

Kentucky Office of Bar Admissions
1510 Newtown Pike, Suite 156, Lexington, KY 40511-1255
Phone: (859)246-2381 | Fax: (859)246-2385
E-Mail: info@kyoba.org

**INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE FOR
CERTIFICATION OF CHARACTER & FITNESS FOR
REINSTATEMENT TO THE KENTUCKY BAR (SCR 3.500 OR SCR 3.510)**

The Questionnaire must be completed as follows:

1. 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.
2. In order to prevent duplication of records, if a question asks you to provide documentation that has already been provided to the KBA with your "Application for Reinstatement or Restoration", you may incorporate that information by reference to the specific documentation provided with that application.
3. The Questionnaire must be signed and notarized.
4. The Authorization and Release forms must be signed and notarized. If you answered "yes" questions 22 through 27, you must complete, sign and notarize the Authorization to Release Medical Records form.
5. If you need additional space to complete any of the questions, you must attach separate sheets.

In completing and submitting this questionnaire, the following information should be noted:

1. **Required Items & Documents:** It is preferred that all required items and attached documents be submitted with the Questionnaire. However, if you need to submit any of these materials later, you must attach a detailed list of the items that will be sent. These items are to be sent directly to the Office of Bar Admissions. It is suggested that you use the checklist at the end of these instructions to assist you in making sure all required items are complete. Pursuant to SCR 2.300, you will have 30 days from the date of notice in deficiency in which to submit any required items or documentation.
2. **Change of Address:** It is very important that you notify the Admissions office of a change of your 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 the attached Change of Address Form.
3. **Photocopy of Questionnaire:** Make and keep a copy of your Questionnaire and the authorization and release form before mailing the original. **You will be charged a fee of \$20 for a copy of your application if you do not retain a copy for yourself.**

ITEMS REQUIRED AT THE TIME OF SUBMITTING THE QUESTIONNAIRE –

1. Signed and notarized Questionnaire (to include pages 26, 27 & 28).
2. Credit Report. ****See instructions on Page 2**

ITEMS REQUIRED TO COMPLETE APPLICATION –

1. **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 for the last five years.
 - a. **KENTUCKY RESIDENTS:** 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 **only**. 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 must also contact local law enforcement agencies to obtain County and City 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.
2. **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.

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.

IF YOU ARE/WERE ADMITTED TO PRACTICE LAW IN OTHER JURISDICTIONS:

- 3. **Certificate of Good Standing:** If you are/were admitted to practice law in another jurisdiction(s), you must submit a certificate of good standing with the Bar of each jurisdiction. A certificate 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 your current status with that jurisdiction(s). ****NOTE:** You may use the Good Standing Contact List on Page 19 to assist you in obtaining this information.
- 4. **Disciplinary History:** If you are/were admitted to practice law in another jurisdiction(s), you must submit certification from each disciplinary agency of the highest state court(s) of jurisdiction(s) where you are/have been admitted stating that no disciplinary charges or complaints are presently pending or have ever been filed.

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, 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 to avoid being misdirected to other websites that offer supposedly free reports, but only with the purchase of other products.

EXAMINATION REQUIREMENTS -

Kentucky Essay Examination: If you have withdrawn, retired or been suspended and that status has prevailed for a period of five years or more, you will be required to take the essay portion of the Kentucky bar examination before being reinstated to the Kentucky Bar. The exam will consist of five of the six essay questions administered to all applicants at the time of the bar examination, along with one essay question on the subject of ethics.

Multistate Professional Responsibility Examination (MPRE) Score: If you have withdrawn, retired or been suspended and that status has prevailed for a period of five years or more, you will be required to take the MPRE if your application is referred to the Board of Bar Examiners Pursuant to SCR 3.500(3) before being reinstated to the Kentucky Bar. 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

Continued on next page....

or you may **register online** at www.ncbex.org. If you have already taken the MPRE, 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

Photo ID card: You must submit two (2) passport-photographs of yourself alone not larger than **1 1/2" x 2"** with your application. The photographs must have been taken within two months of the date that you file your Application. The photos may be in color or in black and white, but must be a frontal head-and-shoulders pose with a plain light background. Do not wear a hat or dark glasses for the picture.

Attached is a **Photo ID Card** that must be completed and attached to your application. Please follow the instructions to complete the Photo ID Card.

- a) You must attach one (1) passport-type photograph to the Photo ID Card and print and sign your name on the card.
- b) One (1) passport-type photograph must be attached to the first page of your application in the area designated in the top right-hand corner.

Questions or Information: If you have any questions in regard to applying for reinstatement 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: bonnick@kyoba.org or 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.

- _____ (a) Driving Record: An official copy of your driving record from each state where you held a license in the last five years.
- _____ (b) Verification of Driving Record Information. (*If applicable*)
- _____ (c) Criminal History Records.
- _____ (d) Verification of Criminal History Information Form. (*If applicable*)
- _____ (e) Photo Identification (*2 photos required*). (See **Photo Id Card above**)
- _____ (f) MPRE score. (*if applicable*)
- _____ (g) Any documentation required of any questions on the Application unless otherwise incorporated by reference from the KBA Application for Reinstatement and Restoration.
- _____ (h) Properly executed Authorization & Release Form and if applicable, Medical Release Form.
- _____ (i) DD214, Military Discharge, (or applicable discharge papers).
- _____ (j) Certificate of Good Standing (*if applicable*).
- _____ (k) Certificate from Disciplinary Agency. (*if applicable*)

INSTRUCTIONS FOR COMPLETING THE PHOTO ID CARD

1. Cut out the photo ID card.
2. Fold on the dotted line.
3. Affix one photo in space provided and affix the remaining photo to the first page of the application.
4. Print and Sign name in designated area on the ID card.

<ol style="list-style-type: none"> 1. Affix passport size photo in space provided. 2. Photo size must be no less than 1 ½” x 1 ½” no more than 2” x 2”, showing a full-face front view of applicant in which facial features are clear and distinguishable. 3. Type or print name on line provided and sign on the designated line. <p>THIS CARD MUST BE FILED WITH YOUR APPLICATION</p>	<p>Affix photo In this Space DO NOT STAPLE</p>	<p>SIGN NAME HERE</p> <hr style="border: 0.5px solid black;"/> <p>TYPE OR PRINT NAME HERE</p> <hr style="border: 0.5px solid black;"/>
<p>KENTUCKY OFFICE OF BAR ADMISSIONS</p>		

CHANGE OF ADDRESS FORM

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 #: (____) _____

AOC-RU-005
Rev. 1-10
Page 1 of 1
Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

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 form, 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

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

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

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

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

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

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 7th Street
Des Moines, IA 50319
(515) 725-6066
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

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

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 12th 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

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

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/#

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

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

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

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 22nd 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. o
f 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/drlric/

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 Crouner 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 5 5 101
(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
301 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
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**

2. **RESIDENCE:** List all permanent and temporary addresses for the past five years.

From Mo./Yr. _____ To Mo./Yr. _____ Street _____
 City/State _____ Zip _____

From Mo./Yr. _____ To Mo./Yr. _____ Street _____
 City/State _____ Zip _____

From Mo./Yr. _____ To Mo./Yr. _____ Street _____
 City/State _____ Zip _____

From Mo./Yr. _____ To Mo./Yr. _____ Street _____
 City/State _____ Zip _____

3. **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: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mr. Mrs. Ms. _____ Years Known _____

Address: _____ City/State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mr. Mrs. Ms. _____ Years Known _____

Address: _____ City/State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mr. Mrs. Ms. _____ Years Known _____

Address: _____ City/State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mr. Mrs. Ms. _____ Years Known _____

Address: _____ City/State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-Mail: _____

4. 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 4(a), (b) or (c), please attach an explanation.

5. 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.

6. Father's name and address (if living) _____

Mother's name and address (if living) _____

7. Are you married? Yes No

If yes, give spouse's name _____

Date and place of marriage _____

8. 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.

9. 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).

10. (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
 N/A

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
 N/A

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

11. 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.

12. (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 (f) & (g), 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.

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

If you answered 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.

14. 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

15. 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 #14 and/or #15, 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.

16. 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.

17. 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, names and addresses of courts and law enforcement agencies 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.

18. Have you ever received a citation for a code or ordinance violation or have you ever been taken into custody, charged with any misdemeanor, (excluding speeding or parking tickets), or charged with 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 #18, 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.

19. If convicted of a felony, have you received a full pardon, and/or restoration of political rights for that crime? ___ Yes ___ No
___ N/A
- If yes, attach a certified copy of the certificate of pardon and/or restoration of rights.

20. 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
___ N/A
- If yes, which violation resulted in confinement? _____

21. 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.

22. 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

23. 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

24. 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

25. 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 22, 23, 24, or 25 is "Yes", complete the 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.

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

26. 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 #26, furnish a thorough explanation below. Include pertinent names, addresses, dates and references to records, as appropriate.

27. (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

If your answer to Question 27(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
____ N/A

If you answered "Yes" to Question 27(a) or (b), provide a thorough explanation below. Include pertinent names, addresses, dates and references to records, as appropriate.

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

_____ Yes _____ No

29. 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.

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

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.

31. 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
 N/A

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.

32. Have you ever received a medical discharge or an administrative discharge for medical reasons? Yes No
 N/A

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

33. Other than Kentucky, 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
------------------	-----------	-----------------------

34. Have you been entitled to practice in each of the locations specified under question #33 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.

35. (a) Other than Kentucky, 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.

(b) Other than Kentucky, are you presently or 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.

36. Are you in compliance with all conditions set forth in the Supreme Court order of your disbarment, suspension or resignation in Kentucky? Yes No

If yes, attach satisfactory evidence to show that you are in compliance with the Order of the Supreme Court. If no, give explanation and/or submit documentation to show why you are not in compliance with your order of disbarment, suspension or resignation.

37. Are you current with your continuing legal education requirement for reinstatement to the Kentucky Bar? Yes No

If yes, attach evidence that you are current with your CLE requirement. If no, provide an explanation of your efforts to complete your CLE requirement for reinstatement.

38. Have you ever held any judicial office? Yes No
If yes, state where, when, office held, and if terminated, the reasons therefore?

39. Please 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 _____

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** _____

If you are a sole practitioner, 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: _____

40. List below all 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 _____

41. **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: _____

42. Give the names and addresses of two (2) former 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 incidents(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