

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

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**JULY 2010**  
**NOTICE OF MEDICAL ALERT/SITE SEATING REQUEST**

Complete this form to notify the Board of Bar Examiners staff of:

- a specific medical condition that may require medical attention;
- the need to bring items into the examination room that are usually prohibited but are required due to a medical condition;
- the need to have special seating due to a documented medical condition;

This form must be filed for each examination and faxed to the Board's office at 609-984-6859 **no later than July 16, 2010**. You will only be notified if your request is denied. Otherwise, please check with Security at the examination.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Candidate ID Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

1. Requested items to bring into examination room due to a medical condition:

\_\_\_\_\_

2. Request for special seating during examination (medical documentation must be attached):

Near restroom

Near entrance

Rear of exam room

Other

3. Notification of a medical condition that may require medical attention:

\_\_\_\_\_

Emergency Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Telephone Number