



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**REGISTRATION AS A FOREIGN-EDUCATED GENERAL APPLICANT NOT ADMITTED TO
THE PRACTICE OF LAW IN ANY UNITED STATES OR FOREIGN JURISDICTION
(LAW STUDENTS WHO ARE ENROLLED IN LAW SCHOOLS LOCATED IN THE UNITED STATES AND
ATTORNEYS MUST REGISTER ONLINE AND MAY NOT USE THIS FORM)**

REGISTRATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the front of the registration. (This is **not** an application for an examination or for a moral character determination. Attach additional pages if necessary. Please read the "Instructions for Registration as a Foreign Educated Applicant" and the bulletin "Qualification for Admission to Practice Law in California by Law Students Receiving Their Legal Education Outside the United States" before completing this form.)

1.1 U.S. SOCIAL SECURITY NUMBER (**Required**) Refer to Instructions

1.2 DATE OF BIRTH

Mo. Day Year

1.3 REGISTRANT'S NAME

Last First Middle

1.4 EMAIL ADDRESS:

1.5 MAILING ADDRESS: (It is the registrant's responsibility to inform the State Bar's Office of Admissions in writing of any address change. All correspondence will be mailed to your current mailing address.)

Number/Street and Apartment Number

Address Continued

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

1.6 TELEPHONE NUMBER:

1.7 APPLICANT'S BIRTHPLACE:

City or Town State or Country

1.8 MOTHER'S FULL MAIDEN NAME:

OFFICE USE ONLY			
DATE ENTERED/BY:			
-	-	/	
Mo.	Day	Yr.	Initials
DATE APPROVED/BY			
-	-	/	
Mo.	Day	Yr.	Initials

1.9 GENERAL APPLICANT REGISTRATION FEE (See payment coupon on page 5)

Registration Fee Enclosed \$

2.0 NAMES, FORMER NAMES AND ALIASES - If you have ever been known by any other name(s), please state below and provide the effective dates.

Last First Middle

DATES: From _____ To _____

2.1 I **have** **have not** passed the bar examination in the United States or a foreign country. If you have passed a bar examination, list in which state or country and provide an explanation of why you are not admitted.

Country:

Explanation:

2.2 FOREIGN LEGAL EDUCATION – Please indicate below the foreign law school(s) you attended (an evaluation completed by a credential evaluation company on the list of approved agencies and transcript must accompany this form):

Name, City, Country of Law School	Date Attended		Date of Graduation Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

2.3 UNITED STATES LAW SCHOOL EDUCATION – Please indicate below any United States law schools you have attended and the law school in which you are currently attending, if applicable:

Name of Law School	Date Attended		Date of Anticipated Completion Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

Name of Program:

Degree Conferred:

Date Conferred:

Courses and credits completed or currently enrolled in:

Name of Course(s)	Dates Attended	Completed (Yes/No)	# of Law Study Credits

APPLICANT DECLARATION

THE FOLLOWING DECLARATION MUST BE SIGNED AND CANNOT BE AMENDED BY THE APPLICANT

The person named as the registrant in the foregoing registration, declares:

I have carefully read the questions in the foregoing registration and have answered them truthfully, fully and completely, without mental reservation of any kind.

I hereby authorize educational or other institutions or agencies to release to the Committee of Bar Examiners and the Office of Admissions of the State Bar of California any information, files or records requested in connection with the processing of this registration.

I understand that I must comply with all the requirements of Title 4, Division 1 of the *Rules of the State Bar of California (Admissions Rules)*.

I declare under penalty of perjury under the law of the State of California that my answers to the foregoing registration questions and all statements by me herein are true and correct.

Executed on

(Date)

at:

(Street and Number)

(City, State, Zip, Country)

PRINT:

(First Name)

(Last Name)

SIGN HERE:

(Signature of Declarant)



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**REQUEST FOR SOCIAL SECURITY NUMBER EXEMPTION
REQUIRED FOR ADMISSION TO PRACTICE LAW IN CALIFORNIA**

(Information provided must be typewritten or legibly printed in ink.)

Only applicants without a social security number because they do not qualify for one, may request that they be exempted from the requirement of providing a social security number at the time they apply for admission. **An Application to Register as a General/Attorney Applicant must be submitted with this form.**

Applicant's Full Name:

Last

First

Middle

Mailing Address:

_____ *Full Street Address or P.O. Box (Include apartment number, if applicable)*

Address Continued (if needed)

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

State

Zip Code (U.S.)

Email Address

For the reasons stated on an attachment to this form, I am not eligible for a social security number (be specific).

My Visa/Green Card number is: _____. **Attach a copy of the Visa/Green Card document.**

For the reasons stated on an attachment to this form, I do not have a Visa/Green Card Number. My alternate identification (ID) number (tax identification number, passport number, etc.) is:

. Attach a copy of the document with alternate ID number.

If I become eligible to obtain a social security number in the future, I will provide the number to the State Bar of California's Office of Admissions. I am in compliance with any legal obligation requiring the payment of child/family support. Should I ever become noncompliant, I will advise the Office of Admissions. I hereby declare under penalty of perjury under the laws of the State of California that the information provided by me in this request is true and correct.

Executed on:

Date

Print Name

Sign here:

Signature of Declarant

Document:

Reason Verified:

Denied: _____
Initials/Date

Granted: _____
Initials/Date

SLMS Check:

No record found

Record found

Initials/Date

ETHNIC SURVEY

The following information is to be furnished by each applicant as part of the application process. The Committee of Bar Examiners is gathering this data to assist in the continuing evaluation of the examination. This information will be treated in a confidential manner and will be used only for research purposes. It will not be retained by the Committee as part of your application.

1. What is your sex? Male (1) Female (2)

2. Which one of the following racial or ethnic groups **best** describes you? **Mark only one.**

(1) American Indian or Alaskan Native
(Descended from any of the original peoples of North America.)

(2) Filipino

(3) Pacific Islander
(Melanesian, Micronesian, Polynesian)

(4) Origins in Indian sub-continent
(Pakistan, Indian, Bengal, etc.)

(5) Asian
(Includes Chinese, Japanese, Korean and the peoples of Malaysia and Southeast Asia)

(6) Hispanic
(Mexican, Puerto Rican, Cuban, Central or South American & Spanish - but not Portuguese)

(7) Black
(Excludes persons of Hispanic origin)

(8) White
(Includes persons having origins in any of the original peoples of Europe, Russia, North Africa and the Middle East - and generally corresponds to those persons not classified into one of the 7 specific minority categories)

FOREIGN-EDUCATED GENERAL APPLICANT REGISTRATION FEE COUPON

**PLEASE COMPLETE AND ATTACH THE PAYMENT COUPON TO THE FRONT OF THE APPLICATION WITH
THE APPROPRIATE FEES
Registration Payment Coupon
Office of Admissions
The State Bar of California**

General Applicant Registration Fee: \$119.00

Name:

Last

First

Middle

Suffix (Jr. Sr., I, II)

Date of Birth:

Month

Day

Year

Social Security Number:

Address:

Number/Street and Apartment Number

City

State

Zip

Foreign Address (City, Province, Country, Postal Code) (If foreign address is longer than space provided, please continue on line below.)



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Office of Admissions Fees Only – Credit Card Authorization Form

Date:

I authorize the State Bar of California to charge my credit card for \$

Please check which fee(s) you are paying:

- | | |
|---|--|
| <input type="checkbox"/> Registration as a Law Student | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Registration as an Attorney Applicant | <input type="checkbox"/> Laptop Late Fee |
| <input type="checkbox"/> California Bar Examination | <input type="checkbox"/> Moral Character Determination |
| <input type="checkbox"/> California Bar Examination Late Fee | <input type="checkbox"/> Moral Character Determination Extension |
| <input type="checkbox"/> First-Year Law Students' Examination | <input type="checkbox"/> Other: Please specify: |
| <input type="checkbox"/> First-Year Law Students' Exam Late Fee | |

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Admissions. Please print legibly.)

Name of Applicant if Different than Card Holder (print legibly):

File Number of Applicant (if previously registered with the State Bar of California's Office of Admissions as a law student or attorney applicant):

Address:

City, State, Zip:

Telephone Number:

Email Address:

Credit Card Number:

Credit Card Security Code:

Expiration Date:

Month/Year

Check Credit Card Type: Master

Visa

Name on Card (print legibly):

Signature of Card Holder: