

**INSTRUCTIONS FOR COMPLETING THE APPLICATION  
FOR ADMISSION WITHOUT EXAMINATION SCR 2.110**

Mail or deliver your Application and required fees to:

**Kentucky Office of Bar Admissions**  
1510 Newtown Pike, Suite 156  
Lexington, KY 40511-1255

You are responsible for reading the current **RULES RELATING TO THE ADMISSION OF PERSONS TO PRACTICE LAW, (SCR 2.000 - 2.540)**.

The application must be completed as follows:

1. You must have Adobe Acrobat installed in the computer you are working on to print the application.
2. The answers to all questions must be completed (leave no blanks), including complete addresses and zip codes. Failure to be completely candid may result in denial of certification. If there is any doubt about how to answer a question, you should answer to the best of your ability, and explain the concern in an attachment to the application.
3. The application must be signed and notarized (*Page 27*).
4. The Authorization and Release form (*Page 29*) must be signed and notarized. If you answered “yes” questions 26 through 29, you must complete, sign and notarize the Authorization to Release Medical Records form (*Page 28*).
5. If you need additional space to complete any of the questions, you must attach separate sheets.

**ITEMS REQUIRED AT THE TIME OF FILING YOUR APPLICATION –**

1. **Application Fee:** Application fee of \$1,200 in the form of a certified check, cashier’s check or money order made payable made payable to the Kentucky Office of Bar Admissions. **There will be no refund of fees in case of denial or withdrawal of an Application**
2. **Authorization & Release Form:** There must be a signed and notarized Authorization & Release form (*Page 29*) accompanying your application and if applicable, the Authorization to Release Medical Records Form (*Page 28*).
3. **Credit Report.** **\*\*See instructions on Page 2.**

**ITEMS REQUIRED TO COMPLETE THE APPLICATION –**

**It is preferred that the following items (#1through #8) be submitted with your application. It is suggested that you use the checklist at the end of these instructions to assist you in making sure all required items are obtained.**

1. **Proof of Good Standing:** You must submit a Proof of Good Standing from each state you are admitted to practice law showing dates of admission and that you are currently a member in good standing. Proof of good standing may be in the form of a letter or certificate from the agency responsible for issuing that information and must show date of admission and state that you are currently a member in good standing.. **\*\*NOTE:** You may use the Good Standing Contact List on Page 15 & 16 to assist you in obtaining this information.
2. **Disciplinary History:** You must provide a certification from each disciplinary agency of the highest state court(s) of jurisdiction(s) where you are currently admitted stating that no disciplinary charges or complaints are presently pending or have ever been filed. **NOTE:** If a complaint or charge is pending or discipline of any kind has been given, attach the disciplinary agency’s statement, the nature of the complaint or charge and discipline rendered.
3. **Verification of Practice:** You must submit a Verification of Practice Form, which verifies five years of active practice of law. This form is to be completed by a Judge or Clerk of Court in the jurisdiction(s) where you have practice law. As an alternate, two statements of verification may be provided by a practicing attorney or supervising attorney.
4. **Certification of Graduation:** Provide certification of graduation from law school showing the date J.D. degree received. ***This certification may in the form of a letter.***
5. **Criminal History Records:** You must submit your criminal history records from the State, County and, where available, City records for each state in which you have lived, worked and/or attended school for the last five years.
  - a. **KENTUCKY:** If you have lived, worked and/or attended school in the state of Kentucky for the past five years, you can obtain your **complete** criminal history (**which includes city and county records**), by completing an online request at the Kentucky Court of Justice website. You may also use the Licensing Request Form included with these instructions.

*You WILL NOT need to obtain records from each county and city where you have lived in Kentucky in addition to obtaining this record.*

- b. **OUT OF STATE RESIDENTS:** Some State criminal history records contain all arrest and conviction data, and include criminal history records from each County and City. If you have lived, worked and/or attended school in a state or states that contain all data and include City and County records, you will only be required to obtain a State criminal history record. The list of State Repositories provides you with the name and address of the agencies to contact to obtain your state criminal history record. It is noted next to each state's name whether or not you will be required to submit only the State record or if you will be required to contact each county and city to obtain those records.
  - c. **STATES THAT DO NOT RELEASE CRIMINAL HISTORY RECORDS** - If you have lived worked and/or attended school in a state that does not release State criminal history records, complete the Verification of Criminal History Information form for each state. However, if local law enforcement will provide records, you must submit city and county records.
6. **Driving Records:** You must submit a driving record from each state where you have held a driver's license in the past five years. A list of the names and addresses of the driving record repositories is provided to assist you in obtaining your driving records.  
**\*\*NOTE: Driving records obtained online that only provide a 3 year history will be accepted.**

**STATES WHERE NOT LICENSED:** If you have lived, worked, attended school and/or served in the military and did not hold a driver's license in that state, you must complete the Verification of Driving Record Information form for each state. **YOU DO NOT NEED TO SUBMIT A DRIVING RECORD IF YOU HAVE NOT HELD A LICENSE IN THESE STATES.**

7. **Multistate Professional Responsibility Examination (MPRE) Score:** Pursuant to SCR 2.015, you are required to take the Multistate Professional Responsibility Examination, before sitting for the Kentucky Bar examination. If you have not taken the MPRE, you may obtain the Application forms and information from:

National Conference of Bar Examiners  
MPRE Application Department  
P.O. Box 4001  
Iowa City, Iowa 52243  
(319) 337-1287

or you may **register online** at [www.ncbex.org/tests](http://www.ncbex.org/tests) If you have already taken the MPRE and have identified Kentucky as the state to have your MPRE score sent, indicate the month and year MPRE was taken at the appropriate question on the application. The Office of Bar Admissions should have a copy of your score. If you did not have your score sent to Kentucky, you may obtain a valid score report of your MPRE score by contacting:

National Conference of Bar Examiners  
**MPRE Records Department**  
P.O. Box 451  
Iowa City, IA 52243-0451

8. **Photo ID card:** You must submit one (1) passport-photograph of yourself alone not larger than **1 1/2" x 2"** with your application. The photo must be attached to the first page of the application in the space provided in the upper right-hand corner. The photograph must have been taken within two months of the date that you file your application. The photo must be in color and must be a frontal head-and-shoulders pose with a plain light background. Do not wear a hat or dark glasses for the picture.

## **CREDIT REPORTS**

You must provide a copy of your credit report that has been obtained within 60 days prior to filing your application. ***The credit report MUST be submitted with your Application for Admission by the application filing deadline.*** You can order a free annual credit report online at [annualcreditreport.com](http://annualcreditreport.com), by calling 1-877-322-8228, or by completing the **Annual Credit Report Request Form** and mailing it to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281. Annualcreditreport.com is the central website set up by the three nationwide consumer reporting companies (Equifax, TransUnion and Experian). The FTC (Federal Trade Commission) advises those who **order their** free annual credit reports online to be sure to correctly spell **annualcreditreport.com**, or link to it from the FTC's website at [www.ftc.gov](http://www.ftc.gov) to avoid being misdirected to other websites that offer supposedly free reports, but only with the purchase of other products.

## SUPPLEMENTAL FORMS & INFORMATION

**Change of Address:** It is very important that you notify the Admissions office of a change of your residential or e-mail address, as the Admissions Office will rely on your last known address in its communication with you. To submit a change of address, you must complete a Change of Address Form that is provided at the end of these instructions.

**Name Change:** If you wish to change the way in which your name appears on the records of the Office Bar Admissions, that change must be made no later than 30 days prior to the release of bar exam results. To submit a name change, complete a Name Change Form that is provided at the end of these instructions. Send your Name Change Form to the Office of Bar Admissions. Any change made after the release of the bar results can only be made upon a formal motion for a name change to the Supreme Court.

**Update of Character and Fitness Information:** If you have any incident or occurrence that would change the information provided since the filing of your application (i.e., change of employment, traffic citation, arrests, disposition of pending litigation), you must complete the Update of Character & Fitness Information Form that is provided at the end of these instructions.

**Withdrawal from Examination:** Withdrawal from the examination must be done in writing at least five days before the bar examination or your exam fee (\$175) will be **forfeited**. If you wish to withdraw from the bar examination, complete the Withdrawal Form that is provided at the end of these instructions.

**Photocopy of Application:** Make and keep a copy of your application and the authorization and release form before mailing the original. You will need the copy to 1) safeguard against loss and 2) to use when applying to other jurisdictions that may require copies of all prior applications to a bar. **You will be charged a fee of \$20 for a copy of your application if you do not retain a copy for yourself.**

**Questions or Information:** If you have any questions in regard to applying for admission to the Kentucky Bar, please contact:

Kentucky Office of Bar Admissions  
1510 Newtown Pike, Suite 156  
Lexington, KY 40511-1255  
(859) 246-2381  
FAX: (859) 246-2385  
E-mail: [maryr@kyoba.org](mailto:maryr@kyoba.org)

## CHECKLIST OF REQUIRED DOCUMENTS

Use this section as a checklist for items and applicable forms required as a part of your application.

### ADMISSION WITHOUT EXAMINATION (SCR 2.110)

- \_\_\_\_(a) Certificate of Good Standing
- \_\_\_\_(b) Certificate from Disciplinary Agency.
- \_\_\_\_(c) Verification of Law Practice Form(s).
- \_\_\_\_(d) Certification of Graduation (*may be in the form of a letter from the law school*).
- \_\_\_\_(e) Criminal History Records
- \_\_\_\_(f) Verification of Criminal History Information Form. (*If applicable*)
- \_\_\_\_(g) Driving Record.
- \_\_\_\_(h) Verification of Driving Record Information. (*If applicable*)
- \_\_\_\_(i) Photo Identification (*1 photo required*). (**Print name on back of photo.**)
- \_\_\_\_(j) Multistate Professional Responsibility Examination (MPRE) Score.
- \_\_\_\_(k) Authorization & Release Form. There must be a signed and notarized Authorization & Release form accompanying your application.
- \_\_\_\_(l) Any documentation required of any question on the application.
- \_\_\_\_(m) DD214, Military Discharge (or applicable discharge papers).
- \_\_\_\_(n) Medical Release Form. (*if applicable*)



**CHANGE OF ADDRESS FORM**  
*(Residential or E-mail)*

I, \_\_\_\_\_, am submitting a change of address to  
(Print name of Applicant)

be filed with my application for admission to the Kentucky Bar. Please change your records to reflect my new address. Please send any further correspondence to the new address list below.

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

\_\_\_\_\_  
Date

**NEW ADDRESS**

Street: \_\_\_\_\_  
\_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

**OLD ADDRESS**

Street: \_\_\_\_\_  
\_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

**NEW E-MAIL ADDRESS**

\_\_\_\_\_

**OLD E-MAIL ADDRESS**

\_\_\_\_\_

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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
  
[records@kycourts.net](mailto:records@kycourts.net)



**LICENSING AGENCY REQUEST**

MAIL REQUESTS TO:  
  
ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

**Individuals for License**

Requesting a record on yourself for the purpose of obtaining a License requires a **\$15.00 fee (check or money order)**.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

***I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.***

**\* ALL INFORMATION BELOW IS REQUIRED.**

**MARY RIDDELL**

Requestor/Contact Person

**KENTUCKY OFFICE OF BAR ADMISSIONS**

Agency

**1510 NEWTOWN PIKE SUITE 156**

Address

**LEXINGTON KY 40511-1255**

City, State, Zip

Date

**859-246-2381**

Phone Number

E-mail Address

**KENTUCKY OFFICE OF BAR ADMISSIONS**

**VERIFICATION OF CRIMINAL HISTORY INFORMATION**

Please retain this original and make photocopies as needed to satisfy the requirements for submitting the criminal history records(s) as listed in the application instructions. You must submit one form for each jurisdiction that does not release criminal history records.

**To be used only for jurisdictions that do not release state criminal history records.**

Applicant Name: \_\_\_\_\_

SS#: \_\_\_\_\_

[ ] I (applicant name), \_\_\_\_\_ hereby state that according to the Criminal History Record Repositories from, the state of \_\_\_\_\_ does not provide clearance to obtain my criminal history record information. I further verify that I **do not** have a criminal record in said state.

[ ] I (applicant name), \_\_\_\_\_ hereby state that I **do have** a criminal record in the state of \_\_\_\_\_ and that I have provided a detailed explanation of the circumstances on an attached sheet, and have attached copies of all documentation.

I verify that the statements of facts made by me in this verification are true and correct. I further verify that I have not omitted any facts or matters pertinent to the requirements for submitting the criminal history record. The verification is being submitted with my application as required according to the applications in lieu of submitting a criminal history record.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**KENTUCKY OFFICE OF BAR ADMISSIONS**  
**VERIFICATION OF DRIVING RECORD INFORMATION**

Please retain this original and make photocopies as needed to satisfy the requirements for submitting the original driving record(s) as listed in the application instructions. You must submit one form for each jurisdiction.

Applicant name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I (applicant name), \_\_\_\_\_, hereby state that I lived, worked, attended school and/or served in the military in \_\_\_\_\_, but was not licensed to drive in that state or country.

I verify that the statements of facts made by me in this verification are true and correct. I further verify that I have not omitted any facts or matters pertinent to the requirements for submitting the original driving record. The verification is being submitted with my application as required according to the application instructions in lieu of submitting an original driving record.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CRIMINAL HISTORY INFORMATION STATE RECORD REPOSITORIES

It is suggested that you contact repositories directly to determine whether information has changed.

\*Please note – You are required to obtain county, and if available, city criminal history records in some states.

### **ALABAMA** - Request State only (includes County & City record)

Alabama Criminal Justice Information Center (ACJIC)  
201 South Union Street  
Suite 300  
Montgomery, AL 36130  
(334) 517-2400  
[www.dps.state.al.us/public/abi/cic.asp](http://www.dps.state.al.us/public/abi/cic.asp)

### **ALASKA** - Request State only (includes County & City record)

Criminal Record & Identification Bureau  
5700 E. Tudor Road  
Anchorage, AK 99507  
(907) 269-5765  
<http://www.dps.state.ak.us/statewide/background/>

### **ARIZONA** - Request State only (includes County & City records)

Arizona Department of Public Safety  
Criminal History Records Section  
2102 W. Encanto Boulevard  
Phoenix, AZ 85009  
(602) 223-2222  
<http://www.dps.state.az.us/cjsd/criminalinfosvc/recordreview.htm>

### **ARKANSAS** - Request State only (includes County & City records)

Arkansas State Police  
Identification Bureau  
1 State Police Plaza Drive  
Little Rock, AR 72209  
(501) 618-8500  
[http://www.asp.state.ar.us/demo/criminal/help\\_p3.php](http://www.asp.state.ar.us/demo/criminal/help_p3.php)

### **CALIFORNIA** - \*State, \*\*County & City Records required.

\*Contact KYOBA for procedure to request State record.  
\*\*Must contact local law enforcement for County & City records.

### **COLORADO** - Request State only (includes County & City records)

Colorado Bureau of Investigation  
690 Kipling Street  
Suite 3000  
Denver, CO 80215  
(303) 239-4208  
<https://www.cbirecordscheck.com/>

### **CONNECTICUT** - Request State only (includes County & City records)

Department of Public Safety  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457  
(860) 685-8480  
<http://www.state.ct.us/dps/spbi.htm>

### **DELAWARE** - Request State only (includes County & City records)

Delaware State Police  
State Bureau of Identification  
1441 DuPont Highway  
P.O. Box 430  
Dover, DE 19903  
(302) 739-5901  
[www.state.de.us/dsp/sbi.htm#criminalhistory](http://www.state.de.us/dsp/sbi.htm#criminalhistory)

### **DISTRICT OF COLUMBIA**

Metropolitan Police Department  
Henry J. Daly Building  
Identification and Records  
300 Indiana Avenue, NW, Room 3055  
Washington, DC 20001  
(202) 727-4245  
[http://mpdc.dc.gov/mpdc/cwp/view.a.1241.q.544820.mpdcNav\\_GID.1531.asp](http://mpdc.dc.gov/mpdc/cwp/view.a.1241.q.544820.mpdcNav_GID.1531.asp)

### **FLORIDA** - Request State only (includes County & City records)

Florida Department of Law Enforcement  
User Services Bureau  
Criminal History Search  
PO Box 1489  
Tallahassee, FL 32302  
(850) 410-8109  
<http://www.fdle.state.fl.us/CriminalHistory/>

### **GEORGIA** - Request State only (includes County & City records)

Georgia Crime Information Center  
CCH/ Identification Services  
PO Box 370748  
Decatur, GA 30037  
(404) 244-2639  
\* Include OAC # GAP231457 on fingerprint card.  
[http://www.georgia.gov/00/channel\\_modifieddate/0,2096,67862954\\_67866875,0\\_0.html](http://www.georgia.gov/00/channel_modifieddate/0,2096,67862954_67866875,0_0.html)

### **HAWAII** - Request State only (includes County & City records)

Hawaii Criminal Justice Date Center  
Kekuanao'a Building  
465 S. King Street  
Room 101  
Honolulu, HI 96813  
(808) 587-3100  
[www.state.hi.us/hcjdc/faq.htm](http://www.state.hi.us/hcjdc/faq.htm)

### **IDAHO** - State, County & City Records required

Idaho State Police  
Bureau of Criminal Investigation  
700 Stratford Drive  
Meridian, ID 83642  
(208) 884-7130  
<https://www.chu.dhw.idaho.gov/Default.aspx>

### **INDIANA** - State, County & City Records required

Indiana State Police  
Criminal History Limited Check  
PO Box 6188  
Indianapolis, IN 46206  
(317) 233-5424  
<http://www.in.gov/isp/lch/>

### **ILLINOIS** - State, County & City Records required

Illinois State Police  
Bureau of Identification  
260 N. Chicago Street  
Joliet, IL 60431  
(815) 740-5160  
<http://www.isp.state.il.us/>

### **IOWA** - State, County & City Records required

Iowa Division of Criminal Investigation  
215 East 7<sup>th</sup> Street  
Des Moines, IA 50319  
(515) 725-6066  
[http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain\\_records.shtml](http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml)

### **KANSAS** - Request State only (includes County & City records)

Kansas Bureau of Investigation  
Criminal History Records Section  
1620 SW Tyler  
Topeka, KA 66612  
(800) 452-6727  
<http://www.kansas.gov/kbi/criminalhistory/index.shtml>

## CRIMINAL HISTORY INFORMATION STATE RECORD REPOSITORIES

It is suggested that you contact repositories directly to determine whether information has changed.

\*Please note – You are required to obtain county, and if available, city criminal history records in some states.

### **LOUISIANA** - Request State only (includes County & City records)

Louisiana State Police  
Bureau of Criminal Identification & Information  
PO Box 66614, # A-4  
Baton Rouge, LA 70896  
(225) 925-70896  
[http://www.wprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service\\_id=3386](http://www.wprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3386)

### **MAINE** - State, County & City Records required

State Bureau of Identification  
State House Station # 42  
Augusta, ME 04333  
(207) 287-3659  
<http://www.maine.gov/dps/Sbi/chri.html>

### **MARYLAND** - \*State only (includes County & City records)

\*Contact KYOBA for procedure to request State record.

### **MASSACHUSETTS** - \*State only (includes County & City records)

\*Contact KYOBA for procedure to request State record.

### **MICHIGAN** - Request State only (includes County & City records)

Michigan State Police  
Criminal Records Division  
PO Box 30634  
Lansing, MI 48909  
(517) 241-0606  
[http://www.michigan.gov/msp/0,1607,7-123-1589\\_1878\\_8311-16223--,00.html](http://www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-16223--,00.html)

### **MINNESOTA** - Request State only (includes County & City records)

Minnesota Department of Public Safety  
Bureau of Criminal Apprehension  
MNJIS Section  
1430 Maryland Avenue East  
St. Paul, MN 55106  
(651) 793-2400  
<https://cch.state.mn.us/>

### **MISSISSIPPI** – \* Only County & City records required

\*State Records not available – Closed records state.  
Request County & City records from local law enforcement.

### **MISSOURI** - Request State only (includes County & City records)

Missouri State Highway Patrol  
Criminal Justice Information Services Division  
PO Box 9500  
Jefferson City, MO 65102  
(573) 526-6153  
<http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecC hk.html>

### **MONTANA** - State, County & City Records required

Montana Criminal Records  
P.O. Box 201403  
Helena, MT 59620  
(406) 444-3625  
<http://www.doj.mt.gov/enforcement/criminaljustice/backgroundchecks.asp>

### **NEBRASKA** - State, County & City Records required

Nebraska State Patrol  
Criminal Identification Division  
3800 NW 12<sup>th</sup> Street  
Suite A  
Lincoln, NE 68521  
Phone: (402) 471-4545  
<http://statepatrol.nebraska.gov/CriminalHistory.aspx>

### **NEVADA** - Request State only (includes County & City records)

Department of Public Safety  
Records Bureau  
333 West Nye Lane  
Suite 100  
Carson City, NV 89706  
(775) 684-6262  
<http://nvrepository.state.nv.us/>

### **NEW HAMPSHIRE** - Request State only (includes County & City records)

New Hampshire Department of Safety  
Division of State Police  
Jeffrey Kellett, Administrator  
Central Repository for Criminal Records  
33 Hazen Drive  
Concord, NH 03305  
(603) 223-3867  
<http://webster.state.nh.us/safety/nhsp/cr.html>

### **NEW JERSEY** - State, County & City Records required

Division of State Police  
Attn: CIU  
PO Box 7068  
West Trenton, NJ 08628  
(609) 882-2000, ext. 2918  
[http://www.njsp.org/about/serv\\_chrc.html#chri](http://www.njsp.org/about/serv_chrc.html#chri)

### **NEW MEXICO** - State, County & City Records required

Department of Public Safety  
PO Box 1628  
Santa Fe, NM 87504  
(505) 827-9181  
<http://www.dps.nm.org/lawEnforcement/records.php>

### **NEW YORK** - Request State only (includes County & City records)

Record Review Unit  
New York State Division of Criminal Justice Services  
4 Tower Place  
Albany, NY 12203  
(518) 485-7675  
<http://criminaljustice.state.ny.us/ojis/recordreview.htm>

### **NORTH CAROLINA** – Request State only (includes County & City records)

North Carolina State Bureau of Investigation  
Criminal Investigation & Identification Section  
ATTN: Applicant Unit- Right to Review  
3320 Garner Road  
PO Box 29500  
Raleigh, NC 27626  
(919) 662-4509  
[http://ncdoj.gov/getdoc/97522fed-73d5-4549-9f2c-d804e90bc57a/Right-to-Review\\_-packet.aspx](http://ncdoj.gov/getdoc/97522fed-73d5-4549-9f2c-d804e90bc57a/Right-to-Review_-packet.aspx)

### **NORTH DAKOTA** - State, County & City Records required

Criminal Records Section  
North Dakota Bureau of Criminal Investigation  
4205 State Street  
PO Box 1054  
Bismarck, ND 58502  
(701) 328-5500  
<http://www.ag.state.nd.us/BCI/CHR/RequestCHR.html>

### **OHIO** - Request State only (includes County & City records)

Bureau of Criminal Identification & Investigation  
1560 State Route 56 SW  
PO Box 309  
London, OH 43140  
(740) 845-2000  
<http://www.ohioattorneygeneral.gov/BCI>

## CRIMINAL HISTORY INFORMATION STATE RECORD REPOSITORIES

It is suggested that you contact repositories directly to determine whether information has changed.

\*Please note – You are required to obtain county, and if available, city criminal history records in some states.

### **OKLAHOMA** - State, County & City Records required

Oklahoma State Bureau of Investigation  
Criminal History Record Information Request  
6600 N Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
[http://www.ok.gov/osbi/Criminal\\_History/#](http://www.ok.gov/osbi/Criminal_History/#)

### **OREGON** - Request State only (includes County & City records)

Oregon State Police  
Identification Services Section  
Unit 11  
PO Box 4395  
Portland, OR 97208  
(503) 378-3070  
[http://www.oregon.gov/OSP/ID/public\\_records.shtml](http://www.oregon.gov/OSP/ID/public_records.shtml)

### **PENNSYLVANIA** - State, County & City Records required

Pennsylvania State Police  
Central Repository 164  
1800 Elmerton Avenue  
Harrisburg PA 17110  
(717) 783-6211  
<http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&PageID=458621&mode=2>

### **RHODE ISLAND** - Request State only (includes County & City records)

Department of the Attorney General  
Bureau of Criminal Identification  
150 South Main Street  
Providence, RI 02903  
(401) 274-4400  
<http://www.riag.ri.gov/civilcriminal/criminalid.php>

### **SOUTH CAROLINA** - Request State only (includes County & City records)

South Carolina Law Enforcement Division  
Criminal Records Check  
PO Box 21398  
Columbia, SC 29221  
(803) 737-9000  
<http://www.sled.sc.gov/>

### **SOUTH DAKOTA** - Request State only (includes County & City records)

Office of the Attorney General  
Division of Criminal Investigation  
1302 E Highway 14  
Suite 5  
Pierre, SD 57501  
(605) 773-3331  
<http://dci.sd.gov/Operations/Identification/BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx>

### **TENNESSEE** - State, County & City Records required

Tennessee Bureau of Investigation  
Criminal History Information Request  
901 RS Gass Boulevard  
Nashville, TN 37216  
(615) 744-4057  
[http://www.tbi.state.tn.us/background\\_checks/toris.shtml](http://www.tbi.state.tn.us/background_checks/toris.shtml)

### **TEXAS** - State, County & City Records required

Department of Public Safety  
Crime Records Service  
PO Box 15999  
Austin, TX 78761  
(512) 424-2079  
<http://www.txdps.state.tx.us/InternetForms/Forms/CR-30.pdf>

### **UTAH** - State, County & City Records required

Utah Department of Public Safety  
Bureau of Criminal Identification  
3888 West 5400 South  
Salt Lake City, UT 84118  
<http://publicsafety.utah.gov/bci/forms.html#Records>

### **VERMONT** - State, County & City Records required

Vermont Criminal Information Center  
103 South Main Street  
Waterbury, VT 05671  
(802) 244-8727  
[http://vcic.vermont.gov/record\\_checks](http://vcic.vermont.gov/record_checks)

### **VIRGINIA** - Request State only (includes County & City records)

Virginia State Police Records  
Central Criminal Records Exchange - NF  
PO Box 85076  
Richmond, VA 23261  
(804) 674-6724  
<https://apps.vsp.virginia.gov/ncjis/publicforms.do>

### **WASHINGTON** - State, County & City Records required

Washington State Patrol  
Identification & Criminal History Section  
PO Box 42633  
Olympia WA 98504  
(360) 534-2000  
<http://www.wsp.wa.gov/crime/crimhist.htm>

### **WEST VIRGINIA** - \*State only (includes County & City records)

\*Contact KYOBA for procedure to request State record.

### **WISCONSIN** - Request State only (includes County & City records)

State of Wisconsin Department of Justice  
Crime Information Bureau  
Record Check Unit  
PO Box 2688  
Madison, WI 53701  
(608) 266-5764  
<http://www.doj.state.wi.us/dles/cib/crimback.asp>

### **WYOMING** - State, County & City Records required

Wyoming Division of Criminal Investigation  
316 West 22<sup>nd</sup> Street  
Cheyenne, WY 82002  
(307) 777-7181  
<http://attorneygeneral.state.wy.us/dci/chc.html>

# DRIVING RECORD REPOSITORIES

**Applicants MUST contact repositories directly to determine whether information has changed**

## ALABAMA

Dept. of Public Safety  
Driver Record Request  
Driver License Division  
P.O. Box 1471  
Montgomery, AL 36102-1471  
(334) 242-4400  
Fee: \$5.75 payable to Alabama  
Dept.  
Of Public Safety, cash,mo,cc

## ALASKA

Dept. of Public Safety  
Division of Motor Vehicles  
P.O. Box 20020  
450 Whittier (use zip code 99801  
if sent to street address)  
Juneau, AK 99802-0020  
(907) 465-4361  
Fee: \$5, pc,mo,cc

## ARIZONA

Motor Vehicles Division  
1801 West Jefferson Avenue  
Mail Drop 539M, Room 139  
Phoenix, AZ 85007  
(602) 255-0072  
Fee: \$5, cc,pc,mo  
Will only provide 5yr record

## ARKANSAS

Traffic Violation Reports  
Ledbetter Building, Rm. 127  
P.O. Box 1272  
Little Rock, AR 72203  
(501) 682-7204  
Fee: \$10 payable to Dept. of  
Finance  
& Admin. pc,mo

## CALIFORNIA

Dept. of Motor Vehicles  
P.O. Box 944247  
Mail Station C 198  
Sacramento, CA 94244  
(916) 657-6555  
Fee: \$5, pc,mo,cc  
Must request a DL-70 form\*

## CANADA - ONTARIO ONLY

Ministry of Transportation,  
Data Management Section  
Main Floor  
2680 Keele, East Bldg.  
Downsview, Ontario M3M3E6  
(416) 235-4733  
Fee: \$18 payable to Minister of  
Finance. pc,mo,cc  
Note: This is for requests in  
Ontario  
only. For any other province,  
contact  
the licensing agency.

## COLORADO

Motor Vehicle Division  
Traffic Records  
Denver, CO 80261-0016  
(303) 205-5613  
Fee: \$2.70 payable to Colorado  
Dept.  
Of Revenue. pc,mo,cc

## CONNECTICUT

Dept. of Motor Vehicles  
ATTN: Copy Records  
60 State Street,  
Wethersfield, CT 06109  
(860) 566-3720  
Fee: \$ 10, pc,mo

## DELAWARE

Division of Motor Vehicles  
Attn: Sandy O'Brien  
P.O. Box 698  
Dover, DE 19903  
(302) 744-2500 or 739-4343  
Fee: \$4, pc,mo  
**Include SASE**  
Request an Application form  
(**must**  
**be signed and notarized.**)

## DISTRICT OF COLUMBIA

Dept. of Public Works  
Bureau of Motor Vehicle  
Driver's Records Section  
301 C St. N.W., Rm. 1000  
Washington, D.C. 20001  
(202) 727-6761  
Fee: \$5 payable to D.C.  
Treasurer,  
pc,mo

## FLORIDA

Dept. of Highway Safety &  
Motor  
Vehicles  
Division of Driver Licenses  
Neil Kirkman Bldg.  
Tallahassee, FL 32399-0575  
(904) 488-0250  
Fee: \$3. 10 payable to Division  
of  
Driver Licenses, pc,cc

## GEORGIA

Dept. of Public Safety  
Motor Vehicle Records  
P.O. Box 1456  
Atlanta, GA 30371-2303  
(404) 657-9300  
Fee: \$7, mo,cc  
**Request must be signed and  
notarized.**

## HAWAII

Traffic Violations  
Abstract Dept.  
1111 Alakea Street  
Honolulu, HI 96813  
(808) 538-5530  
Fee: \$7 payable to District Court  
of  
the First Circuit. mo,cc  
must specify applying for PA  
Bar and  
request a "Court Abstract"

## IDAHO

Driver Services  
P.O. Box 34  
Boise, ID 83731-0034  
(208) 334-8735  
Must request "All Years"  
Fee: \$12 payable to Idaho  
Transportation Dept., mo,cc

## ILLINOIS

Secretary of State  
Abstract Info. Unit  
2701 South Dirksen Pky  
Springfield, IL 62723  
(217) 782-2720 or 782-2721  
Fee: \$5, pc,cc,mo

## INDIANA

Bureau of Motor Vehicles  
Driver Records  
100 North Senate Ave., Rm.  
N405  
Indianapolis, IN 46204  
(317) 232-2894  
Request a "Drivers History  
Record"  
Fee: \$8

## IOWA

Dept. of Transportation  
Office of Driver Services  
P.O. Box 9204  
Des Moines, IA 50306-9204  
(515) 244-9124 or (515)  
244-8725  
Fee: \$5, pc,mo,cc

## KANSAS

Driver Control  
P.O. Box 12021  
Topeka, KS 66612-2021  
(785) 296-3671  
Fee: \$3.50 payable to Kansas  
Dept.  
of Revenue, pc,mo,cc

## KENTUCKY

Transportation Cabinet  
Division of Driver's Licenses  
200 Mero Street  
Frankfort, KY 40622  
(502) 564-6800  
Fee: \$3 payable to Kentucky  
State Treasurer, pc,mo,cc  
Online requests:  
[www.kytc.state.ky.us/drlrc/](http://www.kytc.state.ky.us/drlrc/)

## LOUISIANA

Dept. of Public Safety &  
Corrections  
Office of Motor Vehicles  
P.O. Box 64886  
Baton Rouge, LA 70896-4886  
(504) 922-2814  
Fee: \$15, mo,cc

## MAINE

Bureau of Motor Vehicles  
Driver Records Section  
State House Station 29  
Augusta, ME 04333  
(207) 287-9005  
Fee: \$5 payable to Secretary of  
State,  
pc,mo,cc

## MARYLAND

Motor Vehicle Administration  
Attn: Certified Copy Unit  
6601 Ritchie Highway  
Glen Burnie, MD 21062  
(410) 768-7034  
Fee: \$5 payable to Motor  
Vehicle  
Administration, pc,mo,cc

## MASSACHUSETTS

Registry of Motor Vehicles  
P.O. Box 199100  
Roxbury, MA 02119-9100  
(617) 351-4500  
Fee: \$10, pc,mo,cc

## MICHIGAN

Record Look Up Unit  
7064 Crowner Drive  
Lansing, MI 48918  
(517) 322-1624  
Fee: \$7.55 payable to State of  
MI,  
mo,cc, VISA/Mastercard  
accepted for  
phone requests.

## MINNESOTA

Dept. of Public Safety  
445 Minnesota Street Suite 180  
St. Paul, MN 55101  
(612) 296-9504  
Fee: \$5 payable to State  
Treasurer  
pc,mo,cc

## MISSISSIPPI

Dept. of Public Safety  
Driver Records Branch  
P.O. Box 958  
Jackson, MS 39205  
(601) 987-1274  
Fee: \$7 payable to Department  
of  
Public Safety, pc,mo,cc  
**Include SASE**

## MISSOURI

Missouri Department of Revenue  
Driver's License Bureau  
P.O. Box 200  
Jefferson City, MO 65105  
(573) 751-4300  
Fee: \$3 payable to Driver's  
License  
Bureau, pc,mo,cc

## MONTANA

Motor Vehicles Division  
Driver Services  
303 North Roberts  
P.O. Box 201419  
Helena, MT 59620  
(406) 444-4536  
Fee: \$4, pc,mo,cc

## NEBRASKA

Dept. of Motor Vehicles  
Driver Records Division  
P.O. Box 94789  
Lincoln, NE 68509  
(402) 471-4343  
Fee: \$3 payable to Driver  
Records/Nebraska Dept. of  
Motor  
Vehicles, pc,mo  
**Include SASE**  
Request an application form

## NEVADA

Dept. of Motor Vehicles  
555 Wright Way  
Attn: Records  
Carson City, NV 89711-0250  
(702) 687-3059  
Fee: None  
Request by mail only.

**NEW HAMPSHIRE**

Dept. of Safety  
 Attn: Driving Records  
 10 Hazen Drive  
 Concord, NH 03305  
 (603) 271-3101  
 Request an application form,  
**form**  
**must be signed and notarized.**  
 Fee: \$10 payable to State of New  
 Hampshire/DMV, pc,mo,cc

**NEW JERSEY**

Motor Vehicle Services  
 Data Output/Abstract Section  
 P.O. 142  
 Trenton, NJ 08666  
 (609) 292-6500  
 Fee: \$ 10, pc,mo,cc

**NEW MEXICO**

Motor Vehicle Division  
 P.O. Box 1028  
 Sante Fe, NM 87504-1028  
 (505) 827-2234  
 Request a "Life-Time Record"  
 No Fee Required.

**NEW YORK**

Dept. of Motor Vehicles  
 Data Preparation, Rm. 430  
 Empire State Plaza  
 Albany, NY 12228-0430  
 (518) 473-5595  
 Fee: \$5 payable to  
 Commissioner of  
 Motor Vehicles, pc,mo,cc  
 Applicant must call and order  
 form  
 MV#15.

**NORTH CAROLINA**

Dept. of Transportation  
 Division of Motor Vehicles  
 1100 New Bum Avenue  
 Raleigh, NC 27697-0001  
 (919) 715-7000  
 Applicant must call and order  
 form.  
 Fee: \$7 payable to NC Division  
 of  
 Motor Vehicles, mo,cc

**NORTH DAKOTA**

Drivers License Division  
 608 East Blvd. Ave.  
 Bismark, ND 58505  
 (701) 328-2604  
 Fee: \$3, pc,mo

**OHIO**

Bureau of Motor Vehicles  
 Attn: Abstract  
 P.O. Box 16520  
 Columbus, OH 43266-0020  
 (614) 752-7600  
 Fee: \$2 payable to State of Ohio.

**OKLAHOMA**

Dept. of Public Safety  
 Driving Records  
 P.O. Box 11415  
 Oklahoma City, OK 73136  
 (405) 425-2262  
 Fee: \$ 10, pc,mo,cc  
**Include SASE**

**OREGON**

Dept. of Motor Vehicles  
 1905 Lana Avenue NE  
 Salem, OR 97314  
 (503) 945-5000  
 Fee: \$3, pc,mo,cc  
 Request a court print.

**PENNSYLVANIA**

Dept. of Transportation  
 Bureau of Driver Licenses  
 P.O. Box 68695  
 Harrisburg, PA 17106-8695  
 (717) 783-1287  
 Fee: \$ 10, pc, mo,cc  
 PA residents only  
 (800) 932-4600  
 7 a.m. to 9 p.m.

**RHODE ISLAND**

Division of Motor Vehicles  
 Operator Control  
 345 Harris Avenue  
 Providence, RI 02909  
 (401) 222-2994  
 Fee: \$16 payable to  
 Administrative  
 Adjudication Court, pc,mo,cc

**SOUTH CAROLINA**

Dept. of Public Safety  
 Driver Records  
 P.O. Box 100178  
 Columbia, SC 29202-3178  
 (803) 251-2940  
 Fee: \$2, pc,mo,cc  
 Request 10 yr record.

**SOUTH DAKOTA**

Driver Licensing  
 118 West Capitol  
 Pierre, SD 57501  
 (605) 773-6883  
 Fee: \$4 Payable to Dept. of  
 Commerce. Include 4% sales tax  
 if record is mailed to an address  
 within  
 the state, pc,mo,cc.

**TENNESSEE**

Dept. of Safety  
 Financial Responsibility Section  
 P.O. Box 945  
 Nashville, TN 37202-0945  
 (615) 741-3954  
 Fee: \$5, mo,cc

**TEXAS**

Dept. of Public Safety  
 Attn: Driver Records  
 P.O. Box 15999  
 Austin, TX 78761-5999  
 (512) 424-2600  
 Fee: \$ 10, pc,mo,cc

**UTAH**

Driver License Division  
 Attn: Sharon/Kristi  
 P.O. Box 30560  
 Salt Lake City, UT 84130-0560  
 (801) 965-4437 fax (801)  
 964-4499  
 Fee: \$8, mo,cc

**VERMONT**

Dept. of Motor Vehicles  
 Attn: Records  
 120 State Street  
 Montpelier, VT 05603  
 (802) 828-2000  
 Fee: \$8, pc,mo,cc

**VIRGINIA**

Dept. of Motor Vehicles  
 P.O. Box 27412  
 Richmond, VA 23269  
 (804) 367-0538  
 Fee: \$5, pc,mo,cc,visa,master  
 card

**WASHINGTON**

State of Washington  
 Dept. of Licensing Revenue  
 Attn: Driver Records  
 P.O. Box 9035  
 Olympia, WA 98567-9035  
 (360) 902-3900  
 Fee: \$4.50 payable to  
 Washington  
 State Treasurer, pc,mo,cc

**WEST VIRGINIA**

Division of Motor Vehicles  
 Bldg. 3 Rm. 118  
 Charleston, WV 25317  
 (304) 558-0238  
 Fee: \$5, pc,mo,cc

**WISCONSIN**

Dept. of Transportation  
 Driver Record Files  
 P.O. Box 7995  
 Madison, WI 53707-7995  
 (608) 266-2353  
 Fee: \$3 payable to Registration  
 Fee  
 Trust, pc,mo,cc

**WYOMING**

Dept. of Transportation  
 Driver Services  
 P.O. Box 1708  
 Cheyenne, WY 82003-1708  
 (307) 777-4800-phone  
 (307) 777-4773-fax  
 Fee: \$5, pc,mo,cc  
**Include SASE**

**\* All Requests should include:  
 Name (and previous names),  
 Date  
 of Birth, Social Security  
 Number,  
 and Driver's License number  
 (if  
 known).**

**\*SASE: self-addressed  
 stamped envelope  
 \*PC: personal check  
 \*MO: Money order  
 \*CC: certified/cashiers check**

# CERTIFICATE OF GOOD STANDING CONTACT LIST

**Applicants should contact each office directly to determine whether this information has changed.  
Applicant must contact each office directly and obtain required Certificate(s) of Good Standing to submit to the Admissions office.**

## ALABAMA

Supreme Court of Alabama  
Clerk's Office  
300 Dexter Avenue  
Montgomery, AL 36104  
334-242-4609  
no charge  
request by phone

## ALASKA

Clerk of Appellate Courts  
303 K Street  
Anchorage, AK 99501  
907-264-0629  
no charge  
written request for Supreme  
Court issued certificate

## ARIZONA

State Bar of Arizona  
Attn: Discipline Department  
111 West Monroe  
Suite 1800  
Phoenix, AZ 85003  
602-340-7295  
fee - \$17.00 payable to Clerk of  
Supreme Court  
written request for Supreme  
Court issued certificate

## ARKANSAS

Supreme Court - Clerks Office  
Justice Building  
625 Marshall Street  
Little Rock, AR 72201  
501-682-6849  
no charge  
request by phone or in writing

## CALIFORNIA

California Supreme Court  
350 Mc Allister Street  
Room 1295  
San Francisco, CA 94102  
415-865-7000  
fee - \$ 1.00 payable to Clerk of  
Supreme Court  
written request include SASE

## COLORADO

Clerk of Supreme Court  
Attorney Registration  
600 17th Street  
Suite 910-S  
Denver, CO 80202  
303-534-7841  
fee - \$5.00 CC or MO payable to  
Clerk of Supreme Court  
written request SASE

## CONNECTICUT

Hartford Superior Court  
Attn: Jackie  
95 Washington Street  
Hartford, CT 06106  
860-548-2700 ext. 3723  
fee \$ 10.00 - CC or MO payable  
to Clerk of Superior Court  
written request

## DELAWARE

Supreme Court  
55 The Green  
P.O. Box 476  
Dover, DE 19903  
302-739-4155  
fee will be billed  
request by phone or in writing

## DISTRICT OF COLUMBIA

Clerk - DC  
Court of Appeals  
500 Indiana Ave. NW  
Room 4200  
Washington, DC 20001  
202-879-2710  
fee \$5.00 - CC or MO payable to  
DC Court of Appeals  
written request include SASE

## FLORIDA

Florida Supreme Court  
Clerk Office  
500 S. Duval Street  
Tallahassee, FL 32399  
850-488-0125  
fee \$ 1.00 - payable to Florida  
Supreme Court  
written request include SAS.

## GEORGIA

Supreme Court of Georgia  
244 Washington Street, SW  
572 State Office Building  
Atlanta, GA 30334  
404-656-3470  
fee - \$3.00  
written request include SASE

## HAWAII

Supreme Court of Hawaii  
Supreme Court Clerk's Office  
417 South King St., Room 103  
Honolulu, HI 96813  
808-539-4919  
Fee \$5.00 payable to Clerk,  
Supreme Court of Hawaii  
Written request for Supreme Court  
issued certificate

## IDAHO

Idaho Supreme Court  
Attn: Dorothy  
P.O. Box 83720  
Boise, ID 83720-0101  
208-334-2210  
fee - \$2.00  
written request include SASE

## ILLINOIS

Clerk of Supreme Court  
Supreme Court Building  
200 E. Capitol  
Springfield, IL 62701  
217-782-2035  
fee - \$ 1.00  
written request include

## INDIANA

Clerk of the Supreme Court  
Office  
Attn: Roll of Attorneys  
217 State House  
Indianapolis, IN 46204  
317-232-5861  
fee - \$3.00  
written request

## IOWA

Clerk of Supreme Court  
State Capital  
Des Moines, IA 50319  
515-281-5911  
fee - \$5.00 payable to Clerk of  
Supreme Court  
written request

## KANSAS

Kansas Judicial Center  
Room 374  
3 01 S. West 10th Avenue  
Topeka, KS 66612-1507  
785-296-8409  
no charge  
request by phone or in writing

## KENTUCKY

Kentucky Bar Association  
Accounting/Membership Dept.  
514 W. Main  
Frankfort, KY 40601-1883  
502-564-3795  
fee - \$ 10.00  
request by phone or in writing  
include reason need cert

## LOUISIANA

Louisiana Supreme Court  
301 Loyola Avenue  
New Orleans, LA 70112  
504-568-5707  
no charge  
request by phone or in writing

## MAINE

Administrative Clerk of the  
Superior Court of Maine  
142 Federal Street  
P.O. Box 287  
Portland, ME 04112  
207-822-4105  
fee - \$3.00 CC or MO  
written request include SASE

## MARYLAND

Clerk of Appeals  
361 Rowe Boulevard  
Annapolis, MD 21401  
410-260-1500  
fee \$7.00 - CC or MO payable to  
Court of Appeals  
written request

## MASSACHUSETTS

Supreme Judicial Court  
1404 New Court House  
Boston, MA 02108  
617-557-1050  
fee - \$2.00  
request in writing

## MICHIGAN

Office of the Clerk of the  
Supreme Court  
P.O. Box 30052  
Lansing, MI 48909  
517-373-0120  
fee \$10.00 payable to the State of  
Michigan  
written request and SASE.

## MINNESOTA

Attorney Registration  
25 Constitution Avenue  
Room 305  
St. Paul, MN 55155  
612-296-2254  
fee - \$2.00  
request by phone or in writing

## MISSISSIPPI

Mississippi Supreme Court  
P.O. Box 249  
Jackson, MS 39205  
601-359-3697  
fee - \$ 10.00  
written request

## MISSOURI

Clerk of the Supreme Court  
Attn: Certified Copies  
P.O. Box 150  
Jefferson City, MO 65102  
573-751-4144  
fee - \$5.00  
written request

## MONTANA

Clerk of the Supreme Court  
Room 323; Justice Building  
215 Sanders  
Helena, MT 59620  
406-444-3858  
fee - \$5.00  
written request

## NEBRASKA

Clerk of Supreme Court  
P.O. Box 989 10  
Lincoln, NE 68509  
402-471-3731  
fee - \$ 1.00  
request by phone

## NEVADA

State Bar of Nevada  
600 E. Charleston Boulevard  
Las Vegas, NV 89104  
702-382-2200  
fee - \$15.00 payable to the State  
Bar of Nevada  
written request specify certificate  
from Supreme Court

## NEW HAMPSHIRE

Supreme Court Building  
1 Noble Drive  
Concord, NH 03301  
603-271-2646  
fee - \$5.00  
call for instructions

## NEW JERSEY

New Jersey Board of Bar  
Examiners  
P.O. Box 973  
Trenton, NJ 08624  
609-984-7785  
fee - \$5.00 CC or MO payable to  
Secretary of Board of Law  
Examiners  
written request specify certificate  
from Supreme Court

**NEW MEXICO**

New Mexico Supreme Court  
 P.O. Box 848  
 Santa Fe, NM 87504  
 505-827-4860  
 fee - \$ 1.00  
 request by phone or in writing

**NEW YORK**

Appellate Department  
 3rd Department  
 7350 Capital State  
 Albany, NY 12224  
 518-473-8729  
 fee - \$5.00  
 written request include SASE

**NORTH CAROLINA**

North Carolina Supreme Court  
 P.O. Box 2170  
 Raleigh, NC 27602  
 919-733-3723  
 fee - \$5.00 payable to North  
 Carolina Supreme Court  
 written request

**NORTH DAKOTA**

Disciplinary Board of the  
 Supreme Court  
 600 E. Boulevard Avenue  
 Dept 180  
 Bismark, ND 58505-0530  
 701-328-2221  
 no charge  
 request by phone or in writing

**OHIO**

Attorney Registration Office  
 30 East Broad Street  
 35th Floor  
 Columbus, OH 43215-3431  
 614-466-1553  
 fee - \$3.00 payable to the  
 Supreme Court of Ohio  
 written request

**OKLAHOMA**

Oklahoma Bar Association  
 General Council Office  
 P.O. Box 53036  
 Oklahoma City, OK 73152  
 405-416-7007  
 no charge  
 written request

**OREGON**

Supreme Court Building  
 1163 State Street  
 Salem, OR 973 10  
 503-986-5565  
 no charge  
 written request specify certificate  
 from Supreme Court

**RHODE ISLAND**

Rhode' Island Board of Bar  
 Exami\*ners  
 250 Benefit Street  
 Providence, RI 02903  
 401-222-4233  
 no charge  
 request by phone

**SOUTH CAROLINA**

South Carolina State Board of  
 Law Examiners  
 P.O. Box 11330  
 Columbia, SC 29201  
 803-734-1080  
 no charge  
 request by phone

**SOUTH DAKOTA**

Supreme Court Clerks Office  
 Revised 12/09

500 East Capital Avenue  
 Pierre, SD 57501-5070  
 605-773-4898  
 no charge  
 request by phone or in writing

**TENNESSEE**

Supreme Court Building  
 401 7th Avenue N  
 Nashville, TN 37219  
 615-741-2681  
 fee - \$12.00 payable to the  
 Appellate Clerks Court  
 request by phone or in writing

**TEXAS**

Clerk of the Supreme Court  
 P.O. Box 12248  
 Austin, TX 78711  
 512-463-1312  
 fee - \$5.00 payable to the Clerk  
 of Supreme Court  
 written request include SASE

**UTAH**

Clerk of the Utah Supreme Court  
 450 South State Street  
 P.O. Box 140210  
 Salt Lake City, UT  
 801-238-7974  
 no charge  
 written request

**VERMONT**

Board of Law Exami\*ners  
 109 State Street  
 Mont Pelier, VT 05609-0702  
 802-828-3251  
 fee - \$3.00 will be billed with  
 certificate  
 request by phone leave detailed  
 message for JoAnn McKee or Pat  
 Griffin specify certificate of  
 good standing from the Supreme  
 Court

**VIRGINIA**

Clerk of the Supreme Court of  
 Virginia  
 100 North 9th Street  
 5th Floor  
 Richmond, VA 23219  
 804-786-2251  
 fee - \$ 1.00 PC or MO made  
 payable to the Supreme Court of  
 Virginia  
 written request

**WASHINGTON**

Clerks Office  
 Washington State Supreme Court  
 P.O. Box 40929  
 Olympia, WA 98504  
 360-357-2078  
 fee - \$5.00  
 written request

**WEST VIRGINIA**

Clerk of Supreme Court  
 Attn: Pat or Lynn  
 1900 Kanawka Boulevard East  
 Room E-317  
 Charleston, WV 25305-0837  
 304-558-2601  
 fee - \$5.00  
 request by phone or in writing

**WISCONSIN**

Wisconsin Supreme Court  
 Clerks Office  
 110 E. Main Street  
 Suite 215  
 Madison, WI 53703  
 608-266-9760  
 fee - \$3.00 payable to Wisconsin  
 Supreme Court  
 written request

**WYOMING**

Supreme Court  
 Clerks Office  
 2301 Capital Avenue  
 Cheyenne, WY 82003  
 307-632-9061  
 fee - \$5.00  
 request by phone or in writing

**\* All requests should  
 include: name as listed on  
 attorney license, your  
 state/bar identification  
 number, date and place of  
 admission, daytime phone  
 number, current mailing  
 address and state clearly  
 "Supreme Court issued  
 Certificate of Good  
 Standing"**

**\*SASE: self-addressed  
 stamped envelope  
 \*PC: personal check  
 \*MO: Money order  
 \*CC: certified/cashiers  
 check**



5. **CHARACTER REFERENCES:** None of who is a relative and have known you well at least two years or more. (Make certain that no two persons listed are members of the same household or listed otherwise on this application)

Mr. Mrs. Ms. \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mr. Mrs. Ms. \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mr. Mrs. Ms. \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mr. Mrs. Ms. \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mr. Mrs. Ms. \_\_\_\_\_ Years Known \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

6. Have you ever been:

- (a) disciplined, requested formally or informally to resign from or terminate employment?  Yes  No
- (b) discharged from any employment?  Yes  No
- (c) absent from a job for more than 30 consecutive days (other than vacation)?  Yes  No

If you answered "yes" to 6(a), (b) or (c), please attach an explanation.

7. Provide the name and COMPLETE address for each College, University and Law School attended (other than law school already mentioned)

NAME	ADDRESS	DATE OF ATTENDANCE	DEGREE

- 8. (a) Have you ever been suspended, warned, disciplined by any college, university, law school or teacher, sanctioned in any class, placed on academic or disciplinary probation, expelled or requested to resign from a college, university or law school?  Yes  No
- (b) Have you ever failed to answer fully and truthfully all questions on the application for admission to any educational facility?  Yes  No
- (c) Have you ever violated or been formally charged with a violation of the honor code of any educational facility?  Yes  No

If you answered "Yes" to Question 8(a), (b) or (c), give the name and address of the institution and description of the violation or alleged violation and any action by the institution, the date of the action and a full explanation of the reasons for such action.

9. Have you ever been known by another name other than a "nickname"?  Yes  No

If yes, state in full each name used or by which you have been known at any time and the dates that name was used. If your name was changed by court order give the name and location of the court issuing the order, the date of the order and attach a certified copy of the order.

10. Father's name and address (if living) \_\_\_\_\_  
\_\_\_\_\_

Mother's name and address (if living) \_\_\_\_\_  
\_\_\_\_\_

11. Are you married?  Yes  No

If yes, give spouse's name \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

12. Have you ever been divorced or had a marriage annulled or set aside?  Yes  No

If yes, state when, where and with whom such marriage was contracted and when, where and how such marital status was terminated.

13. Have you been ordered by any Court to pay any child support or alimony maintenance?  Yes  No

If yes, attach a statement of your compliance with such support payments, provide the names and social security numbers of the children or spouse and the last known address of your former spouse(s).

14. (a) Have you ever had a license other than as an attorney at law, the procurement of which required proof of good character (i.e. certified public accountant, real estate broker, etc.)?  Yes  No

(b) State every other application and examination taken by you for a license granted by a state or for an official position, the procurement of which required proof of good character (i.e., certified public accountant, real estate broker, etc.) DO NOT LIST APPLICATIONS TO THE BAR. State the date, name and address of the authority to whom it was addressed and the disposition made with the reasons therefore as to each examination, state the date and whether successful or unsuccessful.

(c) Have you ever been suspended, or had your license revoked, or been reprimanded, censured or otherwise disciplined or disqualified as the holder of any such license or as a holder of any public office?  Yes  No

If yes, state the date, and the name and address of the authority in possession of the record thereof.

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

(d) Are any charges or complaints now pending concerning your conduct as the holder of any license or as a holder of any public office?  Yes  No

If yes, state the name and address of the authority in possession of the record thereof.

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

15. Has any surety on any bond on which you were the obligor been required to pay any money on your behalf?  Yes  No

If yes, state facts fully.

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

16. (a) Are there any unsatisfied judgments, liens or court orders of continuing effect against you?  Yes  No
- (b) Have you ever had a credit card revoked?  Yes  No
- (c) Do you currently have any unpaid collection or charged off accounts?  Yes  No
- (d) Have you ever filed or been the subject of a petition in bankruptcy? (Provide copy of bankruptcy petition and order of discharge)  Yes  No
- (e) Have you ever defaulted on a student loan?  Yes  No
- (f) Have you ever been adjudged bankrupt or insolvent?  Yes  No

Provide a copy of your credit report (obtained within 60 days prior to your application filing date) from one of the three nationwide computer reporting companies, Equifax, Experian or TransUnion, by contacting Annualcreditreport.com as explained on Page 3 of the Instructions to this Application, along with a detailed written explanation for any adverse information, including yes answers to items referenced in 16(a) through 16 (f) above. Your explanation for adverse entries on your credit report must include a description of any arrangements for repayment or resolution.

- (g) Have you, within the last ten (10) years, failed to file any applicable state or federal income tax and/or report required by law?  Yes  No
- (h) Have you, within the last ten (10) years, failed to pay any personal or business related taxes owed pursuant to state or federal law?  Yes  No

In regard to parts (g) & (h), provide copies of all tax returns, reports and communications to from and with the Internal Revenue Service which relate to the matters covered in your explanation.

17. Have you ever been a party in any civil or administrative proceeding (excluding divorce actions)?  Yes  No

If yes, list each instance of litigation (equity, actions at law, suits in bankruptcy, statutory proceedings, lunacy, guardianship and every other civil and administrative proceeding) in which you have been a party or which you initiated or which was initiated on your behalf. You must attach copies of initial pleading and final disposition filed in connection with each instance of litigation.

18. Have you ever been charged with fraud, deceit, misrepresentation, forgery, or other acts of dishonesty in any civil, criminal, administrative or other proceeding?  Yes  No

19. Have you ever been adjudged liable in a civil action or proceeding involving a claim of fraud, conversion, breach of fiduciary duty or professional malpractice?  Yes  No

If you answered yes to #18 and/or #19, give full details, including dates, exact name and location of court or other tribunal case numbers, references to court records, the facts, and the disposition of the matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel.

20. Do you own or have you owned 10% or greater interest in any corporation, partnership or individual proprietorship?  Yes  No

If yes, list name, address, state of incorporation, positions held, dates and description of duties. List all litigation, including arbitration and governmental hearings, decrees, judgments, liens or orders against each business if applicable. Attach copies of all pleadings and judgments.

21. Have you ever been charged with or convicted of DUI/DWI?  Yes  No

If yes, list each offense, provide an explanation of the circumstances surrounding the arrest, date(s) of incident, locations, name and address of court and law enforcement agency involved, charges at time of arrest, charges at the time of trial and final disposition. Attach all arrest records and court records pertaining to each DUI/DWI charge and/or conviction.

22. Have you ever received a citation for a code or ordinance violation, been taken into custody or have you ever been charged with any misdemeanor (excluding speeding or traffic tickets), or any felony? A positive response is to be given, when appropriate, regardless of the ultimate disposition of a citation or charge and regardless of whether a citation or charge has been expunged, sealed, segregated, voided or diverted.?  Yes  No

If you answered "yes" to question #22, for each citation or charge, you should explain the circumstances leading to the citation or charge and provide details of its nature and ultimate disposition. You must also attach copies of court related documentation supporting the information provided, e.g. copies of the formal charges and court's disposition.

23. If convicted of a felony, have you received a full pardon, and/or restoration of political rights for that crime?  Yes  No

If yes, attach a certified copy of the certificate of pardon and/or restoration of rights.

24. If convicted of a felony did the conviction result in a sentence of confinement in a state prison or penitentiary, even if such sentence or imprisonment was suspended?  Yes  No

If yes, which violation resulted in confinement? \_\_\_\_\_

25. Have you ever been offered or granted immunity in any criminal proceeding?  Yes  No

If yes, state the place, date, name of the defendant, nature of the act or the proceeding, the court and the circumstances.

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

**The following questions are inquiries addressing recent mental health and substance abuse or psychological dependency matters. The purpose of these questions is to determine the current character and fitness of an applicant's ability to practice law. Although the Character and Fitness Committee believes that inquiry into these areas is a necessary part of the character and fitness review process, treatment of substance abuse, mental health or psychological problems does not in and of itself disqualify an applicant from the practice of law in Kentucky. The Committee on Character and Fitness routinely certifies individuals for admission who have demonstrated personal responsibility and maturity in dealing with substance abuse, mental health or psychological matters.**

**The Committee does not, by its questions, 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. Generally, the Committee does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.**

**On occasion a license is denied or deferred when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by his or her responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board of Bar Examiners; further, each applicant is responsible for demonstrating that he or she possesses all the qualifications to practice law.**

26. Are you currently, or have you been, within the last five (5) years, (a) addicted to, or (b) undergone treatment for the use of narcotics, drugs, prescription drugs or the excessive use of intoxicating liquor? **Treatment would include not only any medical program but also any rehabilitation, professional assistance or monitoring program, such as Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous.**  Yes  No

27. Are you currently, or have you been within the last five years, (a) diagnosed with or, (b) treated for any of the following: Schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, or any other condition which significantly impaired your behavior, judgment, understanding, capacity to recognize reality, or ability to function in school, work, or other important life activities? **(If you are uncertain of a diagnosis, it is your responsibility to check with your treating health care professional).**  Yes  No

28. Are you currently, or have you been within the last five years, (a) diagnosed with or, (b) treated for any physical condition (e.g., stroke, head injury, dementia, brain tumor, heart disease) that has resulted in significant memory loss, significant loss of consciousness or significant confusion?  Yes  No

29. Within the past five years have you suffered from, been diagnosed with or been treated for kleptomania, compulsive gambling, pedophilia, exhibitionism or voyeurism?  Yes  No

If your answer to Questions 26, 27, 28 or 29 is "Yes", complete the appropriate Authorization to Release Medical Records Form. Be sure to fill out a separate form for each institution or person who made a diagnosis or rendered treatment. In addition

provide the following:

- (i) Date of the diagnosis and/or treatment. \_\_\_\_\_
- (ii) Name, address and phone number of any professional or health provider, hospital, institution or other treatment facility  
Who made the diagnosis and/or rendered the treatment.

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(iii) Describe completely the diagnosis, treatment or program, and the prognosis or any other relevant facts.

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30. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination or suspension by an educational institution, employer, government agency, professional organization, or licensing authority?

Yes  No

If your answer is "Yes" to question #30, furnish a thorough explanation below. Include pertinent names, addresses, dates and references to records, as appropriate.

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31. (a) Do you currently have any condition or impairment including, but not limited to, (a) any related substance or alcohol abuse, or (b) a mental, emotional, or nervous disorder or condition not reported above which in any way affects, or if untreated could affect your ability to perform any of the obligations and responsibilities of a practicing attorney in a competent and professional manner? **"Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing attorney.**

Yes  No

- (b) If your answer to Question 31(a) is "Yes", are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?

Yes  No

If you answered "Yes" to Question 31(a) or (b), provide a thorough explanation below. Include pertinent names, addresses, dates and references to records, as appropriate.

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32. Have you been declared legally incompetent within the last five- (5) years?

Yes  No

33. Are you now or have you ever been a member of the armed forces of the United States or any other country including the National Guard or any of the reserved components?

Yes  No

If yes, list:

(a) Date of periods of active duty \_\_\_\_\_

(b) Branch of Service \_\_\_\_\_

(c) Highest rank achieved and Service Number/Social Security Number used: \_\_\_\_\_

(d) Date and type of discharge \_\_\_\_\_

\*\*Provide a copy of discharge or DD214, whichever is applicable.

34. As a member of the armed forces were any court martial charges ever made or proceedings instituted against you?  Yes  No

If yes, please attach a statement of the date, the nature of the charge, the facts leading to the charge, disposition of the matter and location and designation of the military establishment where such proceedings took place.

35. As a member of the armed services, were you asked to resign or given the opportunity to resign in lieu of judicial or administrative proceedings being instituted or carried out against you?  Yes  No

If yes, please give the date of such resignation, the nature of the proceeding that was or would have been instituted against you and the designation of the military unit or command which instituted or would have instituted proceedings against you.

36. Have you ever received a medical discharge or an administrative discharge for medical reasons?  Yes  No

If yes, explain the medical reasons for such discharge and the date of your discharge.

37. Name all jurisdictions and highest court(s) in which you have been admitted to practice. Give dates of admission to practice.

(a) Jurisdiction	(b) Court	(c) Date of Admission
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_____	_____	_____
_____	_____	_____
_____	_____	_____

38. Have you been entitled to practice in each of the locations specified under question 37 and before each court continuously from the date you first became entitled until the date hereof?  Yes  No

If no, state the dates during which you have not been so entitled, the nature of the disqualification, the facts, and the name and address of the person or authority in possession of the record thereof.

\_\_\_\_\_

\_\_\_\_\_

39. (a) Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney?  Yes  No

If yes, state the dates, and the name and address of the authority in possession of the record thereof.

\_\_\_\_\_

(b) Have there ever been any charges or complaints filed against you or are there presently any charges or complaints pending concerning your conduct as an attorney?  Yes  No

If yes, state the name and address of the authority in possession of the record thereof.

\_\_\_\_\_

40. Have you ever held any judicial office?  Yes  No

If yes, state where, when, office held, and if terminated, the reasons therefore?

\_\_\_\_\_

41. List all legal employment you have held for the last 10 years, beginning with your most recent. Include military service if in a legal capacity.

Mo/Yr Began \_\_\_\_\_ Mo/Yr Ended \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_

Position Held \_\_\_\_\_

Duites \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Present address of above employer (if firm is now defunct, give name and address of associate or reference that can verify).

Mo/Yr Began \_\_\_\_\_ Mo/Yr Ended \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_

Position Held \_\_\_\_\_

Duites \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Present address of above employer (if firm is now defunct, give name and address of associate or reference that can verify).

42. Are you now or have you ever been a sole practitioner?

Yes \_\_\_ No \_\_\_

If yes, provide the dates of your solo practice and the name and address of a reference who can verify your practice:

Mo/Yr Began: \_\_\_\_\_ Mo/Yr Ended: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

43. List below any non-legal employment you have had in the last five (5) years. Include part-time and temporary employment. **\*\*If you need additional space, please attach a separate sheet.**

Mo/Yr Began \_\_\_\_\_ Mo/Yr Ended \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_

Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Mo/Yr Began \_\_\_\_\_ Mo/Yr Ended \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_

Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Mo/Yr Began \_\_\_\_\_ Mo/Yr Ended \_\_\_\_\_

Name of Employer or Firm \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_

Position Held \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

44. **SELF EMPLOYMENT:** If you are or have been self employed within the last five years, please provide the following information.

Type of business \_\_\_\_\_ Began: Mo/Yr \_\_\_\_\_ Ended: Mo/Yr \_\_\_\_\_

Business Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Provide a brief explanation of the nature of the business: \_\_\_\_\_

45. Give the names and addresses of two (2) clients and the names and addresses of three (3) attorneys who know you. These should be other than those named in response to other questions in this application.

Name \_\_\_\_\_ Check one - Attorney\_\_ Client\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name \_\_\_\_\_ Check one - Attorney\_\_ Client\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name \_\_\_\_\_ Check one - Attorney\_\_ Client\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name \_\_\_\_\_ Check one - Attorney\_\_ Client\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**VERIFICATION**

1. I hereby certify as follows:

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 country or any political subdivisions thereof should be overthrown or overturned by force, violence or any unlawful means? If yes, attach a detailed explanation.

Yes  No

If your answer to the above 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  
N/A

2. I will immediately report to the Board of Bar Examiners any changes to the answers herein above given. I will also immediately provide any information regarding events that might reflect on my moral character and integrity.

Yes  No

3. I have read the "Rules of the Supreme Court of Kentucky" presently in effect, relating to the admission of persons to practice law (SCR 2.000 - 2.540) and I am familiar with and understand the provisions.

Yes  No

4. If admitted to the practice of law, I will adhere to the Code of Ethics (Kentucky Rules of Professional Conduct) prescribed by the Supreme Court of Kentucky in SCR 3.130.

Yes  No

**\*\*\*\*If you answered no to 2, 3 & 4, please provide an explanation.**

5. I intend to practice law in the State of Kentucky.

Yes  No

6. Is there any other incident(s) or occurrence(s) in your life, which is not otherwise referred to in this application, which has bearing, either directly or indirectly, upon your character and fitness for admission to the Bar? If yes, attach full details.

Yes  No

I understand this application for admission to the practice of law in Kentucky is a continuing application and must show correctly and fully the information herein sought as of the date of my taking the oath of an attorney at law. I will therefore, after the happening of any event, immediately notify the board by filing an amendment to this application as to any changes in respect to any matter regarding which information is herein sought, and as to any incident which may have bearing upon any information sought.

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

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

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

I, \_\_\_\_\_  
(name of applicant)

Date of birth \_\_\_\_\_, Social Security #: \_\_\_\_\_

Hereby authorize \_\_\_\_\_  
(name and address of program, institution or person making disclosure)

to release to the Character and Fitness Committee of the Kentucky Office of Bar Admissions information, including copies of records, concerning advice, care or treatment given to me relating to mental illness, alcohol or substance abuse, and I further authorize any inquiries, questions or interrogatories concerning me, and authorize the appearance and testimony concerning me before the Character and Fitness Committee or any agent or representative, as requested by the Committee.

The purpose of this authorized disclosure is to provide information to assist the Character and Fitness Committee in their investigation of my character and fitness for admission to the practice of law in the State of Kentucky.

I hereby release, discharge and exonerate the Character and Fitness Committee, its agent and representatives and its agents and

\_\_\_\_\_  
(name program, institution or doctor making disclosure)

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

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing confidentiality of alcohol and Drug Abuse Patient Records, 42.C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, that the recipient of the information may re-disclose the information and the HIPAA privacy law may no longer protect it. The Federal regulations, governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42.C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that this consent will expire in one (1) year unless otherwise specified below:

\_\_\_\_\_  
Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY OF RECORDS**

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. This authorization for release of information may be considered as an original in instances of fax transmittal.

**AUTHORIZATION AND RELEASE**

IN RE APPLICATION OF:

\_\_\_\_\_  
Name of Applicant

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, having filed an application with the Kentucky Office of Bar Admissions for admission to the Kentucky Bar, hereby consent to have an investigation made as to my qualifications and good moral character. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservations of any kind. I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application and receipt of an adverse moral character determination.

Having reviewed the Supreme Court Rules relating to admission to the Kentucky Bar, Supreme Court Rule 2.008 relating to confidentiality, and having filed an application for admission to the Kentucky Bar, I fully recognize the responsibility to the Public, the Bench, and the Kentucky Bar vested with the Character and Fitness Committee of the Office of Bar Admissions by the Supreme Court of Kentucky to determine the moral character and fitness for the practice of law of those seeking admission to the Kentucky Bar. Therefore, I hereby authorize and request every medical doctor, school official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of an attorney, to furnish any such documents, records and other information to said Committee, or any of its representatives. Further I hereby authorize and permit said Committee, 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(s), consultation(s), test(s), evaluation(s), of the undersigned.

This Authorization and Release shall specifically permit the Director of Kentucky Lawyer Assistance Program (KYLAP) to provide the Committee with any and all information contained in its records, including but not limited to any and all records that might otherwise be subject to Supreme Court Rules or other statutory or regulatory provisions of confidentiality prohibiting such disclosure.

This Authorization and Release shall also specifically represent the written authorization, as is required by Supreme Court Rule 2.008(a), necessary to permit the Committee or any of its representatives to do the following:

1. To provide every medical doctor, school official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of an attorney any information necessary to solicit relevant documentation of my character and fitness.
2. To provide the Director of Kentucky Lawyer Assistance Program (KYLAP) with any information necessary to arrange for any diagnostic testing and/or ongoing counseling that it deems necessary.
3. To disclose to my law school and discuss any investigative material discovered in processing my application that I may have failed to provide to the school in violation of my student obligations that might impact on the school's certification to the Committee of my good character and fitness to practice law.

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 Kentucky Office of Bar Admissions' Character and Fitness Committee or its authorized representative, and to appear before said Committee, or its authorized representative and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned.

I understand that I am under a continuing obligation to keep my application current and must update in writing my responses to the application whenever there is an addition to or a change to information previously furnished the Committee.

I hereby release, discharge and exonerate the Kentucky Office of Bar Admissions' Character and Fitness Committee, or its authorized representative, as well as all such persons as set out above who shall comply in good faith with the authorization and request 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 or any other pertinent information or the investigation made by said Character and Fitness Committee, or its authorized representative. The undersigned further waives absolutely any privilege he/she may have relevant to the Committee's investigation and evaluation of his/her good moral character and fitness to perform the responsibilities of an attorney under Kentucky laws.

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

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

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Expires