

**BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA**

Suite 700, One Exchange Plaza  
Post Office Box 2946  
RALEIGH, NORTH CAROLINA 27602

APPLICATION FEE \$ _____	
Make check payable to: <b>BOARD OF LAW EXAMINERS</b>	
Comity Fee	<b>\$2000.00</b>
<b>FOR OFFICE USE ONLY</b>	
Receipt No. _____	

In re application of:

\_\_\_\_\_  
(Please type name as it should appear on license certificate)

**CURRENT MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_ Phone Number

Email \_\_\_\_\_@\_\_\_\_\_

Please notify the Board in writing of any change in your mailing address. All correspondence will be sent to your current mailing address.

**The date you took and passed the Multistate Professional Responsibility Examination pursuant to Rule .0502(9) (Required score 80)** \_\_\_\_\_

**Have you directed the National Conference of Bar Examiners to certify your scores directly to North Carolina? (If not, please do so)** YES NO

**Or date you plan to take the Multistate Professional Responsibility Exam** \_\_\_\_\_

**APPLICATION MUST BE FILED IN DUPLICATE (EXCLUDING ATTACHMENTS)**

**APPLICATION FOR LICENSE TO PRACTICE LAW IN NORTH CAROLINA BY COMITY**

TO THE BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA:

The undersigned herewith applies for license to practice law in the State of North Carolina under the rules adopted by the Board of Law Examiners, approved by the Council of The North Carolina State Bar and certified by the North Carolina Supreme Court, governing admission by comity, and in support of such application submits the following questionnaire and affidavit and other papers.

**APPLICANT'S QUESTIONNAIRE and AFFIDAVIT**

**SECTION 1**

1. (a) Full name \_\_\_\_\_
- (b) Permanent residence address  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Social Security Number \_\_\_\_\_
- (d) Date of birth \_\_\_\_\_ Age \_\_\_\_\_
- (e) Place of Birth \_\_\_\_\_
- (f) In what country are you a citizen? \_\_\_\_\_
- (g) Mother's name and address \_\_\_\_\_  
\_\_\_\_\_
- (h) Father's name and address \_\_\_\_\_  
\_\_\_\_\_
- (i) Current Driver's License (State and Number) \_\_\_\_\_  
Please provide a driving record from the Department of Motor Vehicles of **each state**  
in which you **have ever been licensed** to drive. Other States: \_\_\_\_\_
- (j) Have you ever used or been known by any other name? \_\_\_\_\_  
YES    NO  
If YES, please state in full, each name used or by which you have at  
any time been known and the reasons for each such name.  
\_\_\_\_\_  
\_\_\_\_\_
- (k) If your name has ever been 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List below, every permanent and temporary residence you have ever had, including the present, in the United States or elsewhere, since your 21<sup>st</sup> 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.).

RESIDENCES

Current Address      From Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

2. continued

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_

---

---

3. (a) Marital status?

---

(b) If married, list the date and place of marriage and the name of spouse:

---

---

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

               
YES NO

If YES, **PLEASE FURNISH** a copy of separation documents.

(d) Except as above-stated, have you ever been married?

               
YES NO

If YES, please state when, where and with whom such marriage was contracted, and when and how the marital status was terminated. Please enclose 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.

---

---

---

---

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

               
YES NO

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.

---

---

---

---

4. Education other than the study of law:

(a) High School  
NAME AND LOCATION

(1) \_\_\_\_\_ From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

(2) \_\_\_\_\_ From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

(b) College or University  
NAME, COMPLETE ADDRESS, AND ZIP

(1) \_\_\_\_\_ From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_ From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_ From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_

Degree(s) (if any) \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_

I have requested the Colleges and Universities listed above which I have attended, to furnish transcripts directly to the Board disclosing my complete record, and I have authorized such Colleges and Universities to furnish the Board such other information as it may from time to time request. I am enclosing copies of my requests to such Colleges and Universities.

Transcripts must come **directly from the educational institutions** and those delivered to the Board by the applicant are unacceptable.

5. Legal education: (GIVE NAME, COMPLETE ADDRESS AND ZIP)

Law School \_\_\_\_\_

Address \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_

---

---

Law School \_\_\_\_\_

Address \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_

---

---

Law School \_\_\_\_\_

Address \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree \_\_\_\_\_

---

---

GRADUATED?

If YES, give date of graduation \_\_\_\_\_

\_\_\_\_\_  
YES NO

I have requested the law schools which I have attended to furnish transcripts directly to the Board disclosing my complete record, (copy of request enclosed) and I have authorized such law schools to furnish the Board such other information as it may request about my past record or any record hereafter made.

6. (a) Have you ever been denied admission to any school, college, law school or other similar institution for cause which might reflect on your character? \_\_\_\_\_

\_\_\_\_\_  
YES NO

(b) 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? \_\_\_\_\_

\_\_\_\_\_  
YES NO

(c) Have you ever violated or been formally charged with a violation of the honor code of any educational facility? \_\_\_\_\_

\_\_\_\_\_  
YES NO

(d) 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? \_\_\_\_\_

\_\_\_\_\_  
YES NO

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

\_\_\_\_\_  
YES NO

If your answer is YES to either (a) (b) (c) (d) or (e) give the name and complete address, including zip code, of any such institution and state the circumstances and date of each occurrence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you register under the Selective Service Act of 1948? YES NO  
If NO, please explain.

8. (a) Are you now, or have you ever been a member of the armed forces of the United States? YES NO

If YES, list:

(1) dates of periods of active duty \_\_\_\_\_

(2) branch of service \_\_\_\_\_

(3) date of discharge or expected discharge \_\_\_\_\_

**PLEASE FURNISH** an official military document covering each period of active duty over 90 days (DD-214 or its equivalent).

(b) As a member of the armed forces, have any charges ever been made or proceedings instituted against you? YES NO

(c) Have you ever been a defendant in any courts martial? YES NO

(d) If the answer to (b) or (c) is YES, please state the date, the nature of the charge, the facts, disposition of the matter and the location and designation of the military establishment where such proceeding took place.

\_\_\_\_\_  
\_\_\_\_\_

(e) Have you ever received a medical discharge? YES NO  
If YES, please state the reason.

\_\_\_\_\_  
\_\_\_\_\_

(f) Have you ever received an administrative discharge? YES NO  
If YES, please state the reason.

\_\_\_\_\_  
\_\_\_\_\_

- |    |     |   |                      |                     |
|----|-----|---|----------------------|---------------------|
| 9. | (a) | Have you ever been bonded under a surety bond?  | <u>      </u><br>YES | <u>      </u><br>NO |
|    | (b) | Have you ever been refused a fidelity or other bond?  | <u>      </u><br>YES | <u>      </u><br>NO |
|    | (c) | If you have ever been bonded under a surety bond, has anyone ever sought to recover upon such bond or to cancel the same? | <u>      </u><br>YES | <u>      </u><br>NO |

If YES, please specify nature of office or position for which you were bonded, dates, amount of bond, and name of surety company.

---



---

- |     |     |   |                      |                     |
|-----|-----|---|----------------------|---------------------|
| 10. | (a) | Have you been discharged from any employment?<br>If YES, please state the <b>date, circumstances</b> and <b>name</b> and <b>complete mailing address of employer.</b> | <u>      </u><br>YES | <u>      </u><br>NO |
|-----|-----|---|----------------------|---------------------|

---



---



---



---



---

- |  |     |   |                      |                     |
|--|-----|---|----------------------|---------------------|
|  | (b) | Have you ever been requested, formally or informally, to resign from or terminate employment?<br>If YES, please state <b>date, circumstances</b> and <b>name</b> and <b>complete mailing address of employer.</b> | <u>      </u><br>YES | <u>      </u><br>NO |
|--|-----|---|----------------------|---------------------|

---



---



---



---

11. (a) 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.)? YES NO

If YES, as to each license or certificate, please state the date it was granted, the name and **complete mailing address** of the authority issuing it, and whether you are still licensed. If not, state the date your license lapsed, and the reason it lapsed.

---

---

---

---

(b) Have you ever made application for a position, the procurement of which required proof of good character, which application was denied? YES NO

If YES, then 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 denial.

---

---

---

---

(c) Have you ever held a license or certificate, the procurement of which required proof of good character, which license or certificate was revoked or suspended? YES NO

If YES, 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 FURNISH** a copy of the Order of Revocation or Suspension for each action listed above.

12. (a) Have any judgments ever been entered against you? \_\_\_\_ YES    \_\_\_\_ NO  
If YES, **PLEASE FURNISH** a copy of such judgments, satisfactions and, if unsatisfied, the names and present **complete mailing addresses** of the holders.

---

---

---

(b) 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? \_\_\_\_ YES    \_\_\_\_ NO  
If YES, give full details below.

---

---

---

13. Have you failed to file any personal local, state, or federal income tax return, or failed to pay any taxes due? \_\_\_\_ YES    \_\_\_\_ NO  
If YES, give full details below and furnish documentation showing taxes are current.

---

---

---

---

14. Have you been involved as a debtor in proceedings filed under provision of the Bankruptcy Act? \_\_\_\_ YES    \_\_\_\_ NO  
If YES, give full details below.

---

---

---

---

**PLEASE FURNISH A COPY OF ALL BANKRUPTCY DOCUMENTATION**

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

If NONE, so state on lines below.

Name and Address of Creditor (include zip codes)	Date Repayment Begins	Balance	Status
1 _____ _____ _____	_____	_____	_____
	Account # _____		
2 _____ _____ _____	_____	_____	_____
	Account # _____		
3 _____ _____ _____	_____	_____	_____
	Account # _____		

- (b) Have you ever defaulted on the payment of any student loan? If so provide documentation from the lender(s) showing resolution of any default.

               
YES NO

If YES, give full details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. List all debts over \$200 and indicate status, i.e. Current or delinquent.  
If NONE, so state on lines below.

**BE SURE TO GIVE COMPLETE MAILING ADDRESS and ACCOUNT NUMBER.**

	<b>Name and mailing Address of Creditor</b>	<b>Account Number</b>	<b>Date Incurred</b>	<b>Balance</b>	<b>Status</b>
(1)	_____	_____	_____	_____	_____
	_____				
	_____				
(2)	_____	_____	_____	_____	_____
	_____				
	_____				
(3)	_____	_____	_____	_____	_____
	_____				
	_____				
(4)	_____	_____	_____	_____	_____
	_____				
	_____				

- (b) Have you ever had a credit card revoked or canceled?

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

\_\_\_\_\_  
YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

IF YES,

\_\_\_\_\_  
YES NO

	<b>List Original Account</b>	<b>Account Number</b>	<b>Status</b>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Please provide an explanation surrounding each incident.

17. (a) Has anyone ever asserted a claim or demand against you, which has not been made the subject of any action or legal proceeding? YES NO  
 If YES, state the facts and the present status of the matter.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Have you ever 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? YES NO  
 If YES, state the facts and the present status of the matter.  
 \_\_\_\_\_  
 \_\_\_\_\_

18. (a) Have you ever had a complaint filed against you personally, or as a member of a professional association, or corporation, or any legal entity in any civil, criminal or administrative forum alleging fraud, deceit, misrepresentation, forgery or professional malpractice. If YES, list details below. YES NO  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Have you ever been a named party to any legal action, including, but not limited to civil, equitable, family law, probate, guardianship, or special proceedings? YES NO  
 CRIMINAL LAW MATTERS should be listed in response to Question #20. If YES, list details below.

**PLEASE FURNISH A COPY OF ALL LITIGATION**

Complaint/Pleading, Answer, Judgment/Final order/Disposition, etc. and complete the following:

<u>Date</u>	<u>Nature of Proceedings</u>	<u>Plaintiffs</u>	<u>Defendants</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please include a brief summary of the circumstances surrounding each action.**

ATTACHMENTS IN LIEU OF AN ANSWER ARE NOT ACCEPTABLE

19. Has your driver's license been canceled, suspended or revoked for any reason? \_\_\_\_ YES    \_\_\_\_ NO  
 If YES, give full details below.

---



---



---

20. **You must answer parts (a), (b), (c), (d) and (e) of this question**, and the attachment of letters from law enforcement agencies in lieu of an answer is **not** acceptable. Once an offense is disclosed under any part of this item, it is not necessary to report the same offense under another part of this item.

**FOR ALL CHARGES OTHER THAN MINOR TRAFFIC OFFENSES, SET OUT IN DETAIL** (on additional sheets if necessary) **THE FACTS SURROUNDING SAID CHARGES.**

(a) 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? \_\_\_\_ YES    \_\_\_\_ NO

IF YES, LIST EVERY INCIDENT:

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTACH A STATEMENT SETTING OUT IN DETAIL THE COMPLETE CIRCUMSTANCES SURROUNDING THE ABOVE. INCLUDE FORM 12 FOR EACH INCIDENT. The attachment of letters from law enforcement agencies in lieu of an answer is not acceptable.

20. continued

(b) Have you ever been charged or convicted of DWI/DUI; or driving under the influence of drugs?

               
YES NO

If YES, complete the following:

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Submit **FORM 12** for each incident, which must include a **detailed explanation of the circumstances surrounding the arrest** and all arrest records and court records pertaining to each DWI/DUI charge and/or conviction.

20. (c) 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?

               
YES NO

If YES, complete the following

<u>Date</u>	<u>Place</u>	<u>Charges At Arrest</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. continued

- d) 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) \_\_\_\_\_  
YES    NO

If YES, complete the following:

<u>Date</u>	<u>Place</u>	<u>Charges</u>	<u>Final Disposition</u>	<u>Amount Fined</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (e) Have you ever failed to appear in regard to any court proceeding? \_\_\_\_\_  
YES    NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If NONE, so state on lines below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever 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?

               
YES NO

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

---

---

---

---

23. 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 locally 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.

If NONE, so state on lines below.

<b>Name of Court or Agency</b>	<b>Name of Plaintiff or Prosecutor</b>	<b>Name of Defendant</b>
--------------------------------	--	--------------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

<b>Number of Case</b>	<b>Type of Proceeding</b>	<b>Disposition</b>	<b>Date of Disposition</b>
-----------------------	---------------------------	--------------------	----------------------------

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

24. The following is a complete list of all judgments, liens, orders and decrees ever entered against any entity list in item 23 above, remaining unsatisfied as of the present date.

---

---

---

---

25. 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.

               
YES NO

If YES, give full details below.

---

---

---

Applicants are reminded that the Board of Law Examiners must assess the ability of each applicant to practice law competently, without harm to the public, and that the primary responsibility of the Board is to the public. Questions 26 - 32 request information essential to the Board's assessment. These questions are not intended to invade unnecessarily the privacy of the applicant. However, it is only through full disclosure of the requested information that the Board can carry out its responsibilities. Applicants should be aware that the Board regularly admits applicants who have been impaired at some time in their lives, whose answers to some or all of the following questions would be YES, and that the Board looks favorably on applicants' self-recognition of their need for treatment and appropriate utilization of professional services.

Definition: For purposes of questions 26 & 27, the term "impaired" or "impairment" means "limited in your ability to carry on any life activities to an extent which would, if you had been an attorney with obligations to a client at the time, have adversely affected your ability to provide services to that client." The ability to practice law requires, among other attributes, an accurate perception of reality, the capability to comprehend facts and circumstances, the capability to reason logically, the capability to communicate, the capability to recognize and appropriately resolve ethical dilemmas, honesty, and the capability to perform legal tasks in a timely manner.

26. Have you within the last seven years been impaired as a result of your use of alcohol or drugs, or have you been told that you were, or are, impaired as a result of your use of alcohol or drugs? \_\_\_\_\_  
YES NO

If your answer is YES, give full details below and on an attached sheet if necessary, including the names and mailing addresses of the person(s) if any who told you you were impaired, to whom the Board can address inquiries if necessary. If you have been treated by any professional or institution in connection with this impairment, or have been engaged in any program of recovery, provide the full name and mailing address of each such professional and institution and program, and direct each to furnish to the Board any information the Board may request with respect to any such impairment and treatment.

---

---

---

---

27. Have you ever been impaired as a result of any other medical, surgical, or psychiatric condition, or have you ever been told that you were impaired as a result of any medical, surgical, or psychiatric condition? \_\_\_\_\_  
YES NO

If your answer is YES, give full details below and on an attached sheet if necessary, including the names and mailing addresses of the person(s) who told you you were impaired, to whom the Board can address inquiries if necessary. If you have been treated by any professional or institution in connection with this impairment, or have been engaged in any program of recovery, provide the full name and mailing address of each such professional and institution and program, and direct each to furnish to the Board any information the Board may request with respect to any such impairment and treatment.

---

---

---

28. Have you ever been diagnosed with or have you been treated for bipolar disorder, schizophrenia, or any other psychosis or psychotic disorder, or organic brain syndrome? \_\_\_\_\_  
YES NO

If your answer is YES, give full details below and on an attached sheet if necessary. If you have been treated by any professional or institution in connection with this condition, or have been engaged in any program of recovery, provide the full name and mailing address of each such professional and institution and program, and direct each to furnish to the Board any information the Board may request with respect to any such condition and treatment.

---

---

---

---

29. Have you ever suffered from blackout spells or periods of amnesia or memory loss? \_\_\_\_\_  
YES NO

If your answer is YES, give full details below and on an attached sheet if necessary. If you have been treated by any professional or institution in connection with this condition, or have been engaged in any program of recovery, provide the full name and mailing address of each such professional and institution and program, and direct each to furnish to the Board any information the Board may request with respect to any such condition and treatment.

---

---

---

---

30. Have you ever been involuntarily committed to any inpatient or outpatient medical, mental health, or substance abuse facility for treatment or evaluation? \_\_\_\_\_  
YES NO

If your answer is YES, give full details below and on an attached sheet if necessary, including court, date, and circumstances. Provide the full name and mailing address of each facility to which you have been committed, and direct each of these facilities to furnish to the Board any information the Board may request with respect to any such commitment, evaluation, and treatment.

---

---

---

31. Have you ever been admitted at the request of any person other than yourself, to any inpatient or outpatient mental health or substance abuse facility for treatment or evaluation? \_\_\_\_\_  
YES NO
- If your answer is YES, give full details, including dates, below and on an attached sheet if necessary. Provide the full name and mailing address of each such facility, and direct each to furnish to the Board any information the Board may request with respect to any such condition, evaluation and treatment.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
32. Have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservator, or committee; or has any petition or other proceeding ever been brought requesting that you be declared legally incompetent, or requesting that your property be placed under any guardianship, conservator, or committee? \_\_\_\_\_  
YES NO
- If your answer is YES, give full details below and on an attached sheet if necessary, including the court, date, and circumstances of each such proceeding.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
33. (a) 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? \_\_\_\_\_  
YES NO
- If your answer is YES, give full details below.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (b) If your answer to (a) is YES, 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 any state or any political subdivision thereof by force, violence, or any unlawful means? \_\_\_\_\_  
YES NO

34. The following four (4) persons, none of whom is a **relative, a current or former supervisor, and IS NOT listed** under question 35, have known me well for a number of years and will furnish a Certificate of Moral Character to the Board of Law Examiners.

NAME

Mailing Address

City, State

ZIP CODE

**Please indicate correct title. (Mr./Ms.)**

Mr. Ms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. The following eight (8) persons, **none of whom is a relative, a current or former supervisor, and IS NOT listed** under question 34 above, 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. If it is a business address, please include the name of the business.**

NAME <u>Email</u>	Mailing Address <u>City, State, Zip</u>	<u>Length of Time Known</u>
Mr. Ms. _____ Please indicate correct title. (Mr./Ms.)	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	
Mr. Ms. _____	_____	_____
Email _____@_____	_____	

36. Please give 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. Do not list current or former supervisors as references. **If it is a business address, please include the name of the business.**

**YOU MUST LIST FIVE (5) REFERENCES**  
Designate clients specifically.

**Please indicate correct title. (Mr./Ms.)**

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

37. Please state the names, complete mailing addresses and occupations of five (5) reputable and responsible persons in each locality where you have practiced law with whom you are personally acquainted and who are not previously listed elsewhere in this application, stating fully your former relationship with each of these persons. Do not list current or former supervisors as references. **If it is a business address, please include the name of the business.**

**Please indicate correct title. (Mr./Ms.)**

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Mr. Ms. \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

38. List every application you have ever submitted, or are currently submitting, to take a bar examination or an attorney's examination or application 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. This must include your admission in a reciprocal jurisdiction, which qualifies you for admission by comity.**

State*	Exam Date Month/Year	Successful?	By Motion	Admitted Yes/No	Admitted Month/Year	Bar Number

\*IF ADMITTED IN NEW YORK, INDICATE WHICH DEPARTMENT.

PLEASE ATTACH A COPY OF EACH APPLICATION other than those filed in this state or furnish a letter from each jurisdiction stating it is no longer available.

39. Have you ever withdrawn an application for admission to the bar of any jurisdiction? \_\_\_\_\_  
YES    NO

If YES, indicate:

Jurisdiction \_\_\_\_\_ Date of Application \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

40. (a) In any of the above 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? \_\_\_\_\_  
YES    NO

- (b) Have you ever made application in any of the above jurisdictions and courts **including North Carolina** which application was denied? \_\_\_\_\_  
YES    NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<u>Jurisdiction</u>	<u>Court</u>	<u>Date of Admission</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have enclosed (or requested from the Clerk of the admitting jurisdiction(s) and will forward later) certificate(s) as to my current standing in each of the above jurisdictions, both State and Federal.

- (b) State the exact names and locations of courts before which your actual practice of law was chiefly conducted.

<u>Name of Courts</u>	<u>Location of Courts</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- (c) 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?

               
 YES NO

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

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |     |     |   |                      |                     |
|-----|-----|---|----------------------|---------------------|
| 42. | (a) | Have you ever been disbarred?   | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (b) | Have you ever been suspended from practice?   | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (c) | Have you ever been reprimanded, censured, held in contempt of court or otherwise disciplined?   | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (d) | Have any charges or complaints, formal or informal, ever been made or filed or proceedings instituted against you?                              | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (e) | Have you ever appeared, formally or informally, before a grievance or other similar committee of any bar association or other law group?        | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (f) | Have you ever been accused of fraud, commingling, withholding, or misusing funds; or any other charges involving the handling of funds?         | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (g) | Have there ever been any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law? | <u>      </u><br>YES | <u>      </u><br>NO |
|     | (h) | Are there any charges for professional misconduct currently pending against you?  | <u>      </u><br>YES | <u>      </u><br>NO |

If the answer is YES to any of the foregoing questions, 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 provide a copy of all relevant documentation.**

---



---



---



---



---



---



---



---

43. Have you ever held judicial office?  
 If YES, please state where, when, and offices held and if terminated, the reasons therefore.
- 
- 
-

44. (a) List the name and **complete mailing address** of the Secretary of each bar association of which you are or have ever been a member, and the dates of membership.

Name of Association	Name and Mailing Address of Secretary to Association	Dates of Membership
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____

- (b) List the name and **complete mailing address** of each organization whose membership consists primarily of attorneys and of which you are or have ever been a member.

Name of Association	Name and Mailing Address of Secretary to Association	Dates of Membership
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____

45. Are you now or have you ever been employed, self-employed or associated with any occasion, business, enterprise, profession or occupation either part-time or full-time OTHER THAN LAW \_\_\_\_ YES    \_\_\_\_ NO

If so, enumerate all such employments in CHRONOLOGICAL ORDER, since your 21<sup>st</sup> birthday. Include employment by members of family or other relatives and employment with or without monetary compensation.

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Reason for Termination \_\_\_\_\_

---

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Reason for Termination \_\_\_\_\_

---

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Reason for Termination \_\_\_\_\_

---

---

46. With respect to your LEGAL career, list in CHRONOLOGICAL order, from first to current, all employment, including temporary or part-time employment and self-employment, SINCE YOUR FIRST ADMISSION TO PRACTICE in any jurisdiction or court.

If you have had any gap in your employment history, attach an explanation.

If you have not practiced law, please so state.

If the firm or employer is now defunct, include the current address of a reference.

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

Firm or Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Nature of Employer's Business \_\_\_\_\_  
Full/Part time \_\_\_\_\_ Reason for Termination \_\_\_\_\_

---

I understand that this application is a continuing application and must give correctly and fully the information herein sought. I will, therefore, notify the Board as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information herein sought.

I understand that the filing of these papers with the Board does not waive any requirements under the rules of the Board and that all material submitted by me shall be considered as representations to the Board. I will furnish any additional information of whatsoever kind or nature as may be requested by the Board, and will appear before the Board in person when requested to do so. I understand the Board will make full and complete inquiry concerning my character, record, background and education as in its judgment it may deem proper and for such use as it may deem proper, and I further agree to cooperate in every respect in furnishing to the Board any and all material whatsoever nature it may request.

I have read the foregoing questions, and have answered the same fully and truthfully. The answers are complete and true of my own knowledge. I have typewritten the answers or they have been typewritten under my supervision.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**TO BE PROPERLY NOTARIZED THIS DOCUMENT MUST HAVE  
STAMP OR SEAL AFFIXED**

**AUTHORIZATION AND RELEASE**

Re Application of:

\_\_\_\_\_  
**(Name of Applicant)**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, born at \_\_\_\_\_  
**(NAME) (CITY) (STATE)**

having filed an application for admission to the bar of North Carolina, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the Board of Law Examiners of the State of North Carolina. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, governmental agency, organization, consumer reporting agency, institution or any other person or entity having control of any documents, records or other information pertaining to me relevant to my good moral character and general fitness requisite for an attorney to furnish the originals or copies of any such documents, records and other information to the Board of Law Examiners of the State of North Carolina and to permit said Board or any of its representatives to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Board of Law Examiners of the State of North Carolina or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Board of Law Examiners of the State of North Carolina or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, consumer reporting agency, governmental agency, court, association or institution or any other person or entity having control of any documents, records and any other information pertaining to me, to furnish to the Board of Law Examiners of the State of North Carolina any information, including documents, records, consumer reporting agency credit history reports, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board of Law Examiners of the State of North Carolina or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, exonerate the Board of Law Examiners of the State of North Carolina or any of its agents or representatives, and any person 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 Board of Law Examiners of the State of North Carolina.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, institution or entity which shall comply in good faith with the authorization and release made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Board of Law Examiners of the State of North Carolina. The undersigned further waives absolutely any privilege this applicant may have relevant to this applicant's good moral character and general fitness required for an attorney under North Carolina laws.

I understand that the investigation process requires that the Board of Law Examiners of the State of North Carolina receive and release my social security account number for the purpose of assessing or verifying information pertinent to this investigation and character report, and I authorize such receipt or release.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of \_\_\_\_\_,  
County of \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

Re Application of:

\_\_\_\_\_  
**(Name of Applicant)**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, born at \_\_\_\_\_  
**(NAME) (CITY) (STATE)**

having filed an application for admission to the bar of North Carolina, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the Board of Law Examiners of the State of North Carolina. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, governmental agency, organization, consumer reporting agency, institution or any other person or entity having control of any documents, records or other information pertaining to me relevant to my good moral character and general fitness requisite for an attorney to furnish the originals or copies of any such documents, records and other information to the Board of Law Examiners of the State of North Carolina and to permit said Board or any of its representatives to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Board of Law Examiners of the State of North Carolina or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Board of Law Examiners of the State of North Carolina or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, consumer reporting agency, governmental agency, court, association or institution or any other person or entity having control of any documents, records and any other information pertaining to me, to furnish to the Board of Law Examiners of the State of North Carolina any information, including documents, records, consumer reporting agency credit history reports, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board of Law Examiners of the State of North Carolina or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, exonerate the Board of Law Examiners of the State of North Carolina or any of its agents or representatives, and any person 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 Board of Law Examiners of the State of North Carolina.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, institution or entity which shall comply in good faith with the authorization and release made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Board of Law Examiners of the State of North Carolina. The undersigned further waives absolutely any privilege this applicant may have relevant to this applicant's good moral character and general fitness required for an attorney under North Carolina laws.

I understand that the investigation process requires that the Board of Law Examiners of the State of North Carolina receive and release my social security account number for the purpose of assessing or verifying information pertinent to this investigation and character report, and I authorize such receipt or release.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of \_\_\_\_\_,  
County of \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_