

The Committee of Bar Examiners

of

The State Bar of California

Office of Admissions

**1149 SOUTH HILL STREET
LOS ANGELES 90015**



**180 HOWARD STREET
SAN FRANCISCO 94105**

**APPLICATION FOR EXTENSION OF DETERMINATION
OF MORAL CHARACTER**

*** NOTE ***

**Please carefully read the "Instructions for Applicants" before completing this application.
All applicants are required to be familiar with and to comply with all such instructions.
Applicants must answer every question. All pages of this application must be returned.**

**THE STATE BAR ACT, ARTICLE 4
SECTION 6068. DUTIES OF ATTORNEY**

It is the duty of an attorney to do all of the following:

- a) To support the Constitution and laws of the United States and of this state.
- (b) To maintain the respect due to the courts of justice and judicial officers.
- (c) To counsel or maintain such actions, proceedings, or defenses only as appear to him or her legal or just, except the defense of a person charged with a public offense.
- (d) To employ, for the purpose of maintaining the causes confided to him or her such means only as are consistent with truth, and never to seek to mislead the judge or any judicial officer by an artifice or false statement of fact or law.
- (e) To maintain inviolate the confidence, and at every peril to himself or herself to preserve the secrets, of his or her client.
- (f) To abstain from all offensive personality, and to advance no fact prejudicial to the honor or reputation of a party or witness, unless required by the justice of the cause with which he or she is charged.
- (g) Not to encourage either the commencement or the continuance of an action or proceeding from any corrupt motive of passion or interest.
- (h) Never to reject, for any consideration personal to himself or herself, the cause of the defenseless or the oppressed.
- (i) To cooperate and participate in any disciplinary investigation or other regulatory or disciplinary proceeding pending against the attorney. However, this subdivision shall not be construed to deprive an attorney of any constitutional or statutory privileges.
- (j) To comply with the requirements of Section 6002.1.
- (k) To comply with all conditions attached to any disciplinary probation, including a probation imposed with the concurrence of the attorney.
- (l) To keep all agreements made in lieu of disciplinary prosecution with the agency charged with attorney discipline.
- (m) To respond promptly to reasonable status inquiries of clients and to keep clients reasonably informed of significant developments in matters with regard to which the attorney has agreed to provide legal services.
- (n) To provide copies to the client of certain documents under time limits and as prescribed in a rule of professional conduct which the board shall adopt.
- (o) To report to the agency charged with attorney discipline, in writing, within 30 days of the time the attorney has knowledge of any of the following:
 - (1) The filing of three or more lawsuits in a 12-month period against the attorney for malpractice or other wrongful conduct committed in a professional capacity.
 - (2) The entry of judgment against the attorney in any civil action for fraud, misrepresentation, breach of fiduciary duty, or gross negligence committed in a professional capacity.
 - (3) The imposition of any judicial sanctions against the attorney, except for sanctions for failure to make discovery or monetary sanctions of less than one thousand dollars (\$1,000).
 - (4) The bringing of an indictment or information charging a felony against the attorney.
 - (5) The conviction of the attorney, including any verdict of guilty, or plea of guilty or no contest, of any felony, or any misdemeanor committed in the course of the practice of law, or in any manner such that a client of the attorney was the victim, or a necessary element of which, as determined by the statutory or common law definition of the misdemeanor, involves improper conduct of an attorney, including dishonesty or other moral turpitude, or an attempt or a conspiracy or solicitation of another to commit a felony or any such misdemeanor.
 - (6) The imposition of discipline against the attorney by any professional or occupational disciplinary agency or licensing board, whether in California or elsewhere.
 - (7) Reversal of judgment in a proceeding based in whole or in part upon misconduct, grossly incompetent representation, or willful misrepresentation by an attorney.
 - (8) As used in this subdivision, "against the attorney" includes claims and proceedings against any firm of attorneys for the practice of law in which the attorney was a partner at the time of the conduct complained of and any law corporation in which the attorney was a shareholder at the time of the conduct complained of unless the matter has to the attorney's knowledge already been reported by the law firm or corporation.
 - (9) The State Bar may develop a prescribed form for the making of reports required by this section, usage of which it may require by rule or regulation.
 - (10) This subdivision is only intended to provide that the failure to report as required herein may serve as a basis of discipline. (Origin: Code Civ. Proc., 282. Amended by Stats. 1985, ch. 453; Stats. 1986, ch. 475; Stats. 1988, ch. 1159; Stats. 1990, ch. 1639)

ATTORNEY'S OATH

I solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of California, and that I will faithfully discharge the duties of an attorney and counselor at law to the best of my knowledge and ability.

CONFIDENTIAL APPLICATION AND QUESTIONNAIRE
SECTION I
BACKGROUND INFORMATION

APPLICATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the back of your application.

1.1 SOCIAL SECURITY # _____ - _____ - _____

1.2 APPLICANT TYPE (Please check one)

1.3 DATE OF BIRTH _____ - _____ - _____
Month Day Year

General Applicant (not admitted to practice law in another jurisdiction)

Attorney Applicant (admitted to practice law in another jurisdiction **AND** in **GOOD STANDING**)

Are you in good standing in your jurisdiction(s)? Yes No

If disbarred or suspended, you are not eligible to file an Application for Extension of Determination of Moral Character -see Rule VI, Section 2(b) of the *Rules Regulating Admission to Practice Law in California*

1.4 APPLICANT'S FULL NAME

Last

First

Middle

1.5 MAILING ADDRESS It is the applicant's responsibility to inform the State Bar's Office of Admissions *in writing* of any address changes. All correspondence will be mailed to current mailing address.

Full Street Address or P.O. Box (include apartment number, if applicable)

Address Continued (if needed)

U. S. City (or Non-USA City and Country)

State

Zip (U.S.)

1.6 DAYTIME TELEPHONE (____) _____ -- _____
(Answering machines acceptable)

1.9 APPLICATION FEE
See instructions for proper application fee.
Application will not be deemed filed unless the proper fee is enclosed.

1.7 Spouse's Name _____
(Prior to marriage if different)

TOTAL ENCLOSED: \$ _____ .00

1.8 DRIVER'S LICENSE
California: _____

ID Card: _____
Number and State

Other State: _____

OFFICE USE ONLY Fingerprints Number of cards submitted: _____ Process <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>

OFFICE USE ONLY Date Filed: _____ Month Day Year DETERMINATION Cleared by: _____ (Signature) Date Cleared: _____ Hearing Date: _____ Decision: _____ Date: _____

GENERAL INSTRUCTIONS

THE QUESTIONS ON THE FOLLOWING PAGES WERE CONTAINED IN YOUR INITIAL APPLICATION FOR DETERMINATION OF MORAL CHARACTER. THEY ARE REPEATED HERE TO ASSIST YOU WITH UPDATING YOUR APPLICATION.

LIST ONLY NEW INCIDENTS OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE. THEREFORE, YOU MUST ANSWER EVERY QUESTION, EITHER SUPPLYING NEW INFORMATION OR INDICATING THAT YOU HAVE NO SUCH NEW INFORMATION TO REPORT.

NOTE: THE APPLICANT HAS A CONTINUING DUTY TO UPDATE IN WRITING RESPONSES TO QUESTIONS UNDER THE MORAL CHARACTER SECTION OF THE APPLICATION WHENEVER THERE IS AN ADDITION TO OR CHANGE IN INFORMATION PREVIOUSLY FURNISHED (RULE VI, SECTION 7 OF THE *Rules Regulating Admission To Practice Law in California (Rules)*).

2.1 FORMER NAMES. Have you ever been known by any other names? Yes No

 AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

If YES, provide the effective dates and the reason for the change of name. If a change was made by court order, attach a copy to the application. If a change was made simply by assumption and use, please so state. If the change was made as part of a divorce proceeding, refer to Question 12.1 and be sure to complete **FORM 1**.

A. _____
 Last First and Middle
 Dates: From _____ To _____
 Reason for change: _____

2.2 LEGAL EDUCATION. Indicate all law schools attended since submitting your last application, even if you do not claim credit for the law study completed at each school. Include correspondence study and law office study.

Name and Location of School	Dates Attended		Date of Graduation or Anticipated Graduation Month/Year	Degree or Units Completed
	From Month/Year	To Month/Year		

2.3 RESIDENCE HISTORY. State the address of every residence (including the present) that you have had since you last filed an Application for Determination of Moral Character, **commencing with your present address**.

ADDRESSES:

Number/Street	City and State	Zip Code	From Month/Year	To Month/Year

CHECK HERE IF CONTINUED ON ATTACHMENT

**SELF-EMPLOYMENT
A RESPONSE IS REQUIRED TO BOTH QUESTIONS.**

List your current self-employment and each instance of self-employment since you last filed an application.

- 3.1 Have you ever been in business for yourself? (If YES, see below) YES NO
- 3.2 Have you ever been SELF-EMPLOYED as an attorney? (If YES, see below) YES NO

If YES to either of the above questions, please indicate both the name and address of the place of employment and the name and address of a person other than *persons related to you by blood or marriage* who can verify such employment.

BUSINESS/PRIVATE LAW PRACTICE

NAME OF BUSINESS _____

MAILING ADDRESS _____

MAILING ADDRESS (continued, if needed) _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____ FROM _____ TO _____
Month/Year Month/Year

NATURE OF BUSINESS _____


YOUR DUTIES _____

VERIFYING REFERENCE FOR SELF-EMPLOYMENT

DO NOT LIST PERSONS LISTED AS EMPLOYMENT OR PERSONAL REFERENCES ON PAGES 4 AND 5 OR PERSONS RELATED TO YOU BY BLOOD OR MARRIAGE.

21	NAME OF REFERENCE _____
	MAILING ADDRESS _____
	MAILING ADDRESS Continued (if needed) _____
	CITY _____ STATE _____ ZIP _____
	Occupation _____ Telephone (____) _____ Length of time known _____

CHECK HERE IF CONTINUED ON ATTACHMENT

-  3.3 If you have not been employed since you last filed an application, please explain to the best of your recollection where you were and what you were doing (e.g., 6/89 - 12/89 recuperated from major surgery at parents' house; 1/91 - 5/91 traveled [indicate country/region]; 12/93 - 2/94 studied for bar exam). Attach page(s) as necessary.
- _____
- _____
- _____
- _____

SECTION II
MORAL CHARACTER INFORMATION (Rule X)

REFERENCES

4.1 RE-ENTER FULL NAME _____
SOCIAL SECURITY # _____ - _____ - _____

EMPLOYMENT HISTORY

4.2 List your current employment and each instance of employment you have held since filing your last application. Indicate the reason for leaving if not currently employed. Use attachments as necessary.

NOTE: For periods of self-employment, complete page 3.

CURRENT EMPLOYMENT

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NAME OF BUSINESS _____
SUPERVISOR _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
Business Telephone (____) _____ Position _____
From: _____ / _____
Month Year

PREVIOUS EMPLOYMENT

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NAME OF BUSINESS _____
SUPERVISOR _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
Business Telephone (____) _____ Position _____
Length of time employed — From: _____ / _____ To: _____ / _____
Month Year Month Year

Reason for leaving _____

CHECK HERE IF CONTINUED ON ATTACHMENT.

Include for each position all of the information requested above.

PERSONAL REFERENCES

THIS QUESTION MUST BE COMPLETED BY ALL APPLICANTS.

5.1 State the full names, complete addresses (including floor and/or suite numbers and ZIP CODES), and occupations of three reputable and responsible persons who know you well. AT LEAST ONE of these persons should be a member of the Bar of any U.S. or foreign jurisdiction and only one may be a law professor from whom you have received instruction.

*** NOTE ***

DO NOT INCLUDE persons who have only casual knowledge of you, **persons related to you by blood or marriage**, or persons listed as employment or verifying references on pages 3-4. List one address only for each reference. Please make certain that all addresses are **current and complete**.

22 **NAME OF REFERENCE** _____
MAILING ADDRESS _____
MAILING ADDRESS Continued (if needed) _____
CITY _____ **STATE** _____ **ZIP** _____
Occupation _____ **Telephone (_____)** _____ **Length of time known** _____

23 **NAME OF REFERENCE** _____
MAILING ADDRESS _____
MAILING ADDRESS Continued (if needed) _____
CITY _____ **STATE** _____ **ZIP** _____
Occupation _____ **Telephone (_____)** _____ **Length of time known** _____

24 **NAME OF REFERENCE** _____
MAILING ADDRESS _____
MAILING ADDRESS Continued (if needed) _____
CITY _____ **STATE** _____ **ZIP** _____
Occupation _____ **Telephone (_____)** _____ **Length of time known** _____

CREDENTIALS AND LICENSES

LIST ONLY NEW LICENSES OR LICENSES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

6.1 Have you ever applied for (or applied for and then withdrew an application) or held a license for a business, trade, or profession, **other than as an attorney at law**, the procurement of which required proof of good character and/or examination (e.g., certified public accountant, patent practitioner, or real estate broker)?

YES NO

If YES, provide the following information about each license.

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ISSUING AUTHORITY _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

License or certified as _____ Dates: From _____ To _____
Month/Year Month/Year

License or Certification # _____ Inactive Active

CHECK HERE IF CONTINUED ON ATTACHMENT

<p>OFFICE USE ONLY</p> <p>Data Entry Completed <input type="checkbox"/> _____</p> <p style="text-align: center;">Initials & Date</p>
--

COMPLAINTS; PROFESSIONAL DISCIPLINE

A response is required even if you answered NO or NOTHING NEW TO REPORT to Question 6.1.

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

- 7.1 A. Have you ever been denied a business, trade or professional license? YES NO--
If YES, complete "D."
- B. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified or had your license revoked as a member of any business, trade, or profession (e.g., attorney, certified public accountant, real estate broker, physician, etc.), or as a holder of public office? YES NO--
If YES, complete "D."
- C. To the best of your knowledge, have there ever been, or are there now pending, any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any business, trade, or profession, or as a holder of public office? If YES, complete "E." YES NO--

NOTE: If you answer YES to either A, B, or C, please fully explain the circumstances of each incident of denial, disbarment, suspension, censure, reprimand, complaint, grievance, etc., on a separate piece of paper and attach to the application.

D. Name and address of the authority in possession of the records regarding the disqualification or denial:

Name _____

Address _____

City _____ State _____ Zip _____

Name of court _____ Date admitted _____

Address _____

City _____ State _____ Zip _____

Nature of disqualification _____

Disqualified from (Month/Year) _____ To (Month/Year) _____

Date of denial (Month/Year) _____

Reason for disqualification _____

E. Name and address of authority in possession of the records regarding the charge, complaint, or grievance:

Name _____

Address _____

City _____ State _____ Zip _____

Name of court _____ Date admitted _____

Address _____

City _____ State _____ Zip _____

Date of charge, complaint, or grievance (Month/Year) _____

Final disposition _____

CHECK HERE IF CONTINUED ON ATTACHMENT

If your answer to any of the following needs more space, please attach a separate piece of paper.

A response to Question 8.1 A & B is required even if you answered NO or NOTHING NEW TO REPORT to Question 6.1.

8.1 A. Have you ever resigned your business, trade, or professional license while charges were pending? . . . YES NO--
If YES, please explain:



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

B. Have you ever permitted a business, trade, or professional license to expire? YES NO--
If YES, please explain:



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

PRIOR APPLICATIONS FOR ADMISSION TO PRACTICE LAW

LIST ONLY NEW APPLICATIONS OR APPLICATIONS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS CALIFORNIA APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

*** NOTE ***

Applications for admission to practice law include, but are not limited to, applications to be admitted by examination, on motion, or on a diploma privilege, applications for reinstatement to the bar, and applications for a determination of moral character. Include every such application even if that application was subsequently withdrawn. For each application, indicate the nature of the application (e.g., examination, moral character, comity), the date it was submitted, and its ultimate disposition (e.g., admitted to practice law, withdrew application, denied).

8.2 Have you ever submitted an application for admission to practice law in any state or foreign country? YES NO

NOTE: A CERTIFICATE OF GOOD STANDING FOR EACH JURISDICTION INTO WHICH YOU HAVE BEEN ADMITTED TO PRACTICE LAW MUST BE SUBMITTED WITH EACH APPLICATION.

If you are suspended or disbarred from practice as a result of a disciplinary proceeding, you are not eligible to file an Application for Extension of Determination of Moral Character (Rule VI, Section 2(b) of the *Rules*).

A. State or foreign country _____	Not admitted because (check one):
Applied for admission (Month/year) _____/_____	<input type="checkbox"/> Failed examination
Date of examination that you took (Month/Year) _____	<input type="checkbox"/> Withdrew application*
Admitted or readmitted (Month/Day/Year) _____	<input type="checkbox"/> Other reason*

* For any withdrawals and for any other reason for not being admitted which were not due to being unsuccessful on an examination, attach a separate piece of paper stating the question and detailing the circumstances and reasons.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

CONVICTIONS

The applicant has a continuing duty to update *in writing* responses to questions under the moral character section of the application whenever there is an addition to or change in information previously furnished (Rule VI, Section 7 of the *Rules*).

IN ANSWERING THE FOLLOWING QUESTIONS, YOU SHOULD INCLUDE ALL SUCH INCIDENTS AND CONVICTIONS, NO MATTER HOW MINOR THE INCIDENT. **Traffic violations which must be reported under this question include Failure to Appear, Driving Without a License, Driving with a Suspended License, and Reckless Driving, as well as all traffic violations that resulted in a misdemeanor or felony conviction.**

YOU ARE EXCLUDED FROM ANSWERING QUESTIONS REGARDING THE FOLLOWING INCIDENTS:

- A. Arrests that did not result in a conviction and for which you are not awaiting final adjudication.
- B. Any arrest, conviction or other proceeding the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to Sections 851.7, 1203.4a*, 1203.45*, 1000 to 1000.11, 1001 to 1001.11, or 1001.20 to 1001.35 of the Penal Code of the State of California, or Section 781 of the Welfare and Institutions Code of the State of California, or Section 11361.5 of the Health and Safety Code of the State of California, or pursuant to a similar statute of another jurisdiction which provides in substance and effect that upon entry of an order, such arrest, conviction, or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur.
- C. Any arrest, conviction or other proceeding, the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to the statute of another jurisdiction, which statute provides in substance and effect that upon entry of an order, such arrest, conviction or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur. If you believe you come within this exclusion, you **MUST** include with your application a copy of the applicable statute and any supporting annotations and answer yes to question 9.5 below.

*** NOTE ***

The above-referenced sections of the Penal Code are Sections 1203.4a and 1203.45, **not** 1203.4. **SECTION 1203.4 REQUIRES** disclosure of matters dismissed under that Section in response to a direct question contained in an application for licensure by a state agency.

LIST ONLY NEW INCIDENTS OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS CALIFORNIA APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

- 9.1 Have you ever been convicted of the violation of a misdemeanor or felony? As used herein, a conviction includes a plea of guilty or nolo contendere, or a verdict or finding of guilt, regardless of whether sentence is imposed by the court.
- 9.2 Are you awaiting final adjudication for any incident?
- 9.3 Have you ever been held in contempt of court?
- 9.4 Have you ever been granted immunity in lieu of criminal prosecution?

<input type="checkbox"/> YES	<input type="checkbox"/> NO --(2)
<input type="checkbox"/> YES	<input type="checkbox"/> NO --(2)
<input type="checkbox"/> YES	<input type="checkbox"/> NO --(2)
<input type="checkbox"/> YES	<input type="checkbox"/> NO --(2)

If YES to any of the above questions, please complete FORM 2. Make as many COPIES as you need. Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, probation report and certified copy of conviction, if any.

- 9.5 Are you submitting a statute of another jurisdiction pursuant to Section "C" above?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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A RESPONSE IS REQUIRED

If your answer to any of the following needs more space, please attach a separate piece of paper.

SCHOLASTIC DISCIPLINE

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

10.1 Have you ever been dropped, suspended, expelled, or otherwise disciplined by any school for any reason other than academic performance? YES NO --
If YES, state the reasons fully below, providing the name of the school, the date, the reasons for discipline, and the final disposition.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

BONDEDNESS; DISCHARGE OF OBLIGATION; INDEBTEDNESS

LIST ONLY NEW MATTERS OR MATTERS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

10.2 Have you ever held a bonded position? YES NO
If YES, specify the nature of the position, the inclusive dates, amount of bond, and whether any attempt has been made to recover upon your bond or cancel it.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

10.3 Has a bond ever been refused where you were to be the bonded person? YES NO
If YES, provide the full details.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

10.4 Are you in default in any way in the performance or discharge of any duty or obligation imposed upon you by decree, judgment, or order of any court or administrative agency, including alimony, support orders and decrees? YES NO (1)
If YES, complete **FORM 1**.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

11.1 Do you owe any debts, including student loans, that are past due (include those barred by the statute of limitations and past due credit account balances)? YES NO
 If YES, list each such indebtedness, providing the name and present address of the creditor, nature of the indebtedness, date incurred, the account number(s), amount still owing, reason for nonpayment, and steps taken to address the debt.

11.2 Have you ever defaulted on any student loan? YES NO
 If YES, list the name and address of the creditor or the guaranteeing agency to whom the loan was sold or assigned, the loan account number, the amount owed and the steps taken to make the amount current.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

BANKRUPTCY

LIST ONLY NEW CASES OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

11.3 Have you ever been adjudicated a bankrupt? YES NO -
 If YES, complete **FORM 3**. (3)

11.4 Has a petition in bankruptcy (personal or business related) ever been filed by you or against you, either alone or in association with others? YES NO -
 If YES, complete **FORM 3**. (3)

11.5 Do you have a bankruptcy pending under a Chapter 13 reorganization? YES NO -
 If yes, complete **FORM 3**. (3)

11.6 Have you ever been sued by a receiver, trustee, or other authority of any bankruptcy estate, for unlawful preference, conspiracy to conceal assets, or any other fraud or offense, whether or not punishable by law? YES NO -

If YES, please state the date, title, number of case, the name and location of the court in the space below, and continue on a separate piece of paper if needed. **ATTACH** to this application a copy of any complaint or other claim filed against you.

CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

LIST ONLY NEW CASES OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

 AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

12.1 Have you ever been a party to or are you presently a party to any civil action or administrative proceeding? This includes divorce, dissolution, small claims, worker's compensation, etc YES NO (1)

12.2 Have any judgments been filed against you? YES NO (1)

If YES to either of the above questions, complete **FORM 1**. Make as many copies of **FORM 1** as you need.

FRAUD, MISREPRESENTATION, LEGAL MALPRACTICE

LIST ONLY NEW INCIDENTS OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

 AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

12.3 Have you ever had a complaint alleging fraud, deceit, misrepresentation, forgery, or legal malpractice filed and sustained against you in any civil, criminal or administrative forum? YES NO (1)

If YES, complete **FORM 1** and **ATTACH** copies of the pleading, allegations and judgment.

MENTAL ILLNESS, DISEASE OR DISORDER

In answering Question 12.4, applicants should consider the following definitions for the words and phrases:

- “Ability to practice law” includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.
- “Good moral character” includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws to the state and the nation and respect for the rights of others and for the judicial process.
- “Mental illness, disease or disorder” includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.
- “Currently” does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functioning as an attorney.

12.4 Have you been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice law? YES NO

If YES, complete **FORMS 4 and 5**. Make as many **COPIES of FORMS 4 and 5** as you need to describe the problem.

12.5 Have you ever been adjudged an incompetent or a conservatee? YES NO

If YES, complete **FORM 4** and on a separate piece of paper state the question number and provide a narrative explanation. Give full details, including the name of the court, title, and name of the case, the date of the proceeding, the name and address of the institution and the inclusive dates you were adjudged either an incompetent or a conservatee.

MILITARY SERVICE

 AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

13.1 Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard?

YES NO

If NO, proceed to the next page.

- I am presently a member of the armed forces. (Complete a. and b.)
- I was a member of the armed forces. (Complete a. and c.)

a. Branch of service

Regular armed forces:

- Air Force Army Coast Guard Marine Corps Navy

Reserve components:

- Air Force Army Coast Guard Marine Corps Navy

National Guard:

- Air Force Army Coast Guard Marine Corps Navy

My serial number was/is _____ My rank was/is _____

Dates of service: From (Month/Year) _____ To (Month/Year) _____

From (Month/Year) _____ To (Month/Year) _____

b. For ACTIVE AND RESERVE PERSONNEL ONLY: Check one: Active Reserve

Present duty station _____

Address _____

c. While a member of the armed forces of the United States:

Did you receive an honorable discharge? YES NO* --

Were you ever court-martialed? YES* NO --

Were you allowed to resign in lieu of court-martial? YES* NO --

Were you administratively discharged? YES* NO --

Were you ever awarded non-judicial punishment? (Article 15 UCMJ) YES* NO --

** If you checked a box followed by an asterisk, on a separate sheet of paper provide a narrative explanation of the circumstances surrounding the occurrence.*

If you are now separated from military service, attach a copy of DD Form 214 to the application. Make sure the copy includes your "Type of Separation" and "Character of Service." This form may be acquired by writing to Military Personnel Records Center, 9700 Page Blvd., St. Louis, MO 63132. You are required to furnish a DD Form 214 or other report of separation. If you are advised by the Military Personnel Records Center that no such document exists, attach a copy of that notification to this application.

NOTE: Acquiring the DD Form 214 or other report of separation from the Military Personnel Records Center can be a time-consuming process. A delay in receiving these papers by the State Bar's Office of Admissions will delay the processing of your application.

CHEMICAL DEPENDENCY

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.



AT THIS TIME I HAVE NOTHING NEW TO REPORT. PLACE AN X HERE.

In answering Questions 14.1, applicants should consider the following definitions for the words and phrases:

- "Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and the preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.
- "Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws of the state and the nation and respect for the rights of others and for the judicial process.
- "Chemical dependency" is to be construed to include abuse and excessive use, addiction to alcohol, drugs or medications.
- "Currently" does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that you believe that the use of drugs or alcohol may have an ongoing impact on your functioning as an attorney.

14.1 Have you been diagnosed or treated for a chemical dependency that would currently interfere with your ability to practice law? YES NO

If YES, complete **FORMS 4 and 6**. Make as **many COPIES of FORMS 4 and 6** as you need to describe the problem.

AUTHORIZATION AND RELEASE

IN RE APPLICATION OF

NAME: _____

SOCIAL SECURITY #: _____

I, _____, having filed an application with the Committee of Bar Examiners of the State Bar of California ("Committee"), hereby consent to have an investigation made as to my qualification for good moral character. **I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservations of any kind. I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application and receipt of an adverse moral character determination.** I therefore agree to give the Committee through the State Bar's Office of Admissions any further information which may be required in reference to such investigation. I understand that the contents of my moral character investigation are confidential and that I will not receive and am not entitled to have disclosed to me the information received or obtained during such investigation except as provided under California Evidence Code section 1040.

I also authorize and request each and every law school having control of any documents, records, or other information pertaining to me to (i) furnish such to the State Bar's Office of Admissions, as required by the Committee; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I further authorize all educational institutions and testing organizations to release to the Committee any information, files or records pertaining to me requested by the Committee in connection with any studies conducted by the Committee regarding the admission process.

I hereby release, discharge, and exonerate any law school, educational institution, or testing organization, any of their respective employees, agents and representatives, and any person or organization supplying requested documents, records, and other information pertaining to me from any and all liability of every nature and kind arising out of the furnishing of such documents, records and other information to the Committee.

I further authorize and request every person, firm, company, corporation, governmental agency, bank, credit company, instrumentality, law enforcement agency, court, association or institution having control of any other documents, records and other information pertaining to me (including any confidential or sealed records; files of bar associations or disciplinary pertinent data) to (i) furnish to the Committee any such information; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions, or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Committee information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214, Report of Separation.

I understand that the fact that I am a California applicant will be communicated to other Bar admitting entities, as well as to the National Conference of Bar Examiners and by that agency to such other Bar admitting authorities as may inquire, and I further authorize the Committee to release any and all such materials submitted in support of this application to other Bar admitting entities and the National Conference of Bar Examiners for purposes of other moral character investigations pertaining to me.

I also understand that pursuant to Rule VI, Section 7 of the *Rules Regulating Admission to Practice Law in California*, I am under a continuing obligation to keep my application current and must update in writing my responses to the application whenever there is an addition to or change to information previously furnished the Committee.

I hereby release and exonerate the State Bar of California (including its Board of Governors, the Committee, members of the Committee of Bar Examiners, and officers, employees, agents and representatives of the State Bar) from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information pertaining to me or the moral character investigations made by or on behalf of the Committee.

For purposes of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

I hereby declare under penalty of perjury under the laws of the State of California that the answers and statements provided by me in the foregoing application are true and correct.

Executed on _____
(Date)

at _____
(City and State)

(Print Name)

SIGN HERE _____
(Signature of Declarant)

Note: Applications received more than 30 days after being signed will be returned as stale dated.

FORM 1 — RECORD OF CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

Name _____
First Middle Last Social Security Number

Nature of case (e.g., small claims, divorce, personal injury, etc.) _____

Complete title of case _____

Court file number _____ Date Filed _____

Name of court _____

Address _____

City _____ State _____ Zip _____

Your position in case (e.g., plaintiff, defendant, cross-complainant, etc.) _____

Elaborate on the circumstances of the case _____

Full name(s) and address(es) of plaintiff(s) and attorney(s)

Full name(s) and address(es) of defendant(s) and attorney(s)

_____ Plaintiff

_____ Defendant

_____ Address

_____ Address

_____ City State Zip

_____ City State Zip

_____ Attorney

_____ Attorney

_____ Address

_____ Address

_____ City State Zip

_____ City State Zip

Trial date _____ Date of final disposition _____

Disposition _____

If the disposition resulted in a judgment, has the judgment been satisfied? YES NO

If YES, give the date the judgment was satisfied _____

If NO, what amount is still owing and why? _____

FORM 2 — RECORD OF CRIMINAL CASES

Name _____
First Middle Last Social Security Number

INCIDENT

Charge(s) at time of arrest: Felony Misdemeanor

Charge(s) (e.g., petty theft): _____

Date of incident (or time period involved) _____

Location _____
City County State

NARRATIVE

Provide a detailed narrative of the circumstances surrounding the incident. If your answer needs more space, please attach a separate piece of paper.

ARRESTING AGENCY

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Arresting Agency Report Number _____

COURT

Name of court _____

Address _____

City _____ State _____ Zip _____

Title of complaint or indictment _____

Court File Number _____

Date first heard _____ Date of final disposition _____

Final disposition:	<u>CHARGE</u>	<u>SENTENCE</u>
Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>		
Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>		

ATTACH A COPY OF THE ARRESTING OFFICER'S REPORT, COMPLAINTS, INDICTMENT, TRIAL DISPOSITION, SENTENCE, APPEAL, PROBATION REPORT AND CERTIFIED COPY OF CONVICTION, IF ANY.

FORM 3 — RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Social Security Number

Date of bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Brief description of circumstances surrounding filing petition for bankruptcy _____

Date of final disposition _____

Disposition _____

Were any adversary proceedings instituted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any allegations of fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any debts not discharged? If YES, list them on a separate sheet of paper and include the current status of each debt, the amount still owing and the steps taken to make the amount current and/or the reason for nonpayment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If debts were reorganized under Chapter 13, when will the release be instituted? _____

ATTACH THE PETITION FOR BANKRUPTCY, ALL SCHEDULES AND STATEMENTS FILED WITH THE BANKRUPTCY PETITION, ANY OBJECTION OR EXEMPTION TO DISCHARGE FILED BY A CREDITOR AND THE RULING THEREON, AND DISCHARGE FROM THE BANKRUPTCY COURT.

DO NOT DETACH

FORM 4 — AUTHORIZATION TO RELEASE MEDICAL RECORDS

Upon presentation of the original or a photocopy of this signed authorization,

I _____
(Applicant's name)

authorize _____
(Name and address of institution or doctor)

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol, to representatives of the California Committee of Bar Examiners who are involved in conducting an investigation into my moral character for admission to practice law in the State of California. I understand that any such information as may be received will be reported only to the admitted authority.

I hereby release, discharge and exonerate the California Committee of Bar Examiners, its agents and representatives and _____
(Name and address of institution or doctor)

its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the California Committee of Bar Examiners.

Signature of Applicant

Date

Witness

Witness

FORM 5 — DESCRIPTION OF MENTAL ILLNESS, DISEASE OR DISORDER

Name _____
First Middle Last Social Security Number

Date of treatment: From: ____/____/____ To: ____/____/____
Month Year Month Year

Name of attending physician _____

Physician's current address _____

City _____ State _____ Zip _____

Telephone (____) _____-_____

Name of hospital or institution _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____-_____

Type of problem _____

Describe completely the diagnosis and treatment _____

FORM 6 — DESCRIPTION OF CHEMICAL DEPENDENCY

Name _____
First Middle Last Social Security Number

Date of treatment: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Year Month Year

Name of attending physician _____

Physician's current address _____

City _____ State _____ Zip _____

Telephone (_____) _____-_____

Name of hospital or institution _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____-_____

Type of problem _____

Describe completely the diagnosis and treatment _____

IMPORTANT

Before mailing your application, please check the following:

- Is the correct fee included?
- Are the two (2) sets of fingerprints enclosed?
- Are the identification boxes on the fingerprint cards COMPLETED in accordance with the instructions?
- Is the proper form signed and attached to the fingerprint cards if prints were obtained from other than a law enforcement agency?
- Is each question answered fully and completely?
- Is the application signed?
- Are you mailing the application more than 30 days after you signed the declaration? The application must be received within 30 days of the date it is signed or it will be returned.
- Are all applicable forms completed and attached?

SEE SECTION REGARDING "COMPLETION OF APPLICATION" IN THE INSTRUCTIONS.

OFFICE USE ONLY

- Wrong Form
- Stale-dated
- Pencil
- Application Not Signed
- Fingerprints Missing
- Fingerprint Card Incomplete
- Declaration Altered
- Don't Contact Notation
- References
- Form 1
- Form 2
- Form 3
- Form 4
- Form 5
- Form 6

Checklist Completed

Initials and Date

..... Payment Coupon

5 Payment Coupon - Extension of Determination of Moral Character

Office of Admissions
The State Bar of California

_____ Application Fee: \$159.00 _____
Last Name

First Name and Initial

_____-_____-_____ TOTAL PAID _____
Social Security Number

*This coupon must be placed in envelope compartment with the check. DO NOT place in the same compartment with the application.