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BOARD OF BAR EXAMINERS  
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**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 609-815-2913 or emailed to [bar.mailbox@njcourts.gov](mailto:bar.mailbox@njcourts.gov) **no later one week prior to the examination**. You will only be notified if your request is denied. Otherwise, please check in with Security at the examination.

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

\_\_\_\_\_  
Applicant 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