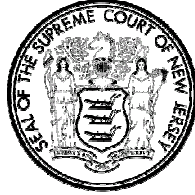


STATE OF NEW JERSEY  
BOARD OF BAR EXAMINERS  
*Appointed by the Supreme Court of New Jersey*

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PO Box 973  
TRENTON, NEW JERSEY 08625-0973  
Tel: (609) 815-2911 Fax: (609) 815-2913

**New Jersey Bar Examination**  
**Accommodations Request form for Non-ADA Related Issues**

Month: February \_\_\_\_\_ July \_\_\_\_\_ Year: \_\_\_\_\_

This application must be completed in addition to your online bar examination application. Please read the instructions carefully. The completed NTA application must be mailed to the ADA Coordinator at

Board of Bar Examiners  
25 W. Market Street  
8<sup>th</sup> Floor North Wing Trenton, NJ 08611  
(for UPS, Fed Ex, etc.)

or Board of Bar Examiners  
PO Box 973  
Trenton, NJ 08625  
(for U.S. Postal Service)

The application and supporting documents must be delivered/postmarked by November 30<sup>th</sup> for the February exam and April 30<sup>th</sup> for the July exam.

**If you have not submitted a complete application by the deadline, you may not be considered for accommodations.**

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Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: XXX-XX-\_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ACCOMMODATIONS REQUESTED**

State the testing accommodations you are requesting and explain why you are requesting this accommodation. Be certain to state if you are requesting accommodations for both the MBE and essay portions of the examination and the accommodations requested for each portion. If you are requesting additional time, you must indicate how much time you are seeking.

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**DESCRIPTION/NATURE OF MEDICAL SITUATION**

Describe your medical situation below. Include supporting documentation with your submission:

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## Checklist

- NTA Testing Accommodations Application – Non-ADA Request Form
  - NTA Authorization and Release Form
  - Relevant** medical documentation (note from doctor, hospital, etc.)
  - Copies of admission tickets or letters granting accommodations in other states (if applicable)
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**I understand that the full and correct completion of this Application for Testing Accommodations on the New Jersey bar Examination is a prerequisite for the Board of Bar Examiners' consideration of my application for testing accommodations. I certify that I have read the foregoing Application and the facts stated therein are true and complete to the best of my knowledge and belief. I acknowledge that if any answers are willfully omitted or false, I may prejudice my examination results, my admission to the Bar of the State of New Jersey, and my subsequent good standing as a member of the Bar. Further, I acknowledge that I may be subject to such penalties as provided by law.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Retain a copy of this statement for your records**