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New Jersey Bar Examination Non-standard Testing Accommodations (NTA) Application

Exam Administration Year _____ February -- application due by November 30th
 July -- application due by April 30th

Name: Last _____ First _____ MI _____

Applicant ID _____ NCBE # _____ Date of Birth ___/___/___

IMPORTANT NOTICE RE: Application Submission Instructions

Your complete application and all necessary supporting documents, in one submission using an option indicated below, must be postmarked timely (via postal, expedited delivery service, or email). If the deadline is missed, or your application/ documentation is incomplete, review of your requested accommodations will be delayed and may result in the denial of your application.

Via Expedited Delivery Service (e.g., FedEx, UPS etc.)	Via U.S. Postal Service	Via e-Mail: Encryption Required (See instructions below)
NJ Board of Bar Examiners 25 W. Market Street, 8 th Fl. North Wing Trenton, NJ 08611 ATTN: ADA Coordinator	NJ Board of Bar Examiners PO Box 973 Trenton, NJ 08625 ATTN: ADA Coordinator	<ol style="list-style-type: none"> Send e-Mail to: barada.mailbox@njcourts.gov with the subject line "Encrypted e-mail Request" Use e-mail response received to attach your application and all supporting documentation.

Q: How will you receive confirmation of receipt?

A: Within 5-7 days after our receipt, you will receive an e-mail confirmation acknowledging receipt of your application via your New Jersey Board of Bar User Home Page.

1. ACCOMMODATIONS REQUESTED

State the testing accommodations you are requesting and explain their relationship to your physical or cognitive impairments for each portion of the examination: (a) Multistate Performance Test (MPT); (b) Multistate Essay Examination (MEE); and/or (c) Multistate Bar Examination (MBE). If you are requesting additional time, you must indicate how much time you are seeking.

2. DESCRIPTION / NATURE OF DISABILITY

Describe your disability below. Include diagnosis and prognosis, date of onset, and current physical condition, based on an examination by your doctor.

3. PRIOR ACCOMMODATIONS

A. PAST ACCOMMODATIONS FOR NEW JERSEY BAR EXAMINATION

Were you previously approved for bar exam accommodations in New Jersey within the past three years? (*select only one*)

- If yes, and you are requesting the exact same accommodations** previously approved for the New Jersey bar exam within the past three years, **listed below are the required documents** that must be submitted with this application.
- NTA Application
 - NTA Authorization and Release
- If yes but you are requesting any type of change to the accommodations** previously approved for the New Jersey bar exam within the past three years, **listed below are the required documents** that must be submitted with this application.
- NTA Application
 - NTA Authorization and Release
 - NTA Certificate of Medical or Psychological Authority*
(*Including medical supporting documentation provided by your treating physician or therapist*)
 - NTA Certificate of Law School Official
- If no, listed below are the required documents** that must be submitted with this application.
- NTA Application
 - NTA Authorization and Release
 - NTA Certificate of Medical or Psychological Authority*
(*Including medical supporting documentation provided by your treating physician or therapist*)
 - NTA Certificate of Law School Official

IMPORTANT NOTICE
RE: Medical Supporting Documentation

Regardless of whether you were previously approved for bar exam accommodations in New Jersey within the past three years, **medical supporting documentation provided by your treating physician or therapist must be less than three years old** from the submission date of this application. Otherwise, you must submit a new NTA Certificate of Medical or Psychological Authority with valid supporting documentation.

B. PAST ACCOMMODATIONS FOR BAR EXAMS IN OTHER JURISDICTIONS

Please indicate if you have received accommodations on bar examination(s) in any other jurisdiction. Attach a copy of your admission ticket or letter indicating the accommodations granted.

Jurisdiction	Accommodation(s)	Support Attached?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

C. OTHER TESTING ACCOMMODATIONS MADE FOR YOUR DISABILITY

Please indicate whether testing accommodations were granted, denied, or not requested for the assessments listed below. Check all that apply. Attach additional documentation if applicable. Attach a copy of your admission ticket or letter indicating the accommodations granted.

Setting	Granted	Denied	Not Requested	If accommodations were received, list dates below.
SAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LSAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Law School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MPRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you are sending your application by mail:

Do NOT send your original medical supporting documentation as it will not be returned to you. Submit copies of the documentation only.



**Do NOT submit the application or supporting documentation on double-sided paper.
Submit single-sided sheets.**



Please ensure that the address provided on your User Home Page under Personal Information is accurate as this address will be used for your site assignment for the examination. Changes to your address after the site assignments are made will not result in a site change.

I understand that the full and correct completion of this Application for Non-Standard Testing Accommodations for 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

Printed Name

Retain a copy of this application and all supporting documentation for your records.