or other students?	☐	☐	☐
5. Were misrepresentations found in the applicant's law school application?	☐	☐	☐

_____

_____

_____

II. LEGAL MATTERS	YES	NO	DON'T KNOW
1. Has the applicant been arrested for or charged with a criminal offense?	☐	☐	☐
2. Has the applicant been involved in lawsuits or other legal proceedings?	☐	☐	☐
3. Is the applicant delinquent on court-ordered financial obligations?	☐	☐	☐
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?	☐	☐	☐
2. Is there an unaccounted-for interval in the applicant's history?	☐	☐	☐
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?	☐	☐	☐
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?	☐	☐	☐

_____

_____

_____

IV. ADMISSION TO THE BAR	YES	NO	DON'T KNOW
1. Has the applicant been denied admission to the bar by any other state?	☐	☐	☐
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?	☐	☐	☐

_____

_____

_____

	YES	NO	DON'T KNOW
Do you have any other information that would adversely reflect on the character and fitness of the applicant?	☐	☐	☐
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.	☐	☐	☐

_____

_____

_____

_____

Dean's signature: _____ Date: _____

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

(Notarization or school seal required) _____

County: _____ State: _____