

STATE OF NEW JERSEY
BOARD OF BAR EXAMINERS
Appointed by the Supreme Court of New Jersey

DARRYL W. SIMPKINS, CHAIR
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MARK NEARY
SECRETARY

SUSANNE K. JOHNSON
ASSISTANT SECRETARY

PO Box 973
TRENTON, NEW JERSEY 08625-0973
Tel: (609) 984-2111 Fax: (609) 984-6859

JULY 28 and 29, 2010 Bar Examination

NOTICE TO APPLICANTS: PLEASE DOWNLOAD AND PRINT THE ENTIRE BAR EXAMINATION APPLICATION DOCUMENT (27 pages of instructions and forms). YOU MUST PRINT THE FORMS ON ONE SIDE OF EACH PAGE ONLY. The forms that must be completed and returned directly to the Board of Bar Examiners include the following:

- 1. Application**
- 2. Authorization and Release (2 copies with original signatures)**
- 3. Certified Statement of Candidate (for Committee on Character)
(original and one copy)**

The deadline for filing a timely application is **April 1, 2010** (postmark/hand deliver date). If you file after that date there will be late fees applied (see fee scale on page 2). The **final** date for filing is May 15, 2010 (postmark/hand deliver date). You **must** submit an original and copy of your certified statement, including attachments.

LAPTOP PROGRAM FOR JULY 2010 EXAMINATION:

Information for registering for the laptop program will be available on the Board of Bar Examiners' website in May. **Candidates interested MUST check the website in May for additional information.**

TESTING ACCOMMODATIONS:

Requests for testing accommodations pursuant to the ADA must be made by separate application. Two copies of the testing accommodations application, along with the appropriate supporting documentation, must be postmarked/hand delivered no later than **May 15, 2010**. **Even if you are requesting computer use for your accommodation, you must register for the laptop program.**

INSTRUCTIONS FOR COMPLETING AND SUBMITTING FORMS

- APPLICATION FORM 1-A:** The address you provide will be used for your site assignment for the examination and is part of the criteria to determine where you must be fingerprinted. Repeat address changes will not be accepted. You **MUST** take the MBE during this administration of the exam. If you are **NOT** taking the MBE in New Jersey, it is important to let us know where you will be taking the MBE. You **MUST** request a score transfer if you are not sitting in NJ. See instructions on page 3. If you are admitted in another state, you must provide a Certificate of Good Standing and certificate of ethical conduct (disciplinary history). (These items may be sent in after your application is filed.) Your application must be notarized.
- AUTHORIZATION AND RELEASE FORMS:** Please complete both forms and have them notarized.
- DRIVER'S ABSTRACTS:** You must submit an **original** complete record of your driving history, which is maintained by the division of motor vehicles in the state or jurisdiction (including foreign jurisdictions) in which you hold (or have held) a driver's license **in the last seven years**. Any on-line abstracts that are submitted **MUST** be obtained from the motor vehicle agency of the respective state or jurisdiction; no third-party abstracts will be accepted. You must request a **COMPLETE** abstract. Three-year (abbreviated) abstracts are not accepted.
NEW JERSEY LICENSED DRIVERS: <http://www.nj.gov/mvc/online/driverhistory.shtml>
NEW YORK LICENSED DRIVERS: <http://www.nydmv.state.ny.us/index.htm>
PENNSYLVANIA LICENSED DRIVERS: <http://www.dmv.state.pa.us/>
- FINGERPRINTING:** All candidates must be fingerprinted so that we may perform a Criminal history search. Criminal history searches are required every two years. Detailed instructions will be included in your acknowledgment packet. Please do not send any documents until you have read the instructions.
- CERTIFIED STATEMENT:** **You must complete a Certified Statement and file the original and a copy with all supporting documents attached with your application.** If you do not have the additional items required, such as drivers' abstracts, Certificates of Good Standing, copies of court documents, etc., do not miss your deadline for filing your application. Send the Certified Statement, along with the rest of your application to our office with a letter indicating that the missing items will follow. File these documents as soon as possible to avoid a delay in certification by the Committee on Character. **You are required to amend your certified statement within 30 days of any change in information provided until date of admission.**

Application Postmarked/Hand delivered Date	Fees
February 1 to April 1, 2010	\$475
April 2 to April 12, 2010	\$525
April 13 to April 23, 2010	\$575
April 24 to May 4, 2010	\$625
May 5 to May 15, 2010	\$675

Once you have completed all parts of the application (**keep a copy**), attach a **non-refundable** cashier's check or money order in the proper amount (**no personal checks or cash**) made payable to the Secretary, Board of Bar Examiners. Paperclip your cashier's check or money order to the top of your original application. A complete second set of your Character Statement, along with attachments, must be submitted with the original application. **Applications received without a fee or the character statement attached will be returned as incomplete. Applications received with an incorrect fee attached will be returned as incomplete and not considered received for filing at that time.** You will be responsible for any applicable late filing fees upon re-submission. You should send your application in a way to receive proof of delivery. Please send all parts of the application to:

Overnight Delivery via DHL, FedEx, UPS, etc.:
Board of Bar Examiners
Justice Complex
25 West Market St., 8th Fl, North Wing
Trenton, NJ 08611

Certified/First Class/Express/Priority Mail via United States Postal Service:
Board of Bar Examiners
PO Box 973
Trenton, NJ 08625-0973

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Application Information Checklist

The following items must be filed in order to complete your application:

First submission to the Board of Bar Examiners **must** include:

- Application – signed and notarized
- Authorization and Release – two originals signed and notarized
- Certified Statement – completed and signed (original and one copy)
- Fee – See fee schedule for appropriate fee and acceptable forms of payment

Applications submitted without any of the above will be returned as incomplete.

Once the above items are received, you will be sent an acknowledgment packet. If you have not received your acknowledgment packet within three weeks of the filing of your application, please call 609-984-2111. The acknowledgment packet will contain information on completing your application.

Items needed to complete your application (must be filed by July 1):

- Law School Certificate (this form is included in the acknowledgment packet)
- Proof of satisfaction of professional responsibility requirement (this may be satisfied by receiving a “C” or better in a course in law school devoted to professional ethics or by achieving a minimum score of 75 on the MPRE score. An official score report from the MPRE will be required)
- Original Driver’s Abstract(s)
- Fingerprinting (instructions are included in acknowledgment packet)
- MBE score transfer (if applicable)

Candidates admitted to the practice of law in other jurisdictions must submit the following to complete their applications:

- Certificate(s) of Good Standing from each jurisdiction ever admitted
- Letter(s) of Ethical Conduct (disciplinary history) from each jurisdiction ever admitted

MBE SCORE TRANSFER INSTRUCTIONS
SITTING FOR THE BAR EXAMINATION IN NEW JERSEY AND IN ANOTHER STATE

If you plan on sitting for the July 2010 bar examination in New Jersey while taking the MBE in another state, you must make arrangements for the transfer of your MBE score *NO LATER THAN* July 1, 2010. Please note that you **MUST** take the MBE during this administration of the exam. New Jersey does **NOT** accept transfers from previous exams.

NOTE: Pennsylvania and New York handle their own transfers. You must contact their offices for information on how to transfer your MBE scores to New Jersey.

If you are taking the MBE in a State other than New York or Pennsylvania, please check the website of the National Conference of Bar Examiners to see if the State in which you are taking the MBE is listed. If it is, arrange for the score transfer. If the jurisdiction is not listed, contact that jurisdiction directly for transfer instructions. [The National Conference of Bar Examiners' website address is:

http://www.ncbex.org/fileadmin/mediafiles/downloads/Test_PDFs/MBE_PDFs/MBE_SCOREREQUESTINFO.pdf

Applicants are responsible for arranging with the sending state for the timely transfer of their MBE score to New Jersey. This must be done **PRIOR TO THE EXAMINATION!** Your results will be held if your MBE score is not received in a timely manner.

APPLICATION FOR THE JULY 2010 BAR EXAMINATION

ATTACH YOUR CASHIER'S CHECK OR MONEY ORDER IN THE AMOUNT FOLLOWING THE FEE SCHEDULE PAYABLE TO SECRETARY, BOARD OF BAR EXAMINERS Form # DL1-A

I HEREBY APPLY FOR ADMISSION TO THE JULY 2010 ADMINISTRATION

I FIT THE FOLLOWING CATEGORY: (check only one)

- This is the first time I have ever filed a completed application with New Jersey.
- I have previously filed a completed application, but did not take the examination.
- I have previously sat for a bar examination in New Jersey. (If you sat for the February 2010 examination, DO NOT USE THIS APPLICATION.) Date of examination: _____

PERSONAL INFORMATION:

Name: Last	First	Middle
Birth Date: / /	Social Security #	Sex

ADDRESS: This is the address that we will use to **ASSIGN YOUR EXAMINATION SITE**, as well as for mailing of tickets and results.

Street: _____

City:	State:	Zip:
County:	Home Phone:	Business Phone:

E-Mail Address (use personal, not school, e-mail address) _____

LEGAL EDUCATION:

Law School:	NOTE: The law school must be approved by <i>American Bar Association</i> and must have a completed law school certificate filed with this office as soon as possible after graduation. The degree awarded <i>must</i> have been a Juris Doctor or Bachelor of Laws. A Master of Laws degree is not an acceptable substitute.
Graduation Date: / /	

MULTISTATE BAR EXAMINATION

If you are sitting in two states for this exam, please indicate in what state you will be sitting for the MBE: _____

Note: If you declared another State, NO SEAT WILL BE PROVIDED FOR YOU ON WEDNESDAY at a New Jersey test site.

- Yes, I understand that it is my responsibility to complete all forms and pay any applicable fee necessary to ensure that my MBE score is provided to the State where I will NOT BE PHYSICALLY taking the MBE. (Please see further instructions in the application.)

BAR ADMISSION IN OTHER STATE(S)

State(s):	NOTE: You must immediately file a certificate of good standing and certificate of ethical conduct from each jurisdiction to which you have ever been admitted.
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SATISFACTION OF NEW JERSEY'S ETHICS REQUIREMENTS

- I have taken a course in Law School devoted to professional ethics and received a grade of "C" or better.
- I have taken (or will take) the MPRE examination and achieved (or will achieve) the required scaled score of "75" or higher.

STATE OF _____)
 COUNTY OF _____)

I, _____ of full age, being duly sworn, on my oath, depose and say, that I am the applicant in the foregoing application and that the contents thereof are true. I further certify that my purpose for taking the New Jersey Bar Examination is for admission purposes only. I certify that I will not share the contents of the Multistate Bar Examination (MBE) with any individual, organization or agency.

SIGNATURE: _____

Sworn to and subscribed before me this

_____ day of _____

NOTARY PUBLIC OR ATTORNEY AT LAW

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AUTHORIZATION AND RELEASE #1

I, _____ born in _____, on _____, as part of my application to the Supreme Court of New Jersey for admission to the bar,
(Name) (City, State)
(Date of birth)

hereby authorize and request every person, official, firm, company, corporation, institution, educational institution, governmental agency, court, association or organization (collectively the "Authorized Persons") having control of any documents or records regarding any charges, grievances, or complaints filed against me, formal or informal, pending or closed, or any other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the New Jersey Board of Bar Examiners ("Board"), the New Jersey Committee on Character ("Committee"), or any of their representatives and to permit the Board, the Committee, or any of their representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center ("Center") and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, complete service records, records of disciplinary proceedings (whether non-judicial punishment or courts martial), records regarding the undersigned's release from the military service (including an undeleted copy of the undersigned's DD Form 214) and all health/medical records to the Board, the Committee, or any of their representatives.

I further authorize the Authorized Persons to answer any inquiries, questions or interrogatories concerning the undersigned that may be submitted to them by the Board, the Committee, or any of their representatives and to appear before the Board, the Committee, or any of their representatives and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to receive said information furnished to the Board, the Committee, or any of their representatives.

I hereby release, discharge, exculpate and exonerate the Board, the Committee, and their representatives, the Center, and all Authorized Persons that comply in good faith with the Authorization and Release made herein from any and all liability of every nature and kind growing out of or in any way pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Board, the Committee, or any of their representatives. A copy of this Authorization and Release shall be as authentic as the original.

I have read the foregoing document, and the answers are complete and are true of my own knowledge.

STATE OF _____)

) SS

COUNTY OF _____)

) _____

SIGNATURE OF APPLICANT

Subscribed and sworn before me this

_____ day of _____, _____.

NOTARY PUBLIC OR ATTORNEY-AT-LAW

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AUTHORIZATION AND RELEASE #2

I, _____ born in _____, on _____, as part of my application to the Supreme Court of New Jersey for admission to the bar,
(Name) (City, State)
(Date of birth)

hereby authorize and request every person, official, firm, company, corporation, institution, educational institution, governmental agency, court, association or organization (collectively the "Authorized Persons") having control of any documents or records regarding any charges, grievances, or complaints filed against me, formal or informal, pending or closed, or any other information pertaining to me or relevant to my character and fitness, to furnish the originals or copies of any such documents, records and other information to the New Jersey Board of Bar Examiners ("Board"), the New Jersey Committee on Character ("Committee"), or any of their representatives and to permit the Board, the Committee, or any of their representatives to inspect and make copies of any such documents, records or other information.

I also authorize the National Personnel Records Center ("Center") and any other agency in possession of military records regarding the undersigned to release any such records, including, but not limited to, complete service records, records of disciplinary proceedings (whether non-judicial punishment or courts martial), records regarding the undersigned's release from the military service (including an undeleted copy of the undersigned's DD Form 214) and all health/medical records to the Board, the Committee, or any of their representatives.

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I have read the foregoing document, and the answers are complete and are true of my own knowledge.

STATE OF _____)
) SS
COUNTY OF _____)
) _____
SIGNATURE OF APPLICANT

Subscribed and sworn before me this
_____ day of _____, _____.

NOTARY PUBLIC OR ATTORNEY-AT-LAW

STATE OF NEW JERSEY
COMMITTEE ON CHARACTER
Appointed by the Supreme Court of New Jersey

ROSEMARY J. BRUNO, STATEWIDE CHAIR
STUART D. GAVZY, CHAIR, PART I
G. GLENNON TROUBLEFIELD, CHAIR, PART II
ROBERT E. LYTLE, CHAIR, PART III
WALTER J. LACON, CHAIR, PART IV
CARMEN CORTES-SYKES, CHAIR, PART V
SUSAN H. CURCIO, CHAIR, PART VI



MARK NEARY
SECRETARY

SAHBRA SMOOK JACOBS
COUNSEL

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TRENTON, NEW JERSEY 08625-0973
TEL: (609) 984-2111 FAX: (609)984-6859

CERTIFIED STATEMENT OF CANDIDATE

INSTRUCTIONS

The Certified Statement of Candidate is to provide the Committee on Character with information relevant to your character and fitness to practice law. PROPER COMPLETION OF THE ATTACHED STATEMENT IS A PREREQUISITE TO YOUR ADMISSION TO THE BAR. Candor and truthfulness are significant elements of fitness. You must, therefore, provide the Committee with all available information, however unfavorable, even if you doubt its relevance. Disclosure must be as detailed as possible. Supporting documentation must be included. FAILURE TO DISCLOSE REQUESTED INFORMATION MAY RESULT IN CERTIFICATION BEING WITHHELD.

All questions must be answered. If a particular section is not applicable to you, put "N/A", "NO", or "NONE", as may be appropriate.

The requested information should be typed or printed clearly. Additional information should be attached at the end of the Statement and labeled clearly with the proper section number. Statements that are illegible or incomplete will be returned, and certification for admission will be delayed. An original, with attachments, and a copy of the Certified Statement with any attachments must be submitted

The Certified Statement of Candidate is confidential and is intended for use only at the direction of the Supreme Court.

Retain a copy of your completed statement for your files. You have a continuing obligation to supplement the information on this statement to keep it current and accurate until the date of your admission to the bar of New Jersey. Carefully review the certifications you sign on page 19.

The *Regulations Governing the Committee on Character* is available at www.njbarexams.org under "Downloads."

COMMITTEE ON CHARACTER
Appointed by the Supreme Court of New Jersey

MARK NEARY
SECRETARY

SAHBRA SMOOK JACOBS
COUNSEL

CATEGORY <input type="checkbox"/> FIRST EXAMINATION <input type="checkbox"/> RE-EXAMINATION
Date of Last Examination

CERTIFIED STATEMENT OF CANDIDATE

I. IDENTIFICATION				
A. NAME	Name:			
	Former names: Have you ever been known by any other name, including birth name or maiden name (other than a nickname such as "Bob" for "Robert")?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	If yes, provide details on a separate attachment, including all names used, places and times used, date changed, and the reason for the change. If changed by Court Order, include a copy of the papers.			
	Have you ever been known by or used more than one Social Security Number?			
<input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, provide details on a separate attachment.				
B. PRESENT DOMICILE	County:	Street:		
	City:	State:	Zip:	Date Established:
C. PRESENT MAILING ADDRESS	County:	Street:		
	City:	State:	Zip:	Date Established:
D. PRESENT PHONE NUMBER	Home:		Work:	
	Cell Phone Number:			
E. OTHER CONTACT INFORMATION	E-mail Address (use personal, not school, e-mail address):			
F. ALTERNATE ADDRESS AND PHONE NUMBER	<i>Address and phone number where you may be reached during the next six (6) months</i>	Address:	Phone Number:	
G. DATE OF BIRTH	Date of Birth:			
H. GENDER	Gender:			
I. BIRTHPLACE	City:	State :	Country:	

I. IDENTIFICATION (CONTINUED)

J. CITIZENSHIP	Citizenship (Check One)
	<input type="checkbox"/> UNITED STATES <input type="checkbox"/> OTHER _____
	If you are not a citizen of the United States, have you applied for naturalization? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, when do you expect to become a naturalized citizen? _____ If no, on a separate attachment, describe your immigration status and provide your alien registration number and a copy of your resident alien card. If you do not have an alien registration number or resident alien card, provide a copy of your U.S. Citizenship and Immigration Services (USCIS) issued documents.

II. ADDRESSES

	List each address at which you have resided in the past 10 years in chronological order, beginning with your most recent address. List <u>all</u> addresses, including college, law school, summer, and any other temporary residence. If you resided in school dormitory housing, you do not have to designate the specific dormitory. If you are unable to recall or obtain a specific address after having made a reasonable effort to do so, write "UNABLE TO RECALL." We will contact you if further information is required.			
	<input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL ADDRESSES IS ATTACHED.			
A.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):
B.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):
C.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):
D.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):
E.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):
F.	Street		City:	
	State:	Zip:	From (Month/Year):	To (Month/Year):

III. EDUCATION

	List each school attended even if no credit was granted or degree attained.		
	<input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL SCHOOLS IS ATTACHED.		
A. HIGH SCHOOL/ SECONDARY SCHOOL	1. Name:	City:	State:
	From:	To:	
	2. Name:	City:	State:
	From:	To:	
B. COLLEGE OR UNIVERSITY OTHER THAN LAW SCHOOL [Including all post high school/secondary school education and any time spent studying abroad (other than law school)].	1. Name	City:	State:
	From:	To:	
	Degree:	Date Awarded:	School:
	2. Name:	City:	State:
	From:	To:	
	Degree:	Date Awarded:	School:
C. LAW SCHOOLS	1. Name:	City:	State:
	From:	To:	
	Full Time/Part Time:	Degree:	Date Awarded:
	2. Name	City:	State:
	From:	To:	
	Full Time/Part Time:	Degree:	Date Awarded:
D.	Have you ever been placed on academic probation, suspended or expelled for academic reasons, or asked to resign or permitted to withdraw due to academic difficulties?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If yes, provide details on a separate attachment, and include documentation.		
E.	Have you ever been disciplined, reprimanded, suspended, placed on probation, expelled, asked to resign, or permitted to withdraw from any educational institution for other than academic reasons?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If yes, provide details on a separate attachment and include documentation.		

III. EDUCATION (CONTINUED)

F.	<p>Have you ever been the subject of a formal or informal disciplinary procedure, honor code charge, and/or student conduct code charge that was not disclosed above, regardless of the disposition of the charges?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment and include documentation.
G.	<p>Since entering college, have you ever been confronted by a professor, instructor, teacher, dean, or other member of the academic community concerning excessive absences, fluctuations in grades, or failure to complete assignments?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment and include documentation.
<p>If you answered "yes" to D, E, F, or G, contact your school and request that an official transcript of your grades be sent directly to the Board of Bar Examiners.</p>	

IV. EMPLOYMENT

	<p>List each employer for whom you now work or have worked in the past 10 years or, if you are under 28, since your 18th birthday. INCLUDE ALL TEMPORARY AND/OR PART-TIME WORK, INCLUDING INTERNSHIPS AND EXTERNSHIPS (WHETHER PAID OR UNPAID). If you are or have been self-employed, so indicate and describe in detail. Explain any gaps in employment greater than three (3) months, except for schooling. LIST CURRENT OR MOST RECENT EMPLOYER FIRST. If you are unable to recall or obtain a supervisor's name or a company address after having made a reasonable effort to do so, write "UNABLE TO RECALL." We will contact you if further information is required.</p> <p style="text-align: center;"><input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL EMPLOYERS IS ATTACHED.</p>			
A.	Company or Firm:			
	Number, Street:	City:	State:	Zip:
	Phone Number:	Position Held:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
	Supervisor's Name:	Supervisor's Title:	From (Month/Year):	To (Month/Year):
	Reason Employment Ended:			
B.	Company or Firm:			
	Number, Street:	City:	State:	Zip:
	Phone Number:	Position Held:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
	Supervisor's Name:	Supervisor's Title:	From (Month/Year):	To (Month/Year):
	Reason Employment Ended:			

IV. EMPLOYMENT (CONTINUED)

C.	Company or Firm:				
	Number, Street:		City:	State:	Zip:
	Phone Number:	Position Held:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
	Supervisor's Name:	Supervisor's Title:	From (Month/Year):	To (Month/Year):	
	Reason Employment Ended:				
D.	Have you ever been discharged from any employment or requested or permitted to resign in lieu of disciplinary action? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide details on a separate attachment and include documentation.				
E.	In connection with your employment, have you ever been subject to any formal or informal charges of improper behavior that had any part in your quitting, being permitted to resign, being discharged or resulting in a suspension, demotion or loss of pay? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide details on a separate attachment and include documentation.				
F.	Have you ever been confronted by an employer, supervisor, or colleague concerning excessive absences or lateness, lack of diligence, failure to maintain confidential material, or employment-related misconduct or deficiency? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide details on a separate attachment.				
G.	Have you ever applied for a position that required proof of good character and had that application denied for reasons involving your background or character, or in which you withdrew that application after questions about your character arose? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide details on a separate attachment and include documentation.				
H.	Have you ever applied for a position that required a pre-employment drug test and had that application denied because you failed the test? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide details on a separate attachment and include documentation.				
I.	Have you ever been involved in a business venture, including but not limited to corporations, partnerships, general associations or trusts, in which you have been an officer, director, trustee, or had a financial interest of over 10%? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>				
	If yes, provide the details on a separate attachment, including current position or association, or reason for termination, if applicable.				

V. ARMED FORCES SERVICES

A.	Have you served in any of the armed forces of the United States? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
B.	If yes, indicate the branch of service, dates of each period of active service, rank, serial number and your last commanding officer: _____ _____ _____ _____
C.	If yes, and separated from service, state nature of separation and type of discharge. Provide a copy of discharge or separation papers (DD form 214).
D.	If yes, were any courts martial, Article 15 proceedings, or administrative discharge proceedings lodged against you during your period of service? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, provide details on separate attachment, indicating charge, nature of proceedings and disposition.

VI. LICENSES

A. OTHER PROFESSIONAL/ OCCUPATIONAL LICENSES	Have you ever held, or do you currently hold, any professional, occupational, or business license in any jurisdiction, other than as an attorney at law ? [NOTE: Section XV (infra) pertains to Bar Admissions in Other Jurisdictions. That information should not be disclosed in this section.] <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>								
	If you currently hold such a license, provide a Certificate of Good Standing or other proof of current status to the Board of Bar Examiners, and fill in the following information. Attach additional pages as needed.								
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Date of Application</td> <td style="border: none; width: 40%;">License Applied For:</td> </tr> <tr> <td colspan="2" style="border: none;">Name and Address of Authority to Whom Addressed:</td> </tr> <tr> <td colspan="2" style="border: none;">License Number:</td> </tr> <tr> <td style="border: none;">Date of Examination, If Any:</td> <td style="border: none; text-align: center;"> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED </td> </tr> </table>	Date of Application	License Applied For:	Name and Address of Authority to Whom Addressed:		License Number:		Date of Examination, If Any:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
Date of Application	License Applied For:								
Name and Address of Authority to Whom Addressed:									
License Number:									
Date of Examination, If Any:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED								
	Have you ever voluntarily surrendered or been asked to surrender such a license? If so, state reasons for such surrender. _____ _____ _____								

VI. LICENSES (CONTINUED)

B.	<p>Have you ever been disciplined as a member of any licensed profession or occupation (except law), including, but not limited to, being suspended from practice, reprimanded, censured, disqualified, revoked, permitted to resign, admonished, sanctioned or removed, or have any complaints or charges, formal or informal, ever been made or filed or proceedings instituted against you in such capacity?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>If yes, provide all details on a separate attachment, as well as all relevant documents. State the dates, facts, exact charges, disposition of the matter and the name and complete address of the authority in possession of the records thereof. (NOTE: This section does <u>not</u> pertain to conduct in the legal profession – see Section XV.)</p>
C.	<p>Have you ever held a professional or occupational license (except law), that was <i>administratively</i> suspended or revoked (eg. for failure to pay required fees or failure to complete required courses)?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>If yes, provide all details on a separate attachment, as well as all relevant documents. State the dates, facts, disposition of the matter and the name and complete address of the authority in possession of the records thereof. (NOTE: This section does <u>not</u> pertain to conduct in the legal profession – see Section XV.)</p>
D.	<p>Have you ever filed an application for a professional, occupational, or business license or certificate that was denied, that was withdrawn by you after questions about your character or qualifications arose, or that otherwise was unfavorably acted on by the licensing authority?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>If yes, for each application, on a separate sheet of paper, state the nature of the application, the date it was denied, withdrawn, or otherwise unfavorably acted on, the name and complete address of the relevant authority, and all circumstances surrounding the denial, withdrawal or unfavorable action.</p>

VII. OFFICIAL POSITIONS AND PUBLIC OFFICES

A.	<p>Have you ever been appointed or elected to a federal, state, county, or municipal office or position? [NOTE: Do <u>not</u> list judicial law clerk positions in this section (as they should be listed under Section IV – Employment) or the fact that you are/were a notary public (which should be listed under Section VI – Licenses).]</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
	<p>If yes, state the following for each office or position held. Use an additional attachment, if necessary.</p>	
	Position or Office:	Dates of Term:
	Name and Address of Authority:	
B.	<p>Have you ever been dismissed, discharged, reprimanded, censured, requested or permitted to resign in lieu of disciplinary action or potential disciplinary action, removed from office or otherwise disciplined as a holder of an official position or public office?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
	<p>If yes, provide the details on a separate attachment, including the dates, the facts, the exact charges, the disposition of the matter and the name and address of the party in possession of the record.</p>	

VIII. LEGAL PROCEEDINGS

A.	<p>Have you ever been a named party (<i>eg.</i> plaintiff/defendant) in any civil proceeding, regardless of the age of the matter or whether the final disposition was a dismissal or a settlement? This includes, but is not limited to, negligence actions, unintentional torts, landlord/tenant matters, contract matters, or domestic relations matters, including divorce, custody, visitation, support, petitions for protection from abuse, restraining orders and/or peace orders. [NOTE: If you were the child in question in a custody proceeding, you were <u>not</u> considered a named party.]</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
B.	<p>Have you ever been charged with, taken into custody for, arrested for, indicted, tried for, pled guilty to, or convicted of, the violation of any law (other than a minor traffic violation) or been the subject of a juvenile delinquent or youthful offender proceeding? [NOTE: The entry of an expungement or sealing order does not relieve you of the duty to disclose the matter on this statement. You may indicate the existence of such an order in your explanation.]</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
C.	<p>Have you ever been charged with fraud, larceny, embezzlement, misappropriation of funds, misrepresentation, perjury, false swearing, conspiracy to conceal, or a similar offense in any legal proceeding, civil or criminal, or in bankruptcy, regardless of the age or the disposition of the charges? [NOTE: The entry of an expungement or sealing order does not relieve you of the duty to disclose the matter on this confidential statement. You may indicate the existence of such an order in your explanation.]</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
D.	<p>Have you ever been offered or granted immunity to testify in any grand jury proceeding, criminal action or criminal proceeding?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If yes, on a separate sheet of paper, state the place, the date, the name of each defendant, the nature of the action or the proceeding, the Prosecutor's Office, the Court and the circumstances.</p>
E.	<p>Has any business that you owned, managed or in which you actively participated in the control or management of ever been charged with fraud, larceny, embezzlement, misappropriation of funds, misrepresentation, conspiracy to conceal, or a similar offense in any legal proceeding, civil or criminal, or in bankruptcy?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
F.	<p>To your knowledge, have you or any business that you owned, managed, or actively participated in the control of ever been the subject of any investigation or inquiry by any Federal, State, Local, or administrative agency relating to the alleged violation of law, rule, regulation, or other legal standard?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

VIII. LEGAL PROCEEDINGS (CONTINUED)

G.	Are you presently on probation or parole? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, provide the name of the court, the name and address of the probation or parole officer, and the terms of the sentence.
If you answered "yes" to any question in Section VIII, state the nature of the proceeding and give full details, on a separate attachment, including narrative of facts, dates, charges, case numbers, name and location of court, if any, references to court records, facts and disposition. For each civil proceeding, provide a copy of the complaint, answer, and settlement document or judgment. For each criminal proceeding, provide narrative police reports, charging documents, judgment of conviction or certificate of disposition, and a pre-sentence report, if any. It is your responsibility to obtain and submit the appropriate records. If the appropriate records are not available or are no longer in existence (after having made a reasonable effort to obtain them), provide a letter on the agency's letterhead, stating that the records are not available or are no longer in existence. You must submit a full and detailed narrative in addition to the records provided.	
<input type="checkbox"/> CHECK HERE IF ADDITIONAL INFORMATION IS LISTED ON A SEPARATE SHEET OF PAPER.	

IX. INDEBTEDNESS

A.	In the past twelve (12) months, have you had any debts more than 90 days overdue? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, provide details on a separate attachment. Include information concerning the holder(s) of the debt(s), amount(s), overdue, loan or credit card numbers, and the action taken to remedy the situation.
B.	Are you now, or have you ever been, the subject of any court-ordered obligation to provide child support or alimony? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, are you in arrears in child support in an amount equal to or exceeding the amount of child support payable for six (6) months? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	Have you failed to comply with the health insurance provisions relating to an order for child support? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	Are you the subject of a child-support related warrant? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If you answered "yes" to any or all of the above sections of Paragraph B, provide the details on a separate attachment. Include information concerning the court order, case number, date and amount of arrearages, current status, and the action you have taken to remedy the arrearages. NOTE: If you are in violation of child-support obligations, as set forth in <u>RG</u> 202:6 of the Regulations of the Committee on Character, you are ineligible to receive a license to practice law in this State.
C.	Are you now, or have you ever been, in arrears on any court-ordered obligation including child-support or alimony not covered by Section B, <u>supra</u> ? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
	If yes, provide details on a separate attachment. Include information concerning the Court Order, case number, date and amount of arrearages, current status and the action you have taken to remedy the arrearages.

IX. INDEBTEDNESS (CONTINUED)

D.	Has a judgment ever been entered against you?				
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
	If yes, provide details on a separate attachment and include documentation. Also provide the names and addresses of the holders and the details of the judgment as well as certified copies of such judgments and, if satisfied, a copy of the warrant of satisfaction.				
E.	Have any liens been placed against your property? Do not include real estate mortgage liens, but include any tax liens.				
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
	If yes, provide details on a separate attachment and include documentation				
F.	Have you ever filed a petition in bankruptcy or for establishment of a wage earner plan?				
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
	If yes, provide details in a separate attachment. For each filing list the final disposition of the matter, the court in which such disposition was filed, and the date of filing. Also provide a copy of the petition, all schedules, and the order of discharge or dismissal.				
G.	Has any business of which you were the principal owner or shareholder filed for bankruptcy?				
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
	If yes, provide details on a separate attachment and include documentation. For each filing, list the final disposition of the matter, the court in which such disposition was filed, and the date of the filing. Also provide a copy of the petition, all schedules, and the order of discharge or dismissal.				
H.	List each student loan that you currently have from whatever source. If you do not currently have any student loans or if they have already been paid off, write "NONE". If you have consolidated your student loans into a new student loan, list only the consolidated loan information below. Attach additional pages as needed.				
	Name and Complete Address of Creditor		Account Number	Amount Owed	Date Payments Begin
	1.				
	2.				
	3.				
	4.				
I.	Have you ever defaulted or become in arrears on any student loan?				
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
	If yes, provide factual details and give name and address of creditor, the loan account number, the amount owed and what steps have been taken to bring the account up to date.				

X. TAX RETURN INFORMATION	
A.	<p>Have you ever failed to file any required personal tax return in a timely manner? [NOTE: A filing pursuant to a proper extension is considered timely for this purpose.]</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment, including the steps that have been taken to remedy the defect.
B.	<p>Have you or any business, corporation, or other entity in which you hold more than a 20% equity interest ever failed to pay employer's withholding taxes or ever failed to remit sales, excise, or other taxes to the appropriate taxing authority?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment.
C.	<p>Has the Internal Revenue Service or any other taxing authority ever obtained a judgment or made a levy against you for unpaid taxes or penalties?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment.

XI. DRIVER'S INFORMATION	
A.	<p>List each state or jurisdiction (including foreign jurisdictions) where you have applied for or have been issued a driver's license or operator's permit. Include the approximate date that the license or permit was issued, the license or permit number, and the dates that the license or permit was held. Provide an original complete driver's abstract for each jurisdiction in which you have been licensed within the past seven (7) years. [NOTE: Three (3) year or abbreviated abstracts are <u>not</u> accepted.] Abstracts obtained online are permitted provided that they are obtained from the motor vehicle agency of the respective state or jurisdiction (no third party abstracts will be accepted).</p> <p style="text-align: center;"><input type="checkbox"/> NOT APPLICABLE (have never held a driver's license)</p> <hr/> <hr/> <hr/>
B.	<p>Has your driver's license ever been suspended or revoked in any state or jurisdiction, including foreign jurisdictions?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment and state the complete facts and circumstances surrounding the suspension or revocation, including: name and address of suspending or revoking agency; the date of such suspension or revocation; the length of suspension; the reason for suspension or revocation; whether the license was ever reinstated and any other facts which may be pertinent.
C.	<p>Have you ever been refused a driver's license by any state or jurisdiction, including foreign jurisdictions?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment.

XI. DRIVER'S INFORMATION (CONTINUED)

D.	Have you ever been late to answer or failed to answer a ticket or summons for legal proceeding?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, provide details on a separate attachment. If a warrant was issued, explain and state disposition. Provide all relevant documentation.		
E.	Have you ever been charged with driving under the influence of drugs or alcohol or refusing to provide a breath sample?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, provide all police reports, incident reports, and court disposition papers for each arrest. Also, for each charge, fill in the following information:	
	Date of Charge:	Name and Address of Charging Agency (Police):
	The Blood Alcohol Content (B.A.C.) reading (s):	
	If convicted of driving under the influence of drugs or alcohol:	
	Date of Conviction:	Name and Address of Court in Which Convicted:
Sentence Imposed:		
F.	If charged with driving under the influence of drugs or alcohol but not convicted, were you convicted of a lesser offense?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, fill in the following information:	
	Offense Convicted of:	
	Name and Address of Convicting Court:	
Sentence Imposed:		

XII. HEALTH

Section XII addresses recent mental health, chemical, alcohol, and/or psychological dependency matters. The purpose of these questions is to determine the current fitness of an applicant to practice law. Each applicant is considered on an individual basis. The mere fact of treatment for mental health problems or chemical, alcohol, or psychological dependency is not, in and of itself, a disqualification for admission to the New Jersey bar. The Committee on Character regularly recommends licensing of individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical, alcohol, or psychological dependency issues.

On occasion, a license may be denied when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates lack of candor by his or her responses. Protection of the public that will receive legal services underlies the licensing responsibilities assigned to the Committee. Furthermore, each applicant is responsible for demonstrating that he or she possesses the qualifications necessary to practice law. Your responses may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional matter.

The Committee encourages applicants who may benefit from treatment to seek it.

A.	<p>Have you within the past twelve (12) months outwardly manifested symptoms of addiction to alcohol or drugs?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Have you within the past twelve (12) months been treated for the abuse of narcotics, drugs, or intoxicating substances, including alcohol?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Have you, within the past twelve (12) months, been evaluated as a result of an alcohol/drug charge or a driving under the influence charge?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Would your current use of any narcotic, drug, or intoxicating substance, including alcohol, impair your ability or judgment to function as an attorney competently, ethically or professionally?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
B.	<p>Have you, within the past twelve (12) months, been diagnosed with or treated for schizophrenia or other psychotic disorder, bipolar or major depressive mood disorder, impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling or paraphilia, such as pedophilia, exhibitionism or voyeurism, or any personality disorder?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Are you currently suffering from an emotional, mental, or nervous disorder that impairs your judgment or what would otherwise adversely affect your ability to practice law in compliance with the <u>Rules of Professional Conduct</u>, the Rules of Court, and applicable case law?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
C.	<p>Have you ever been declared incompetent or have you or your property been placed under the control of a guardian, conservator, trustee, receiver, or any custodian?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

If your answer to any question in Section XII is "yes," provide the details on a separate attachment, including the names of treating physicians, and dates and places of inpatient treatment.

XIII. BAR APPLICATIONS

A.	Other than the present application, have you ever applied or are you currently applying to sit for a bar examination or for a license to practice law?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, fill in the following:	
1.	Date of Application:	State:
	Name and Address of Authority:	
	Date of Examination:	
	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING	Date of Admission:
2.	Date of Application:	State:
	Name and Address of Authority:	
	Date of Examination:	
	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING	Date of Admission:
3.	Date of Application:	State:
	Name and Address of Authority:	
	Date of Examination:	
	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING	Date of Admission:
4.	Date of Application:	State:
	Name and Address of Authority:	
	Date of Examination:	
	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING	Date of Admission:
<input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL APPLICATIONS IS ATTACHED		

XIII. BAR APPLICATIONS (CONTINUED)

B.	Did any other jurisdiction in which you applied request a hearing to evaluate your character or fitness? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide the name of the jurisdiction, the date of any hearing, and a copy of the transcript of any proceeding.
C.	Has your application to sit for a bar examination or to be admitted to practice ever been denied or withheld? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide the name of the jurisdiction, the date of any decision, and the reason for any denial or withholding, as well as all applicable documents.
D.	Did any other jurisdiction in which you applied request you to submit to an alcohol, drug or mental health evaluation in connection with your application? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide the name of the jurisdiction and provide a copy of any evaluation report.
E.	In the State of New Jersey, have you ever applied for any of the following certifications, limited licenses, registrations and/or admissions: In-House Counsel, Foreign Legal Consultant, <i>Pro Hac Vice</i> , Multi-Jurisdictional Practitioner? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, on a separate sheet of paper, list the certification, limited license, registration and/or admission that you have applied for, state the date of your <u>most recent</u> application for each, and the date when the certification, limited license, registration and/or admission was granted. If the certification, limited license, registration and/or admission was denied or withheld, state the reason for the denial or withholding. Provide documents, if applicable.

XIV. PROFESSIONAL QUALIFICATIONS

A.	Have you ever been accused of or been the subject of an inquiry for alteration, falsification, omission and/or misrepresentation of any document or copy thereof referring to your professional qualifications to be a lawyer before or after law school (including your law school applications)? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment, including dates, official action, if any, and ultimate disposition.
B.	Have you ever been accused of engaging in the Unauthorized Practice of Law in any jurisdiction? <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	If yes, provide details on a separate attachment, including dates, official action, if any, and ultimate disposition.

XV. BAR ADMISSIONS IN OTHER JURISDICTIONS

A.	(Candidates who have never been admitted to the bar in another jurisdiction should check “NOT APPLICABLE” and proceed to Section XVI.) List all state and federal jurisdictions and administrative agencies to which you have been admitted to practice law. <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CHECK HERE IF ADDITIONAL LIST IS ATTACHED.	
	1. Jurisdiction:	
	Court or Agency:	Date of Admission:
	2. Jurisdiction:	
	Court or Agency:	Date of Admission:
	3. Jurisdiction:	
	Court or Agency:	Date of Admission:
B.	Have you ever been disciplined as a member of the bar of any jurisdiction, including, but not limited to, being disbarred, suspended, disqualified, reprimanded, censured, permitted to resign, admonished, sanctioned or removed, or have any complaints, charges or grievances, formal or informal, ever been made or filed or proceedings instituted against you in such capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, provide all details on a separate attachment, as well as all relevant documents. State the dates, facts, exact charges, disposition of the matter and the name and complete address of the authority in possession of the records thereof.	
C.	Have you ever held a law license in any jurisdiction that was <i>administratively</i> suspended or revoked (eg. for failure to pay required fees or failure to complete required courses)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, provide all details on a separate attachment, as well as all relevant documents. State the dates, facts, disposition of the matter and the name and complete address of the authority in possession of the records thereof.	
Provide a certificate of disciplinary history from the appropriate grievance or disciplinary board as to whether there is now or has ever been disciplinary action taken against you in any jurisdiction to which you have ever been admitted.		

XVI. REFERENCES

A. Give the names, addresses and phone numbers of five (5) individuals who know you well enough to attest to your integrity and fitness to practice law. You may not use close relatives, law school classmates (if you are a recent graduate), fiancées, or more than one member of the same law firm. You may use employers. The Committee may, in its discretion, contact any or all of your named references. [NOTE: Pursuant to RG 201:2, the responses of any named references are confidential and will not be released to you.]

Name	Address	Phone Number
1.		
2.		
3.		
4.		
5.		

B. If you have been admitted to the practice of law in other jurisdictions, provide the names, addresses and phone numbers of two (2) attorneys from each jurisdiction who are familiar with your professional conduct. Do not list anyone used as a personal reference under Section A above. [NOTE: Pursuant to RG 201:2, the responses of any named references are confidential and will not be released to you.]

CHECK HERE IF LIST OF ADDITIONAL REFERENCES IS ATTACHED.

Name	Address	Phone Number
1.		
2.		

XVII. MISCELLANEOUS

Is there any information (event, incident, occurrence, *etc.*) that was not specifically addressed and/or asked of you in this application and/or in the instructions that could be considered a character issue?

YES

NO

If yes, provide the details on a separate attachment.

[Continue to page 19. You must certify the information provided in this Statement by initialing, signing, and dating the certification provided. Your statement will not be processed if you fail to do so.]

CERTIFICATION

Initial Each Paragraph on the Line After You Have Read It:

I understand that the full and correct completion of this Certified Statement of Candidate is a prerequisite for the Committee on Character’s consideration of me as an applicant for admission to the practice of law. Candor and truthfulness are significant elements of fitness. I must provide the Committee with all available information, however unfavorable, even if I doubt its relevance. _____

If I am unable to provide all of the required documentation at the time I submit this Certified Statement of Candidate, I will timely supplement my application. I understand that until all of the required documentation is provided, my file will be deemed incomplete for review by the Committee. I must answer all questions. _____

I understand further that I have a continuing duty to disclose all required information to the Committee, and that this duty continues until the date of my admission to the Bar of New Jersey. _____

I understand that I have a continuing duty to amend this Certified Statement of Candidate within thirty (30) days of any occurrence that would change or render incomplete any answer. _____

I will submit all additional information requested by the Committee in the form of an affidavit or certification, together with such supplemental documentation as the Committee deems necessary for its review. _____

I understand that I must respond to requests by the Committee within the time prescribed by the Regulations Governing the Committee on Character. _____

I will retain a copy of the completed Certified Statement of Candidate, with attachments, to facilitate submission of supplemental information. _____

I hereby certify that I have read the Regulations Governing the Committee on Character and all of the questions and my answers in this Certified Statement of Candidate. I further certify that all my answers are true and complete. I am aware that if any answers are willfully omitted or false, I may prejudice my admission to the Bar of the State of New Jersey, my subsequent good standing as a member of the Bar, and that I may be subject to such penalties as are provided by law.

I further certify that I have read the foregoing Statement of Candidate and the facts stated therein are true and complete to the best of my knowledge and belief.

_____ Date _____ Signature

DO NOT WRITE BELOW THIS LINE

The undersigned, on behalf of the Committee on Character, hereby certifies that the Committee has reviewed the personal record and reputation of the above candidate and has determined that the candidate is fit to practice law.

Dated: _____ For the Committee: _____