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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
8th 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 30th for the February exam and April 30th for the July exam.

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

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.

DESCRIPTION/NATURE OF MEDICAL SITUATION

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

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