

### THE STATE BAR OF CALIFORNIA COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS 180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300 1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

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# FORM A PETITION FOR TESTING ACCOMMODATIONS FOR THE LEGAL SPECIALIZATION EXAMINATION TO BE OFFERED ON OCTOBER 25, 2011

(Must be completed by the applicant)

#### **BACKGROUND INFORMATION**

1.	Full	Name:						
			First	Middle	Last			
	Dat	e of birth:	Bar	number:				
2.		I intend to take the Legal Specialization examination offered on October 25, 2011 at the following location:						
	☐ Northern California (Oakland Convention Center at Marriott City Center)							
		☐ Southern California (Pasadena Convention Center)						
3.	I int	end to take t	he Legal Specializati	on Examination i	n the following area:			
4.	4. Have you previously taken the Legal Specialization Examination?							
	□ YES □ NO							
	If yes, which examination(s) (list dates for all Legal Specialization examinations taken):							
		Month/	Year					
5.	If ye	es, did you re	equest testing accom	modations to tak	e the examination(s)?			
		YES □	NO					
DI	SAB	ILITY STAT	US					
1. Check the disability or disabilities for which you are requesting accommodations.								
		Visual impa	airment		Psychological disability			
		Hearing im	pairment		Learning disability			
		Other phys	ical disability (name):		AD/HD			

Other disability (name):			
Attach a narrative description of the nature and extent of your specific disability or disabilities, when and how it/they were first identified, how it/they affect your daily life and describe the functional limitations related to your disability that directly affect your ability to take the examination.			
When did you first acquire the disability (approximate date and age)?			
Who was the medical professional (name, occupation, and specialty) who first diagnosed your disability?			
When was the disability first diagnosed by a treating professional (date and age)?			
Are you currently being treated? ☐ YES ☐ NO			
If yes, provide, the name, qualifications and contact number of your current treating professional.			
What treatment and/or medication are currently being prescribed?			
Are you taking the treatment and/or medication as prescribed? ☐ YES ☐ NO			
Is the treatment and/or medication effective in addressing or controlling your symptoms?			
□ YES □ NO □ N/A			
If no, explain why not:			

## **PAST ACCOMMODATIONS**

Did you receive disabled-student services, tutoring services, and/or testing accommodations in elementary, middle school or junior high school and/or high school?					
☐ YES	S □ NO				
	provide the name of the school(s), years attended and attach any written ntation of accommodations granted and/or documentation of other serviced.				
What wa	as your disability?				
What ac	commodations did you receive?				
•	u receive disabled-student services, tutoring services, and/or testin nodations in college?				
□ YES	S 🗆 NO				
If yes,					
docume	ntation of accommodations granted and/or documentation of other service				
	ntation of accommodations granted and/or documentation of other service				
	ntation of accommodations granted and/or documentation of other service				
	ntation of accommodations granted and/or documentation of other service				
received	provide the name of the school(s), years attended and attach any writte ntation of accommodations granted and/or documentation of other service st.  as your disability?				
What wa	ntation of accommodations granted and/or documentation of other services.				

Did you request testing accommodations in law school?					
☐ YES	□ NO				
If yes, we	they granted? ☐ YES ☐ NO				
If granted, in addition to responding to the following questions, you must submit a completed law school verification form (Form F) from each law school you attended, which must be signed by an official law school representative.					
What was	What was your disability?				
What acc					
If your red	If your request was denied or only partially granted, please explain:				
	· · · · · · · · · · · · · · · · · · ·				
Did you r	uest accommodations to take the LSAT?				
☐ YES	□ NO				
	n a copy of the letter you received from LSAC detailing the results of you or testing accommodations for each administration of the LSAT you took.				
What was	our disability?				
What acc	modations did you receive?				
If your red	est was denied or only partially granted, please explain:				
	st was defined of only partially granted, piease explain.				

Did you request accommodations to take the MPRE?				
□ YES □ NO				
If yes, attach a copy of the letter you received from NCBE/ACT detailing the results of your request(s) for testing accommodations for each administration of the MPRE you took.				
What was your disability?				
What accommodations did you receive?				
If your request was denied or only partially granted, please explain:				
When applying for another jurisdiction's bar examination, did you request testing accommodations?				
□ YES □ NO				
If yes, in addition to responding to the following questions, you must submit a completed Statement of Jurisdiction form (Form G) from each state from which you requested testing accommodations, which must be signed by an official from the bar admission office administering the bar examination in that state.				
What was your disability?				
What accommodations did you receive?				
If your request was denied or only partially granted, please explain:				

# TESTING ACCOMMODATION REQUESTS (check all that apply)

Forma	ıts:							
		Braille version of examination						
		Audio version of examination on CD						
	□ Large print/18-point font							
		Large print/24-point font						
Assista	ance	<b>:</b> :						
		□ Reader						
	☐ Typist/Transcriber							
		Scribe						
		Extra testing time. Specif	y the amount of e	xtra testing time requested.				
		Test Session	Standard Time	Extra Time Requested				
		Multiple Choice	2.25 hours					
		A.M. Essays	1 hour					
		P.M. Essays	3 hours					
		Other accommodations requested (e.g., water, snacks, lamp, seat near restroom limited testing time per day, private/semi-private room, use of computer, ice, ice-chest, etc.).						

Provide your rationale for each accommodation you have between it and the effects of your disability.	e requested and describe the nexus			
CERTIFICATION AND AUTHORIZATION				
I am aware that it is my responsibility to file a complete p forms, and understand that it will not be processed if foun all original forms, supporting affidavits or documents in le petition is not filed by the final application filing deadline examination, it will not be processed for that examina administered in the future.	nd to be incomplete. I have attached egible form. I understand that if my for a particular administration of an			
understand that it is possible that my application for testing accommodations and all supporting documents may be referred to an expert consultant retained by the Committee of Bar Examiners for review. I authorize such disclosure, and further consent to having a State Bar representative, staff or consultant contact my specialist to discuss the information provided by the specialist or law school official and my request for testing accommodations during administration of an examination administered by the Committee of Bar Examiners.				
I declare under penalty of perjury under the laws of the information is true and correct. I understand that false s in denial of my admission to practice law in California bas	statements made herein could result			
(Applicant Signature)	(Date)			