

General Application

PERSONAL INFORMATION

Applicant Information

Full name

Suffix

NCBE Number

Social Security Number

Date of birth

E-mail address

Place of birth

Citizenship

Are you a citizen of United States?

Of what country are you a citizen?

If you are not a citizen of the United States, what is your immigration status?

Contact Information

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

Firm name (if business)

Street Address Line 1

Street Address Line 2

City

State or Province

Zip or postal code

Country

Mobile phone number

Office phone number

Other phone number

Name Change

Has your name ever changed?

Please state former name and when, how and why change was made. If change was made in a proceeding, please annex a copy of the order or other appropriate evidence of change.

From Mo/Yr

To Mo/Yr

Name

Explanation

Mother's Name and Address

Mother's Name and Address

First Name

Last Name

Is Mother deceased?

Address 1

Address 2

City

State

ZIP Code

Country

Father's Name and Address

Father's Name and Address

First Name

Last Name

Is Father deceased?

Address 1

Address 2

City

State

ZIP Code

Country

Current Driver's License

Current driver's license (State and Number) and previous states licensed.

Please upload a driving record from the Department of Motor Vehicles of **each state** in which **you have ever been** licensed to drive.

Do you have a Driver's License?

From mo/yr

To mo/yr

Driver's License Number

Drivers's license state, province or country

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

Prior Applications

Have you applied, **or are you currently applying**, to take a bar examination or any attorney's examination or applied for admission to practice law, or to practice before an administrative agency in any state, jurisdiction, or country? **This includes any prior application for admission in North Carolina.**

Name of U.S. jurisdiction, tribal court or foreign bar authority

Date of application

Date of examination

Admission status

Explanation

Prior Application Withdrawal

Have you withdrawn an application for admission to the bar of any jurisdiction?

Name of U.S. jurisdiction, tribal court or foreign jurisdiction

Date of application

Date of withdrawal

Reason for withdrawal

Board Appearances

In any jurisdictions and Courts, **including North Carolina** were you required to appear before any board committee or other examining authority for inquiry about any matter, other than examination upon legal subjects, in connection with your application for admission to practice law?

IF YES, list the jurisdiction(s), the name and complete mailing address of any such authority and describe the circumstances surrounding each incident.

Name of jurisdiction

Address 1

Address 2

City

State

ZIP Code

Country

Province

Describe the circumstances

Denied Applications

Have you applied in any jurisdictions and courts, **including North Carolina** which application was denied? **IF YES, list the jurisdiction(s), the name and complete mailing address of any such authority and describe the circumstances surrounding each incident.**

Name of jurisdiction

Address 1

Address 2

City

State

ZIP Code

Country

Province

Describe the circumstances

Bar Association Membership

Are you currently, or have you ever been a member of any jurisdictions and courts, State and Federal, in which you have been admitted to practice law?

List all jurisdictions and courts, State and Federal, in which you have been admitted to practice law and give dates of admission.

Jurisdiction/Court

Date of Admission

You will need to upload a Certificate of Good Standing from each Jurisdiction/Court.

Name of Jurisdiction/Court

Location of Jurisdiction/Court

Have you been entitled to practice in each of the jurisdictions and courts specified in your answer to this question continuously from the date you first became so entitled until the date hereof?

If NO, list the dates during which you have not been so entitled, the nature of disqualification, the facts and the name and complete mailing address of the authority in possession of the records thereof.

From Mo/Yr

To Mo/Yr

Nature of the disqualification

The facts

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Bar Association Courts

Have you ever been licensed to practice law in a jurisdiction other than North Carolina?

Provide the following information with regard to every court and administrative agency before which you have ever been admitted to practice.

Name of court

Address 1

Address 2

City

State

ZIP Code

Country

Province

From Mo/Yr

To Mo/Yr

Bar Association Membership Inactivity

Have you been entitled to practice continuously from the date you first became so entitled until the date hereof?

Periods of "Inactive" or "Non-resident" status must be indicated below.

Inactive dates

From Mo/Yr

To Mo/Yr

Non-resident dates

From Mo/Yr

To Mo/Yr

Bar Associations

Have you ever been a member of bar association?

Name of Bar Association

Name of Secretary

Business E-mail

Phone

Address 1

Address 2

City

State

ZIP Code

Country

Province

Dates of membership

From Mo/Yr

To Mo/Yr

Attorney Association Membership

Are you currently, or have you ever been a member of an organization whose membership consists primarily of attorneys?

Name of Attorney Association

Name of Secretary

Business E-mail

Phone

Address 1

Address 2

City

State

ZIP Code

Country

Province

Dates of membership

From Mo/Yr

To Mo/Yr

Disbarment

Have you been disbarred?

Please state the date, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Suspension

Have you been suspended from practice?

Please state the date, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Reprimands

Have you been reprimanded, censured, held in contempt of court or otherwise disciplined?

Please state the date, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Charges/Complaints/Pending Charges

Have any charges or complaints, formal or informal, been made or filed or proceedings instituted against you? You must disclose all complaints, including pending complaints regardless of the final disposition.

Please state the date, the nature of charge or complaint, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

Nature of charge or complaint

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Grievances

Have you appeared, formally or informally, before a grievance or other similar committee of any bar association or other law group?

Please state the date, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Fraud

Have you been accused of fraud, commingling, withholding, or misusing funds; or any other charges involving the handling of funds?

Please state the date, the nature of the charge, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

Nature of the charge

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

Unauthorized Practice of Law

Have there been any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law?

Please state the date, the nature of the charge, complaint or grievance, the facts, disposition of the matter, and the name and complete mailing address of the authority in possession of the records thereof **and upload a copy of all relevant documentation.**

Date

Nature of the charge, complaint or grievance

The facts

Disposition of the matter

Name of the authority

Address 1

Address 2

City

State

ZIP Code

Province

Country

E-mail

EDUCATION

High School Attendance

List complete information regarding all high school attendance.

High School

Dates of attendance

From Mo/Yr

To Mo/Yr

Law School Attendance

List complete information regarding all law school attendance.

IF YOU ATTENDED AN OUT OF STATE LAW SCHOOL, PLEASE UPLOAD A COPY OF YOUR LAW SCHOOL APPLICATION(S) AND INCLUDE ANY AMENDMENTS.

Did you (or do you expect to) receive a Juris Doctor from an ABA approved law school?

Law School

Address 1

Address 2

City

State

ZIP Code

Country

Province

From Mo/Yr

To Mo/Yr

Date degree received or expected

Degree received or expected to be received

Was your enrollment primarily online?

Non-ABA Approved Law School/Other

Address 1

Address 2

City

State

ZIP Code

Country

Province

From Mo/Yr

To Mo/Yr

Date degree received or expected

Degree received or expected to be received

Was your enrollment primarily online?

Law School – Admission Denial

Have you ever been denied admission to any law school for cause which might reflect on your character?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Explanation

Law School - Discipline

Have you ever been dropped, suspended, warned, placed on academic or disciplinary probation, expelled or requested to resign from any law school, or otherwise subjected to discipline by any such school or requested to advised by any such school to discontinue your studies there?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

Law School – Discipline: Honor Code Violations

Have you ever violated or been formally charged with a violation of the honor code of any Law School?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

Law School – Discipline: Failure to Disclose

When you applied for admission to law school, did you fail to fully disclose all criminal charges and convictions as requested by the law school application?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

Law School – Discipline: Candor

Have you ever failed to answer fully and truthfully all questions on the application for admission to any Law School?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

Law School – Discipline: Amendments

Have you ever amended your law school application or made a late disclosure to the law school(s)?

Law School

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

College/University Attendance

List complete information regarding all college/university attendance (other than law school).

Note: If you studied abroad, complete an entry for each study abroad period and indicate the sponsoring institution, if different from the school listed.

College/University

Mailing address

Address 1

Address 2

City

State

ZIP Code

Country

Province

From Mo/Yr

To Mo/Yr

Date degree received or expected

Check if your enrollment was primarily online.

College/University – Admission Denial

Have you ever been denied admission to any school, college or other similar institution for cause which might reflect on your character?

College/University

Address 1

Address 2

City

State

ZIP Code

Province

Country

Circumstances

Date of occurrence

College/University - Discipline

Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, college or university, or otherwise subjected to discipline by any such school or other institution or requested or advised by any such school or institution to discontinue your studies therein?

If Yes, provide name and complete address, including zip code, or any such institutions and state the circumstances and date of each occurrence.

College/University

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

College/University – Discipline: Honor Code Violations

Have you ever violated or been formally charged with a violation of the honor code of any educational facility?

If Yes, provide name and complete address, including zip code, or any such institutions and state the circumstances and date of each occurrence.

College/University

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

College/University – Discipline: Candor

Have you ever failed to answer fully and truthfully all questions on the application for admission to any educational facility?

If Yes, provide name and complete address, including zip code, or any such institutions and state the circumstances and date of each occurrence.

College/University

Address 1

Address 2

City

State

ZIP Code

Province

Country

Action taken

Date of action Mo/Yr

Explanation

College/University – Transcript Request

I have requested the Colleges and Universities which I have attended, to furnish transcripts directly to the Board disclosing my complete record.

College/University – Enclosed Transcripts

I will upload copies of my requests to such colleges and universities. (Transcripts must come directly from the educational institution and those delivered to the Board by the applicant are unacceptable.)

RESIDENCES

Residence History

List every permanent or temporary physical address where you have resided, including the present, in the United States or elsewhere, since your 18th birthday, with exact address of each, and the month and year of the beginning and ending of each such residence. (Exclude military address, unless off base.)

From Mo/Yr

To Mo/Yr

Address 1

Address 2

City

County/Parish

State

ZIP Code

Country

Province

EMPLOYMENT

Employment History

List all employment you have ever held beginning after your 18th birthday. Include employment by members of family or other relatives and employment with or without monetary compensation.

All legal employment must be listed.

Follow these instructions:

- List most recent employment first.
- Include self-employment, clerkships, temporary or part-time employment and military service.
- Account for any period of time when you were unemployed for more than four months (i.e. in school, studying for the bar examination, seeking employment, etc.).

From Mo/Yr

To Mo/Yr

Employment position/Description of unemployment

Employer or firm

E-Mail

Address 1

Address 2

City

State

ZIP Code

Country

Province

Supervisor/Associate name

Supervisor/Associate e-mail

Telephone

Were you self-employed or employed by a relative, or is the firm out of business? If Yes, provide a reference to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

Name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone

Details

From Mo/Yr

To Mo/Yr

Employment position/Description of unemployment

Employer or firm

Address 1

Address 2

City

State

ZIP Code

Country

Province

Supervisor/Associate name

Supervisor/Associate e-mail

Telephone

Reason for Leaving

Public Notice Statement

Public Notice Statement required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

This Public Notice may also be found at www.ic.nc.gov/121317ECSPublicNotice.pdf

I hereby certify that I have read and understand the Public Notice Statement, referenced above, published by the Employee Classification Section of the North Carolina Industrial Commission.

Employee Misclassification

During the preceding 5 years, have you been the subject of any investigation(s) for employee misclassification?

Please provide a detailed statement regarding the results of said investigation(s) for employee misclassification.

Explanation

Employment Discharge

Have you been discharged from any employment?

Please state the **date, circumstances and name and complete mailing address of employer.**

Date of discharge

Provide an explanation of circumstances of discharge

Name of Employer

Employer E-mail

Address 1

Address 2

City

State

ZIP Code

Resignation in Lieu of Termination

Have you been requested, formally or informally, to resign from or terminate employment?

Please state the **date, circumstances and name and complete mailing address of employer.**

Date of request

Provide an explanation of circumstances of request

Name of Employer

Employer E-mail

Address 1

Address 2

City

State

ZIP Code

Judicial Office

Have you ever held judicial office?

Office held

From Mo/Yr

To Mo/Yr

Name of court

Address 1

Address 2

City

State

ZIP Code

Country

Province

Supervisor/Associate name

Supervisor/Associate e-mail

Telephone

Reason for termination (if applicable)

Military Service

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

Upload a copy of all of your military separation papers (DD Form 214 or equivalent). Forms must indicate character of service.

Branch of service

State

Serial Number

Rank

Dates of service: From Mo/Yr

To Mo/Yr

Present duty station

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone

Name of commanding officer

Were you ever court-martialed?

Date of action

Explanation of circumstances

Result, including any punishment

Were you ever awarded non-judicial punishment (Art. 15 UCMJ)?

Date of action

Explanation of circumstances

Result, including any punishment

Did you receive an honorable discharge?

Date of action

Explanation of circumstances

Result, including any punishment

Were you allowed to resign in lieu of court-martial?

Date of action

Explanation of circumstances

Result, including any punishment

Were you administratively discharged?

Date of action

Explanation of circumstances

Result, including any punishment

Selective Service

Did you register under the Selective Service Act of 1948?

Explanation

Licenses

Have you held a license or certificate, other than a law license, the procurement of which required proof of good character (i.e. Real Estate License, CPA License, etc.)?

As to each license or certificate, please state the date it was granted, the name and **complete mailing address** of the authority issuing it.

Type of license

License number

Issued date

Name of authority

Address 1

Address 2

City

State

ZIP Code

Country

Province

License Denial

Have you made application for a position, the procurement of which required proof of good character, which application was denied?

That as to each such application, state the name and **complete mailing address** of the authority to whom it was addressed, date application was made, and the reasons for the denial.

Name of authority

Address 1

Address 2

City

State

ZIP Code

Country

Province

Date

Reasons of denial

License Revocation

Have you held a license or certificate, the procurement of which required proof of good character, which license or certificate was revoked or suspended?

If YES, that as to each such license or certificate, please state the date it was revoked or suspended, and the name and complete mailing address of the issuing and revoking authority, and the reason for the revocation or suspension. PLEASE UPLOAD a copy of the Order of Revocation or Suspension for each action listed.

Date of revocation/suspension

Name of authority

Address 1

Address 2

City

State

ZIP Code

Country

Province

Reason of revocation/suspension

CHARACTER & FITNESS

Surety Bond

Have you been bonded under a surety bond?

Please state the date, facts, and the circumstances surrounding the bonding, including the nature of the office or position for which you were bonded, dates, amount of bond, and name of surety company.

Name of Surety (Bonding) Company

Address 1

Address 2

City

State or Province

Zip or postal code

Country

Phone number

Email Address

Amount of money paid by Surety

Date money paid

Reason for bond

Explanation

If you have been bonded, has anyone sought to recover upon such bond or to cancel the same?

If yes, state the circumstances and the attempt at the actual recovery of the bonding or the conditions of the cancellation.

Explanation

Have you been refused a bond?

If yes, please state the date, facts, and the circumstances surrounding the refusal.

Date of refusal

Explanation

Preamble to Impairment Questions

Through this application, the Board of Law Examiners makes inquiry about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information is treated confidentially by the Board. The purpose of such inquires is to allow the Board to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; the Board routinely admits individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Board encourages applicants who may benefit from assistance to seek it.

The Board does, on occasion, deny admission to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board; further, the applicant has the responsibility for demonstrating qualification to practice law.

The Board does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

I have read and understand these instructions.

Conduct or Behavior

Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

Explanation

Date

Relevant Dates

From Mo/Yr

To Mo/Yr

Condition or Impairment

Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner?

Note: In this context, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

If Yes, complete and upload a Form 7 and Form 8 for each service provider.

Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

From Mo/Yr

To Mo/Yr

Description of condition or impairment

Description of treatment or monitoring/support program

Name of attending physician or counselor (if not applicable please type N/A)

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone

E-mail

Name of hospital or institution (if not applicable please type N/A)

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone

Defense or Explanation

Within the past five years, have you engaged in any conduct that: (1) resulted in arrest, discipline, sanction or warning; (2) resulted in termination or suspension from school or employment; (3) resulted in loss or suspension of any license; (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules? If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

Name of entity before which the issue was raised

Address 1

Address 2

City

State

ZIP Code

Country

Province

Nature of the proceeding

Date

Disposition, if any

Explanation

Anti-Government Associations

Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivisions thereof should be overthrown or overturned by force, violence or any unlawful means?

If YES, provide full explanation of details.

Explanation

Did you, during the period of such membership or association, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or an state or a political subdivision thereof by force, violence, or an unlawful means?

Legal Actions

Have you been a named party to any legal action, including, but not limited to civil, equitable, family law, probate, guardianship, or special proceedings? CRIMINAL MATTERS should be listed in response to the Criminal Actions questions in this application. PLEASE **UPLOAD A COPY OF ALL LITIGATION.**

Complete title of action

Court file number

Date filed

Trial date

Date of final disposition

Disposition

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

If the disposition resulted in a judgment, has the judgment been satisfied?

Date satisfied

Amount still owing

Detailed explanation of suit

Name of court

Address 1

Address 2

City

State

ZIP Code

Country

Province

Plaintiff's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of plaintiff's attorney

Defendant's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of defendant's attorney

Administrative Actions

Have you had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?

Name of regulatory agency

Address 1

Address 2

City

State

ZIP Code

Country

Province

Case number

Action taken

Action date

Explanation

Non-Legal Claims

Has anyone asserted a claim or demand against you, which has not been made the subject of any action or legal proceeding?

Provide details.

Explanation

Business Litigation

The following is a complete list of all litigation or other proceeding (including every cease and desist order, or other order) in any court of law or equity or any criminal court or before any governmental board or agency, or any arbitration board, in which any corporation, business association, business trusts, limited partnership, nonprofit corporation or association, and charitable religious or government funding agency in which I have ever owned 10% or more of the capital stock or other property interests, either legally or equitably, has been a party (a) during the period of time in which I owned 10% or more of the capital stock or other property interest in any said entity, or (b) during the period of time in which I was an officer, director, or trustee of any said entity.

Have you ever been a named party in an above proceeding?

Complete title of action

Court file number

Date filed

Trial date

Date of final disposition

Disposition

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Has the disposition resulted in a judgment?

Has the judgment been satisfied?

Date satisfied

Amount still owing

Detailed explanation of suit

Name of court

Address 1

Address 2

City

State

ZIP Code

Country

Province

Plaintiff's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of plaintiff's attorney

Defendant's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of defendant's attorney

Amount still owing

Detailed explanation of suit

Name of court

Address 1

Address 2

City

State

ZIP Code

Country

Province

Plaintiff's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of plaintiff's attorney

Defendant's name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of defendant's attorney

Non-Legal Claims

Have you asserted any claim or demand against any person, partnership or corporation, or governmental agency, which has not been made the subject of any action or legal proceeding?

Explanation

Preamble to Criminal Action Questions

Answer all questions, in full. Attaching documents, in lieu of answering the questions in this application, is not acceptable.

North Carolina allows you to omit reference to any arrest, charge or conviction that has been expunged by a duly entered order of expunction pursuant to Article 5 of Chapter 15A of the General Statutes of North Carolina.

For charges other than minor traffic offenses, set out in detail the facts surrounding said charges.

I have read and understand these instructions.

Criminal Actions

Have you EVER IN YOUR ENTIRE LIFE been arrested, given a written warning, or taken into custody, or accused, formally or informally, of the violation of a law for an offense other than traffic violations?

Note: For each incident, upload a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence appeal, and criminal record check. (If this information is not available, upload a letter from the court stating that there is no record.)

Date (or time period) of incident

Charge(s) on date of arrest or citation

Incident location

City

County

State

Country

Province

Title of complaint, indictment, or citation

Court file number

Detailed description of violation

Name of court involved

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of law enforcement agency involved

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of defendant's attorney

Date of initial court hearing

Charge(s) at time of initial court hearing

Date of final disposition

Charge(s) at time of final disposition

Final disposition

Criminal Actions: DWI/DUI

Have you been charged with or convicted of DWI/DUI; or driving under the influence of drugs?

Providing attachments of letters from law enforcement agencies in lieu of an answer is not acceptable.

Note: For each incident, upload a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence appeal, and criminal record check. (If this information is not available, upload a letter from the court stating that there is no record.)

Date (or time period) of incident

Charge(s) on date of arrest or citation

Incident location

City

County

State

Country

Province

Title of complaint, indictment, or citation

Court file number

Detailed description of violation

Name of court involved

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of law enforcement agency involved

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of defendant's attorney

Date of initial court hearing

Charge(s) at time of initial court hearing

Date of final disposition

Charge(s) at time of final disposition

Final disposition

Vehicular Manslaughter/Vehicular Homicide

Have you ever been charged with a traffic violation which resulted in time spent in jail, or had a jail sentence suspended, or charged with vehicular manslaughter, or charged with vehicular homicide?

Note: For each incident, upload a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence appeal, and criminal record check. (If this information is not available, upload a letter from the court stating that there is no record.)

Date of incident

Incident location

Arresting agency

Address 1

Address 2

City

State

ZIP Code

Province

Country

Court

Address 1

Address 2

City

State

ZIP Code

Province

Country

Initial charges

Final Disposition

Fine

Criminal/Civil Unsatisfied Judgments

The following is a complete list of all judgments, liens, orders and decrees ever entered against me or any entity in which I have ever owned 10% or more of the capital stock, either legally or equitably, remaining unsatisfied as of the present date.

Have you ever had any unsatisfied judgments, liens, orders or decrees.

Court

Address 1

Address 2

City

State

ZIP Code

Province

Country

Holder of the judgment/lien

Address 1

Address 2

City

State

ZIP Code

Province

Country

Explanation

Driver's License Cancellation/Suspension/Revocation

Has your driver's license been canceled, suspended or revoked for any reason?

Date

State

Explanation

Violation of Traffic Law

During the past five years have you been arrested, given a written warning, or taken into custody, or accused, formally or informally of the violation of a traffic law or ordinance, other than parking offenses? (This includes safety violations)

Date of incident

Incident location

Police agency

Address 1

Address 2

City

State

ZIP Code

Province

Country

Court

Address 1

Address 2

City

State

ZIP Code

Province

Country

Initial charges

Final Disposition

Fine

Failure to Appear

Have you failed to appear in regard to any court proceeding?

List each incident, provide an explanation of the circumstances surrounding the incident, including date(s) and the name and address of the court involved.

Name of court

From Mo/Yr

To Mo/Yr

Address 1

Address 2

City

State

ZIP Code

Country

Province

Explanation

Fingerprinting

The following are the approximate dates of each time I have been fingerprinted and the reason why I was fingerprinted.

Have you ever been fingerprinted?

Mo/Yr

Agency

Address 1

Address 2

City

State

ZIP Code

Province

Country

Explanation

Immunity

Have you been offered or granted immunity, testified or been called as a witness in a criminal action or criminal proceeding in which you were not a party?

If YES, state the place, date, name of the defendant, nature of the action or the proceeding, the court and the complete circumstances.

Place

Date

Name of each defendant

Nature of the action or the proceeding

Name of court

Address 1

Address 2

City

State

ZIP Code

Province

Country

Circumstances

Debts

Have you had a credit account involuntarily closed, charged-off, or referred to a collection agency?

Type of debt

Full account number

Original amount of debt

Current balance

Date of last payment

Current status of this debt

Describe the history of this debt

Name of entity extending credit

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of retailer if different from above

Name of current creditor or collection agency if different from above

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone number

Current full account number

Debt Revocation

Have you had a credit card revoked or canceled?

If YES, explain fully the circumstances leading to such a revocation, substantiating any repayment arrangement, including verification of current pay status or satisfaction.

Explanation

Student Loan Default

Have you defaulted on the payment of any student loan?

Upload documentation from the lender(s) showing resolution of any default.

Type of debt

Full account number

Original amount of debt

Current balance

Date of last payment

Current status of this debt

Describe the history of this debt

Name of entity extending credit

Address 1

Address 2

City

State

ZIP Code

Country

Province

Name of retailer if different from above

Name of current creditor or collection agency if different from above

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone number

Current full account number

Student Loans

Do you have students loans?

List all student loans and indicate whether payments are current, deferred or delinquent. Upload documentation from the lender(s) for any current payback schedules, deferred payments or defaults.

Name of creditor

Address 1

Address 2

City

State

ZIP Code

Country

Province

Full account number

Date repayment begins

Balance

Status

Debt Judgments

Have any judgments been entered against you?

PLEASE UPLOAD a copy of such judgments, satisfactions and, if unsatisfied, the names and present complete mailing addresses of the holders.

Court filed

Address 1

Address 2

City

State

ZIP Code

Province

Country

Judgment holder

Address 1

Address 2

City

State

ZIP Code

Province

Country

Amount owed

Status

Explanation

Debt Default or Discharge

Are you in default in the performance or discharge of any duty or obligation imposed upon you by any governmental agency or decree or order of any court including alimony and support orders and decrees?

Provide a detailed explanation.

Agency/Court

Address 1

Address 2

City

State

ZIP Code

Province

Country

Amount owed

Status

Explanation

Taxes

Have you failed to file any personal local, state, or federal income tax return, or failed to pay any taxes due?

Give full details and upload documentation showing that taxes are current.

Agency

Address 1

Address 2

City

State

ZIP Code

Province

Country

Amount owed

Status

Explanation

Credit Cards

Do you have any active credit cards?

Issuer of the Card (Chase, Citi, Wells Fargo, etc.)

Type of Card (Discover, MasterCard, Visa, etc.)

Full account number

Card Balance

Card Status

Does Over \$1000

Do you have any outstanding debts over \$1000?

List all debts over \$1000 and indicate status, i.e. current or delinquent. Do not list student loans.

BE SURE TO GIVE COMPLETE MAILING ADDRESS and ACCOUNT NUMBER. DO NOT LIST STUDENT LOANS.

Type of debt

Full account number

Original amount of debt

Current balance

Date of last payment

Current status of this debt

Describe the history of this debt

Name of entity extending credit

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone number

Name of retailer if different from above

Name of current creditor or collection agency if different from above

Address 1

Address 2

City

State

ZIP Code

Country

Province

Telephone number

Current full account number

Bankruptcy

Have you been involved as a debtor in proceedings filed under provision of the Bankruptcy Act?

Give full details and upload a copy of all bankruptcy documentation. Providing attachments in lieu of an answer is not acceptable.

Date filed

Title of action

Type of bankruptcy

Court file number

Name of court involved

Address 1

Address 2

City

State

ZIP Code

Country

Province

Total amount discharged in U.S. dollars

Date of disposition

Disposition

Were any adversary proceedings instituted?

Were there any allegations of fraud?

Were any debts not discharged?

Detailed description of circumstances surrounding filing

CHARACTER REFERENCES

Certificates of Moral Character

The following four (4) persons, **none of whom is currently a law student or has applied to take the upcoming North Carolina Bar Exam, a relative, a current or a former supervisor and IS NOT listed elsewhere in this application**, have known me well for a number of years and will furnish a **Certificate of Moral Character to the Board of Law Examiners within thirty (30) days of the filing of this application.**

Note 1: You must provide the certificate of moral character forms (which may be accessed from our website) to the four individuals you list below and ensure they send the completed and notarized form directly to the Boards office.

Note 2: You may not use persons you provided in a previous North Carolina application.

Name

Address 1

Address 2

City

State

ZIP Code

Country

E-mail

General Character References

The following eight (8) persons, **none of whom is currently a law student or has applied to take the upcoming North Carolina Bar Exam, a relative, or a current or a former supervisor and IS NOT listed elsewhere in this application**, have known me well for a number of years and they can be found at the indicated mailing addresses: **(Please make certain that no two persons are members of the same household.) SET OUT COMPLETE AND CURRENT MAILING ADDRESS** for each person listed .

Note 1: General Character References Forms will be provided to these individuals by the North Carolina Board of Law Examiners during the investigation of your application.

Note 2: You may not use persons you provided in a previous North Carolina application.

Name

Business name

E-Mail

Address 1

Address 2

City

State

ZIP Code

Country

Province

Occupation

Years known

Are you currently licensed to practice law in any jurisdiction or have you ever been licensed to practice law in any jurisdiction?

Please follow these instructions:

List the names and **complete mailing addresses** of three (3) attorneys and two (2) clients who know you, who **are not relatives and are not listed elsewhere in this application.**

If you have not practiced law (e.g., your license or application is pending, you do not live in the jurisdiction where licensed, etc.), give the names of other references, i.e. **law school professors, etc. Designate clients specifically.**

YOU MUST LIST FIVE (5) REFERENCES

Note 1: General Character References Forms will be provided to these individuals by the North Carolina Board of Law Examiners during the investigation of your application.

Note 2: You may not use persons you provided in a previous North Carolina application.

Name

Business name

E-Mail

Address 1

Address 2

City

State

ZIP Code

Country

Province

Occupation

Years known

ADDITIONAL INFORMATION

Marital Status

Your current marital status

Please provide Date and Place of Marriage and full name of spouse

Date of marriage

Full name of spouse or partner

If married and living apart, has separation been the subject of legal proceedings?

PLEASE UPLOAD a copy of separation documents.

Prior Marriage

Except as previously-stated, have you ever been married?

Please state when, where and with whom such marriage was contracted, and when and how the marital status was terminated. Please upload a copy of the complaint or other initial pleading; answer; counterclaim; agreement, if any; final judgment or other disposition; any post-judgment proceedings; and list the names and addresses of all attorneys who participated, the names of the parties to such proceedings and the names and addresses of the courts in which the proceedings were instituted or maintained.

Explanation

Support/Alimony

Have you ever been required to pay support or alimony payments?

If YES, please advise the Board of the status of your compliance with the support or alimony order and list the name and last known **complete address**, including zip code, of the person receiving support or alimony payments.

First Name

Last Name

Address 1

Address 2

City

State

ZIP Code

Country

Province

Full Disclosure

Is there any other incident or occurrence in your life which is not otherwise referred to in this application which you would like to acknowledge in the interest of full disclosure? It is crucial that you honestly and fully answer all questions, regardless of whether you believe the information is relevant.

Explanation

North Carolina Rules of Professional Conduct

Have you read the North Carolina Rules of Professional Conduct?

Additional Information

Would you like to provide additional information or further explain any of your previous responses?

Explanation

MPRE

Have you passed the Multistate Professional Responsibility Examination (MPRE)? [Pursuant to Rule .0501(6), you must have taken and passed the MPRE within the 24 months immediately preceding the bar exam which you pass, or within 12 months thereafter, with a score of at least 80.]

Date you passed the MPRE

Have you directed the National Conference of Bar Examiners to certify your scores to North Carolina?

Date you plan to take the MPRE