THE STATE BAR OF CALIFORNIA
OFFICE OF ADMISSIONS • MULTIJURISDICTIONAL PRACTICE PROGRAM

845 S. Figueroa Street, Los Angeles, CA 90017-2515 · (213) 765-1500

REGISTERED IN-HOUSE COUNSEL AND REGISTERED LEGAL SERVICES ATTORNEY APPLICANTS ONLY

INSTRUCTIONS FOR THE APPLICATION FOR DETERMINATION OF MORAL CHARACTER

Please carefully read these instructions. These instructions apply only to persons seeking to be registered as In-House Counsel or Legal Services Attorneys pursuant to Rule 9.45 and Rule 9.46 of the California Rules of Court. Each applicant is required to be aware of all requirements which follow and to comply with each one that is applicable. The completed application form **must be typewritten or legibly printed in ink.**

Applicants seeking to be registered as In-House Counsel or Legal Services Attorneys are required to complete the same moral character determination application that applicants seeking admission to practice law in California as General or Attorney applicants are required to submit as part of the standard admissions process.

In answering questions appearing on the Application for Determination of Moral Character, applicants should consider the following:

Title 4, Division 1, Chapter 4 of the *Rules of the State Bar of California* (*Admissions Rules)* states that:

> (A) An applicant must be of good moral character as determined by the Committee [of Bar Examiners]. The applicant has the burden of establishing that he or she is of good moral character.
>
> (B) "Good moral character" includes but is not limited to qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the law, and respect for the rights of others and the judicial process.

The Application for Determination of Moral Character will be processed in accordance with the *Admissions Rules*.

SUBMITTING THE APPLICATION

The Application for Determination of Moral Character must be accompanied by an Application for Registered In-House Counsel or an Application for Registered Legal Services Attorney. Application materials can be obtained online by clicking here or by contacting the Office of Admissions.

After completing and signing the application forms, the forms, fingerprint cards or a *Request for Live Scan Service* form, any necessary attachments and correct fees in the form of a personal check, cashier's check or money order payable to The State Bar of California must be mailed in an envelope to the following address:

State Bar of California
Office of Admissions • Multijurisdictional Practice Program
845 S. Figueroa Street
Los Angeles, CA 90017-2515

SOCIAL SECURITY NUMBER

Applicants are required to provide a social security number pursuant to Business and Professions Code Section 30 (State of California's tax enforcement provisions) and Family Code Section 17520 (Child Support Enforcement Program). Applicants without a social security number because they do not qualify for one, may request that they be exempted from the requirement by completing and submitting an exemption from the social security number requirement form available by contacting the Los Angeles Office of Admissions.

FEES (These fees are subject to change.)

Make one check payable to the State Bar of California for the total amount listed below.

Application for Registered In-House Counsel:	$ 550.00
Application for Determination of Moral Character:	$ 500.00
Total for Registered In-House Counsel	**$1,050.00**
Application for Registered Legal Services Attorney:	$ 550.00
Application for Determination of Moral Character:	$ 500.00
Total for Registered Legal Services Attorney	**$1,050.00**

COMPLETION OF INVESTIGATION

Applications for Determination of Moral Character generally will be processed in a **minimum of 180 days**, unless there are issues in an applicant's background that require further investigation.

During the course of each investigation, many sources and outside agencies are contacted by the State Bar's Office of Admissions; therefore, staff is not in a position to provide information on the status of the investigation until approximately 120 days have elapsed. If in the course of the investigation staff requires further information or documentation, applicants will be contacted prior to the completion of the investigation. All applicants will receive written notification when the investigation has been completed.

Any questions regarding the status of an application after the lapse of 120 days should be made in writing rather than by telephone.

COMPLETION OF APPLICATION

All questions on the application must be answered. Applicants must provide their social security number. If a certain question does not apply to an applicant, the applicant should so indicate this and explain. Before filing the application, it should be checked to ensure that all questions have been answered, all applicable forms have been completed and attached and the application is signed. All pages of the application, including any unused forms, must be returned. The application must be signed, the correct fee included, and a completed *Request for Live Scan Service* form or two (2) completed fingerprint cards with the "Request for Exemption From Mandatory Electronic Fingerprint Submission Requirement" form must be included. Any application not meeting these requirements is considered incomplete, and will not be considered filed until it is brought to a complete status. (See **Application Abandonment.**) The application must be received in the State Bar offices **within 30 days** of the date the application is signed. If it is not received within 30 days of the date the application is signed, the application will be returned to the applicant with a blank Authorization and Release form **that the applicant will be required to complete, sign and return to the State Bar offices, along with the application**.

If the application form does not provide sufficient space for the response to any question, the response should be continued on a separate piece of paper and attached to the back of the application form.

Each applicant should retain a copy of his/her completed application for reference.

APPLICATION ABANDONMENT

Moral character determination applications that are not brought to a complete and filed status within 60 days of receipt will be abandoned. This includes the lack of requisite fees, signature, completed fingerprint cards with the "Request for Exemption From Mandatory Electronic Fingerprint Submission Requirement" form or a *completed Request for Live Scan Service* form. Once the moral character determination application is in filed status, if the applicant receives notice to provide information and/or documentation but does not provide such information and/or documentation within 90 days of the request, the application will be abandoned. No refund of fees will be paid in the event a moral character determination application is abandoned.

ATTACHMENTS

All supporting documents must be attached to the back of the application form. Other letters or requests of any kind must be sent under separate cover.

PROOF OF ADMISSION

Proof of admission (a current original Certificate of Good Standing) from each jurisdiction (except federal courts) to which the applicant has been admitted must be filed with the Application for Determination of Moral Character. The certificate must be issued by the jurisdiction within six (6) months of the date the moral character determination application is filed in order to be considered current. Attorneys whose status is inactive must submit a letter from the jurisdiction confirming no disciplinary action.

APPLICATION UPDATING

Applicants for registration as In-House Counsel or Legal Services Attorney have a continuing duty to update responses to questions on the application whenever there is an addition to or change in information previously furnished. Updates are to be submitted no more than 30 days after the addition or change. The applicant will not be eligible for certification until the file is current.

REFERENCES

Confidential questionnaires and reference letters will be mailed by the Office of Admissions to references, employers and law schools listed on the application. In order to decrease the likelihood of a possible administrative delay in certification, all confidential questionnaires and reference letters must be returned to the Office of Admissions as soon as possible.

Please note: Contacting employers is part of the administrative screening process required of all applicants pursuant to Rule X of the *Rules*. The application will not be accepted unless an applicant is willing to have his or her employers contacted.

APPLICATION ACKNOWLEDGMENT

An application acknowledgment letter will be sent within six weeks after receipt of an application. Applicants who do not receive an acknowledgment letter should contact the Office of Admissions.

LAW SCHOOL DECLARATION

A Law School Declaration form will be sent by the Office of Admissions to each law school an applicant has attended.

FINGERPRINTS

State law mandates that the State Bar of California "...require that an applicant for admission or reinstatement to the practice of law in California...be fingerprinted in order to establish the identity of the applicant and in order to determine whether the applicant or member has a record of criminal conviction...." An Application for Determination of Moral Character will not be considered complete without the appropriately processed fingerprints.

<u>Live Scan Processing:</u>

- Applicants who reside in California must submit fingerprints via **Live Scan Technology**. Please see **Fingerprint Instructions for California Residents**.

<u>Fingerprint Card Processing:</u>

- Applicants residing outside of the State of California must submit prints on **fingerprint cards (FD-258).** Please see Fingerprint Instructions for Out of State Residents.

An applicant's fingerprints will be used solely to determine whether or not the applicant has a prior criminal record. The Committee will request that the fingerprinting agencies return the fingerprints of all applicants and that the agencies neither copy the fingerprints nor disseminate them to others nor use them for any other purpose. Pursuant to Business and Professions Code Section 6054, the fingerprint cards of applicants who are admitted to practice law in California are retained for the limited purpose of criminal arrest notification.

Fingerprint Instructions for California Residents (Live Scan Technology)

Live Scan technology replaces the process of recording an individual's fingerprints on fingerprint cards. With Live Scan, applicants are provided a *Request for Live Scan Service* form. The applicant is also provided a list of nearby Live Scan fingerprinting locations (printing providers) and must go to one of the specified locations to submit fingerprints. At these locations, a trained operator enters the information from the *Request for Live Scan Service* form into the Live Scan terminal and initiates the live scan fingerprinting process. Please see the *Request for Live Scan Service* form on page 5, and the Instructions for Completing the Request for Live Scan Service form below.

Applicants must download the form and print two additional copies. **Three (3) copies are to be taken to an agency providing Live Scan services with a valid photo identification (expired photo identification cards will not be accepted).** The Live Scan operator must complete the last section of the *Request for Live Scan Service* form on all 3 copies. The Original Copy is retained by the Live Scan operator, the Second Copy is attached to the completed Application for Determination of Moral Character and the Third Copy is to be retain by the applicant. The list of agencies providing the Live Scan fingerprinting services in California may be obtained through the Office of the Attorney General-California Department of Justice website: http://ag.ca.gov/fingerprints/publications/contact.htm.

If an applicant's prints are rejected because of poor quality, the applicant will be asked to return to the original printing agency for re-printing. The applicant is to take his/her copy of the *Request for Live Scan Service* form and a copy of the rejection notice sent to him/her by the Admissions Office. The printing agency will scan new prints and forward them to the Department of Justice for processing. The "re-printing" service fee will be waived. Failure to provide the two stated documents will result in a service charge for re-printing.

Instructions for Completing the Request for Live Scan Service form *(Form can be filled out online and printed)*

1. **Name of Applicant:** Enter full name
2. **AKA's:** Enter any other names used
3. **Date of Birth:** Enter date of birth *(mm/dd/yyyy)*
4. **Sex:** Check appropriate gender box: Male or Female
5. **Height:** Enter height; Express in Feet and Inches respectively. (Do not use fractions of an inch; round off to the nearest inch. Example: 5'11", 6'0")
6. **Weight:** Enter weight; Express in pounds. (Do not use fractions of a pound; round off to nearest pound. Example: 94 lbs, 186 lbs)
7. **Eye color:** Enter eye color

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRN	Maroon	MAR
Gray	GRY	Pink	PNK

8. **Hair color:** Enter hair color

Bald	BAL	Gray or Partially	GRY
Black	BLK	Red or Auburn	RED
Blond or Strawberry	BLN	Sandy	SDY
Brown	BRN	White	WHI

9. **Place of Birth:** Enter city, state, and country.
10. **Social Security Number:** Enter social security number.
11. **California's Driver License/Identification Card number:** Enter California Driver License/Identification Card number.
12. **Level of Service**: The DOJ box is pre-selected. If you have ever lived outside the state of California for a period of 2 years or more since age 21, you **must** also select the FBI box.
13. **Applicant's Address:** Enter residence address, city, state and zip code.
14. **Daytime Telephone Number:** Enter daytime telephone number.
15. **If resubmission: list Original ATI No.:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

Clear Form Fields

Print

REQUEST FOR LIVE SCAN SERVICE

ORI: A1104

Type of Applicant: License, Certificate or Permit

Job Title of License Certification or Permit: Attorney License

Agency Address Set Contributing Agency:

State Bar of California
Office of Admissions 4th Fl.
1149 S. Hill St
Los Angeles, CA 90015

Mailing Code: A05878

Name of Applicant: _____
(please print) Last First MI

AKA's: _____
Last First

Billing No. BIL 140031

DOB: _____ SEX: ☐ Male ☐ Female

HT: _____ WT: _____

Applicant's Address :

Eye Color: _____ Hair Color: _____

_____
Street or P.O. Box

Place of Birth: _____
(state or foreign country)

_____ _____
City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____

_____ _____
Daytime Telephone Number

Level of Service: ☑ DOJ ☐ FBI Your Number _____
(Only Check both boxes if you lived 2 years or more outside of CA since age 21)
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statue)

State Bar of California
Employer Name

1149 S. Hill St
Street No. Street or P.O. Box

Los Angeles, CA 90015
City State Zip Code

Live Scan Transaction Completed By: _____
Name of Operator

Date _____

_____ _____ _____
Transmitting Agency ATI No. Amount Collected

Original-Live Second Copy- Requesting Agency Third Copy- Applicant

Fingerprint Instructions for Out of State Residents (Fingerprint Cards FD-258)

Effective July 1, 2005, the California Department of Justice only processes fingerprints through the Live Scan Fingerprinting System unless an exemption is granted. Since Live Scan Fingerprinting Agencies are only located in California, applicants who do not reside in California are required to submit, with their application, two fingerprint cards (on form FD-258) and a "Request for Exemption From Mandatory Electronic Fingerprint Submission Requirement" form, which can be requested from the Los Angeles or San Francisco Office of Admissions. At times, there are delays in processing fingerprint cards by criminal justice agencies or delays due to fingerprint card rejection by those agencies, for which the Office of Admissions cannot accept responsibility and which may delay the processing of the application. The fingerprints must be taken by a law enforcement agency (i.e. police department, sheriff's station, etc.) or by an agency that requires you to provide appropriate identification. In the event the official taking the fingerprints has difficulty obtaining prints of acceptable quality because of the physical condition of the applicant's fingers (e.g., dermatitis, etc.), the official should be requested to explain (in writing) why the prints are the best obtainable. That explanation should accompany the fingerprint cards. Fingerprints will be forwarded to the California Department of Justice and/or FBI for a record check.

Applicants must complete identifying information required on the fingerprint cards as indicated on the sample provided, using **only** the abbreviations listed below. Failure to provide all correct information will result in a delay in processing the application, along with the return of the fingerprint cards for completion and a $20.00 completion fee charge.

HAIR COLOR		EYES		WEIGHT (WGT)	HEIGHT (HGT)	SEX	
Bald	BAL	Black	BLK	Express in pounds.	Express in Feet and Inches	Male	M
Black	BLK	Blue	BLU	(Do not use fractions of a pound;	respectively. (Do not use fractions	Female	F
Blonde or		Brown	BRN	round off to nearest pound.)	of an inch; round off to the nearest		
Strawberry	BLN	Gray	GRY		inch.)		
Brown	BRN	Green	GRN	Example: 94 lbs			
Gray or Partially	GRY	Hazel	HAZ	186 lbs	Example: 5'11"		
Red or Auburn	RED	Maroon	MAR		6'0"		
Sandy	SDY	Pink	PNK		7'0"		
White	WHI						

The following questions are optional and do not require a response: race, citizenship, OCA number, FBI number, armed force number and miscellaneous number.

State of California

Department of Justice

REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FINGERPRINT SUBMISSION REQUIREMENT

BCII 9004 (3/05)

APPLICANT INSTRUCTIONS: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Enclose this form, and your 2 fingerprint card(s) (FD258) with your application.

APPLICANT'S NAME: _____

LAST FIRST MIDDLE

APPLICANT'S ADDRESS:

_____

STREET CITY COUNTY STATE ZIP CODE

EMPLOYER OR LICENSING AGENCY:

State Bar of California - Office of Admissions

BASIS FOR EXEMPTION:

1. ☑ NO REGIONAL ACCESS TO FINGERPRINTING SERVICES:

   Nearest Electronic Fingerprint Site: (Refer to public sites listed on the Attorney General's website at http://ag.ca.gov/fingerprints/publications/contact.htm)

   _____

   BUSINESS NAME ADDRESS

2. OTHER (explain): _____

Pursuant to California Penal Code section 11077.1(b), I request an exemption from the mandatory electronic fingerprint submission requirement. I certify that the foregoing is true and correct.

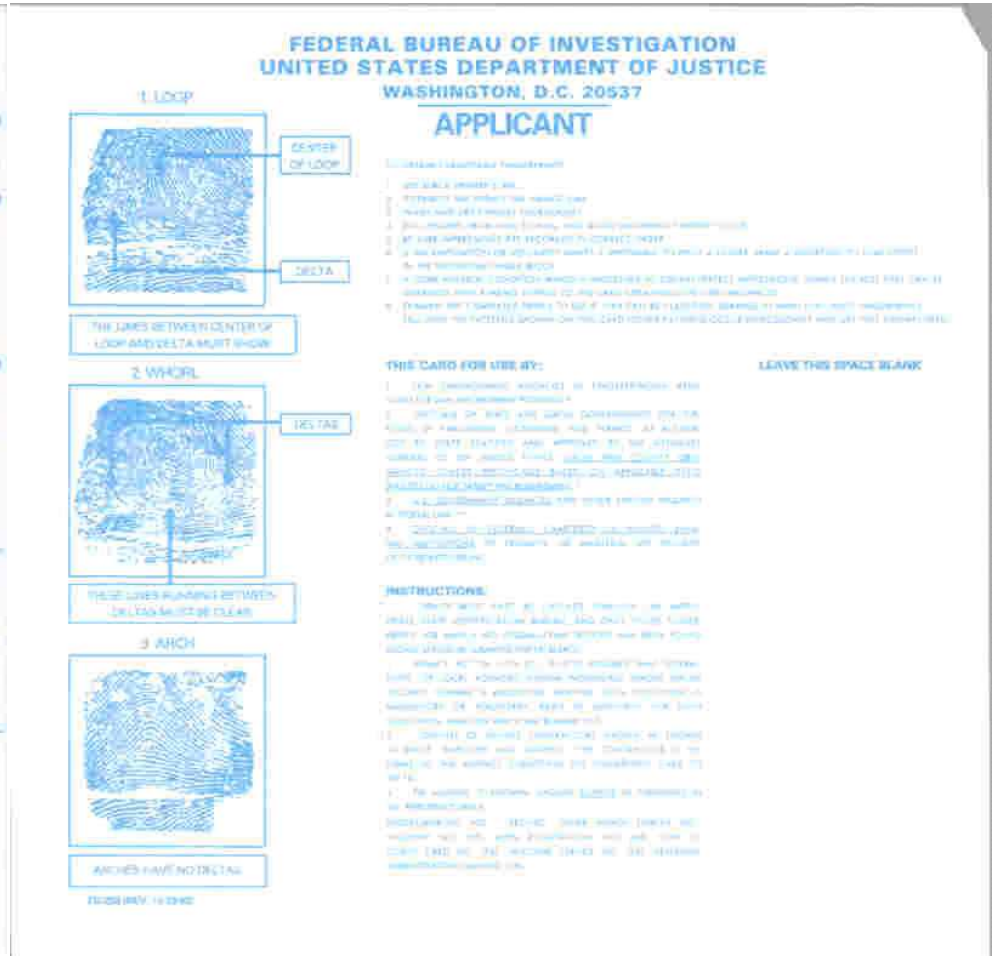
_____ _____

APPLICANT'S SIGNATURE DATE

The Department of Justice will evaluate your request and determine whether adequate justification exists to accept your hard fingerprint card(s) in order to process a request for criminal offender record information for employment, licensing, certification, child placement, or adoption purposes.

Required FD-258 Form
FINGERPRINT SAMPLE

NOTE: In the event the official taking the fingerprints has difficulty obtaining prints of acceptable quality because of the physical condition of the applicant's fingers (e.g., dermatitis, etc.), the official should be requested to explain (in writing) why the prints are the best obtainable. That explanation should accompany the fingerprint cards.



CHANGE OF ADDRESS

Please notify the State Bar **in writing** of any address change. In order for the State Bar of California to update your address in its records, the request must be accompanied by a photocopy of one piece of identification. Accepted examples: Driver's License, Passport, CA Identification Card, Military ID Card, or Birth Certificate. A fillable form is available online at www.calbar.ca.gov/admissions.

FURTHER COMMUNICATION REGARDING MORAL CHARACTER DETERMINATION APPLICATIONS

An official record of all communications is required; inquiries relating to the processing of your moral character determination application should be submitted in writing addressed to the Office of Admissions and sent to the appropriate address listed below. This will enable the staff to review your file prior to responding, and provide for precise rather than generalized responses. If your inquiry relates to a genuine emergency related to your moral character determination application and requires immediate attention, the telephone numbers listed below are provided to assist you.

Office of Admissions
845 S. Figueroa Street
Los Angeles, CA 90017-2515

-or-

Office of Admissions
180 Howard Street
San Francisco, CA 94105-1639

	Los Angeles	San Francisco
Recorded General Information	(213) 765-1550	(415) 538-2300
Information Service Coordinator	(213) 765-1500	(415) 538-2303
TDD Numbers	(213) 765-1566	(415) 538-2231

The Office of Admissions is open for the transaction of business between the hours of 8:45 a.m. and 5:00 p.m., Monday through Friday, holidays excepted.

IMPORTANT

Before mailing your application, please check the following:

- ☐ Is the correct fee included? (Fees are subject to change)
- ☐ Copy of "Request for Live Scan Service" form which has been completed by the live scan operator?

  OR

- ☐ Are the two (2) sets of fingerprints (Form FD258) and the Request for Exemption from Mandatory Electronic Fingerprint submission Requirement form enclosed?
- ☐ Are the identification boxes on the fingerprint cards COMPLETED in accordance with the instructions?
- ☐ Is each question answered fully and completely?
- ☐ Is the application signed? A photocopy is not permitted
- ☐ Are you mailing the application more than 30 days after you signed the declaration? The application must be received within 30 days of the date it is signed, or it will be returned.
- ☐ Are all applicable forms completed and attached?

The Committee of Bar Examiners

of

The State Bar of California

Office of Admissions

845 S. FIGUEROA STREET
LOS ANGELES 90017

180 HOWARD STREET
SAN FRANCISCO 94105

APPLICATION FOR DETERMINATION OF MORAL CHARACTER

* NOTE *

Please carefully read the "Instructions for the Application" before completing this application. All applicants are required to be familiar with and to comply with all such instructions. Applicants must answer every question. All pages of this application must be returned.

Business and Professions Code Section 6068
Duties of Attorney

It is the duty of an attorney to do all of the following:

(a) To support the Constitution and laws of the United States and of this state.

(b) To maintain the respect due to the courts of justice and judicial officers.

(c) To counsel or maintain those actions, proceedings, or defenses only as appear to him or her legal or just, except the defense of a person charged with a public offense.

(d) To employ, for the purpose of maintaining the causes confided to him or her those means only as are consistent with truth, and never to seek to mislead the judge or any judicial officer by an artifice or false statement of fact or law.

(e) (1) To maintain inviolate the confidence, and at every peril to himself or herself to preserve the secrets, of his or her client.

(2) Notwithstanding paragraph (1), an attorney may, but is not required to, reveal confidential information relating to the representation of a client to the extent that the attorney reasonably believes the disclosure is necessary to prevent a criminal act that the attorney reasonably believes is likely to result in death of, or substantial bodily harm to, an individual.

(f) To advance no fact prejudicial to the honor or reputation of a party or witness, unless required by the justice of the cause with which he or she is charged.

(g) Not to encourage either the commencement or the continuance of an action or proceeding from any corrupt motive of passion or interest.

(h) Never to reject, for any consideration personal to himself or herself, the cause of the defenseless or the oppressed.

(i) To cooperate and participate in any disciplinary investigation or other regulatory or disciplinary proceeding pending against himself or herself. However, this subdivision shall not be construed to deprive an attorney of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subdivision shall not be construed to require an attorney to cooperate with a request that requires him or her to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the attorney's practice. Any exercise by an attorney of any constitutional or statutory privilege shall not be used against the attorney in a regulatory or disciplinary proceeding against him or her.

(j) To comply with the requirements of Section 6002.1.

(k) To comply with all conditions attached to any disciplinary probation, including a probation imposed with the concurrence of the attorney.

(l) To keep all agreements made in lieu of disciplinary prosecution with the agency charged with attorney discipline.

(m) To respond promptly to reasonable status inquiries of clients and to keep clients reasonably informed of significant developments in matters with regard to which the attorney has agreed to provide legal services.

(n) To provide copies to the client of certain documents under time limits and as prescribed in a rule of professional conduct which the board shall adopt.

(o) To report to the agency charged with attorney discipline, in writing, within 30 days of the time the attorney has knowledge of any of the following:

(1) The filing of three or more lawsuits in a 12-month period against the attorney for malpractice or other wrongful conduct committed in a professional capacity.

(2) The entry of judgment against the attorney in any civil action for fraud, misrepresentation, breach of fiduciary duty, or gross negligence committed in a professional capacity.

(3) The imposition of any judicial sanctions against the attorney, except for sanctions for failure to make discovery or monetary sanctions of less than one thousand dollars ($1,000).

(4) The bringing of an indictment or information charging a felony against the attorney.

(5) The conviction of the attorney, including any verdict of guilty, or plea of guilty or no contest, of any felony, or any misdemeanor committed in the course of the practice of law, or in any manner in which a client of the attorney was the victim, or a necessary element of which, as determined by the statutory or common law definition of the misdemeanor, involves improper conduct of an attorney, including dishonesty or other moral turpitude, or an attempt or a conspiracy or solicitation of another to commit a felony or any misdemeanor of that type.

(6) The imposition of discipline against the attorney by any professional or occupational disciplinary agency or licensing board, whether in California or elsewhere.

(7) Reversal of judgment in a proceeding based in whole or in part upon misconduct, grossly incompetent representation, or willful misrepresentation by an attorney.

(8) As used in this subdivision, "against the attorney" includes claims and proceedings against any firm of attorneys for the practice of law in which the attorney was a partner at the time of the conduct complained of and any law corporation in which the attorney was a shareholder at the time of the conduct complained of unless the matter has to the attorney's knowledge already been reported by the law firm or corporation.

(9) The State Bar may develop a prescribed form for the making of reports required by this section, usage of which it may require by rule or regulation.

(10) This subdivision is only intended to provide that the failure to report as required herein may serve as a basis of discipline. (Origin: Code Civ. Proc., §282. Amended by Stats. 1985, ch. 453; Stats. 1986, ch. 475; Stats. 1988, ch. 1159; Stats. 1990, ch. 1639; Stats. 1999, ch. 221; Stats. 1999, ch. 342; Stats. 2001, ch. 24; Stats. 2003, ch. 765, operative July 1, 2004.)

Attorney's Oath

I solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of California, and that I will faithfully discharge the duties of an attorney and counselor at law to the best of my knowledge and ability.

CONFIDENTIAL APPLICATION AND QUESTIONNAIRE

Do not leave any questions blank unless you are instructed to do so.

SECTION I - BACKGROUND INFORMATION

APPLICATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the back of your application.

1.1 SOCIAL SECURITY # _____ — _____ — _____ (Required)

1.2 APPLICANT TYPE (Please check one)

☐ General Applicant (not admitted to practice law in another jurisdiction)

☐ Attorney Applicant (admitted to practice law in another jurisdiction **AND** in **GOOD STANDING**)
If disbarred or suspended, you are not eligible to file an Application for Determination of Moral Character - see Rule VI, Section 2(b) of the *Rules Regulating Admission to Practice Law in California*

☐ Registered In-House Counsel Applicant (Rule 9.46, California Rules of Court)

☐ Registered Legal Services Attorney Applicant (Rule 9.45, California Rules of Court)

1.3 DATE OF BIRTH _____ — _____ — _____
Month Day Year

OFFICE USE ONLY

Date Filed_____

_____
Month Day Year

DETERMINATION
Cleared by:

_____
(Signature)

Date Cleared: _____

Hearing Date: _____

Decision: _____

Date: _____

1.4 APPLICANT'S FULL NAME

_____
Last

_____
First Middle

1.5 MAILING ADDRESS It is the applicant's responsibility to inform the Office of Admissions *in writing* of any address changes. All correspondence will be mailed to current 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.)

1.6 DAYTIME TELEPHONE (_____) _____-- _____
(Answering machines acceptable)

1.7 Father's Full Name _____

Mother's Full Maiden Name _____

Spouse's Name _____
(Prior to marriage if different)

1.8 BIRTHPLACE

_____
City or Town State or Country

1.9 I AM APPLYING FOR: (Refer to Instructions)

☐ Application for Determination of Moral Character

☐ Application for Determination of Moral Character Subsequent to Receipt of an Adverse Moral Character Determination or Withdrawal under Rule X of the *Rules Regulating Admission to Practice Law in California (Rules)*

1.10 APPLICATION FEE
See instructions for proper application fee. Application will not be deemed filed unless the proper fee is enclosed.

TOTAL ENCLOSED: $ .00

1.11 DRIVER'S LICENSE
Do you have a California Driver's License?
☐ Yes ☐ No
If yes, enter Driver's License # __ __ __ __ __ __ __ __

Do you have a driver's license in another state?
☐ Yes ☐ No
If yes, enter the state and license number

_____

OFFICE USE ONLY
Fingerprints
Number of cards submitted:_____
Process ☐
F ☐ **D** ☐
Date_____Initials_____
_

2.1 FORMER NAMES. Have you ever been known by any other names? . . . . . .

☐ **YES** ☐ **NO**

If YES, provide the effective dates and the reason for the change of name. If a change was made by court order, attach a copy to the application. If a change was made simply by assumption and use, please so state. If the change was made as part of a divorce proceeding, refer to Question 11.2 and be sure to complete **FORM 1**.

A. _____
Last First and Middle

Dates: From _____ To _____

Reason for change: _____

B. _____
Last First and Middle

Dates: From _____ To _____

Reason for change: _____

C. _____
Last First and Middle

Dates: From _____ To _____

Reason for change: _____

2.2 REGISTRATION (A separate form is required.)

General Applicants and Attorney Applicants must either file concurrently or have previously filed a registration form with the Committee of Bar Examiners (Committee). See question 1.2 and Rule V of the *Rules Regulating Admission to Practice Law in California (Rules*).

Registered In-House Counsel Applicants and Registered Legal Services Attorney Applicants do not need to file a registration form with the Committee. See the Instructions for the Application for Determination of Moral Character for the paperwork that such applicants must submit.

Please check the applicable box.

☐ I have previously filed a registration with the Committee.

Name under which you registered if different: _____

☐ I am submitting a registration form at this time.

☐ I am seeking qualification as an In-House Counsel or Legal Services Attorney.

2.3 HAVE YOU EVER APPLIED TO TAKE A CALIFORNIA BAR EXAMINATION? ☐ Yes ☐ No

(If YES, give date of examination for which you last applied.)

Date of last examination applied for _____
Month Year

3.1 PRE-LEGAL EDUCATION. Indicate all college-level and graduate instruction (Rule VII, Section 1 of the *Rules*).

Name and Location of School	From Month/Year	To Month/Year	Date of Graduation Month/Year	Degree or Units Completed

3.2 LEGAL EDUCATION. Indicate all law schools attended even if you do not claim credit for the law study completed at each school. Include correspondence study and law office study.

Name and Location of School	Dates Attended		Date of Graduation or Anticipated Graduation Month/Year	Degree or Units Completed
	From Month/Year	To Month/Year		

3.3 Are you currently a California resident? . . . . . ☐ Yes(L) ☐ No(C)

If yes, have you spent more than 24 months outside the state of California since the age of 18?. . . . . ☐ Yes(F) ☐ No(D)

3.4 RESIDENCE HISTORY. State the address of every residence (including the present) that you have had in the last eight (8) years **commencing with your present address**. Provide the addresses for your actual college and law school residences if these addresses fall within the eight-year period.

ADDRESSES: Please re-enter date of birth _____ — _____ — _____
Month Day Year

Number/Street	City and State	Zip Code	From Month/Year	To Month/Year

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

SECTION II
MORAL CHARACTER INFORMATION (Rule X)

The applicant has a continuing duty to update in writing responses to questions under the moral character section of the application whenever there is an addition to or change in information previously furnished (Rule VI, Section 7 of the *Rules*). Updates are to be submitted no more than 30 days after the addition or change.

REFERENCES

4.1 RE-ENTER FULL NAME _____

SOCIAL SECURITY # _____ – _____ – _____

EMPLOYMENT HISTORY

4.2 List below your current employment, regardless of the type of business, occupation, profession or length of time employed. If not presently employed, please so indicate. Then list, to the best of your recollection, all of your employment which is/was law-related since your eighteenth birthday. **All legal internships, externships, clerkships, and law clerk positions, whether voluntary or paid positions, regardless of the length of time must be listed.** Also list, to the best of your recollection, all of your employment, businesses, occupations and professions which were not law-related but lasted longer than six (6) months since your eighteenth birthday. The list should be in reverse chronological order, beginning with the current or most recent employment. Indicate the reason for leaving if not currently employed.

Please make certain that all addresses are current. If the company or business no longer exists or has merged, etc., please so indicate. If you are aware that your former supervisor is no longer with the company or business, please provide the supervisor's current address in addition to the address of the company or business.

➜ **If you have not held any law-related employment, including, but not limited to, a legal internship, externship, clerkship, and/or law clerk position, paid or unpaid, please place an X here:** ☐

NOTE: For periods of self-employment, complete page 6.

CURRENT EMPLOYMENT

41

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

From: _____ / _____
Month Year

➜ ☐ **Not currently employed.**

PREVIOUS EMPLOYMENT

42

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

Length of time employed – From: _____/_____ To: _____/_____
Month Year Month Year

Reason for leaving _____

43

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

Length of time employed – From: _____/_____ To: _____/_____
Month Year Month Year

Reason for leaving _____

44

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

Length of time employed – From: _____/_____ To: _____/_____
Month Year Month Year

Reason for leaving _____

45

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

Length of time employed – From: _____/_____ To: _____/_____
Month Year Month Year

Reason for leaving _____

46

NAME OF BUSINESS _____

SUPERVISOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Business Telephone (_____) _____ Your Position _____

Length of time employed – From: _____/_____ To: _____/_____
Month Year Month Year

Reason for leaving _____

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT.
Include for each position all of the information requested above.

SELF-EMPLOYMENT

A RESPONSE IS REQUIRED TO BOTH QUESTIONS.

6.1	Have you ever been in business for yourself? (If YES, see below)	☐ Yes ☐ No
6.2	Have you ever been SELF-EMPLOYED as an attorney? (If YES, see below)	☐ Yes ☐ No

➜ If YES to any of the above questions, please indicate both the name and address of the place of employment and the name and address of a person other than ***persons related to you by blood or marriage*** who can verify such employment.

BUSINESS/PRIVATE LAW PRACTICE

NAME OF BUSINESS _____

MAILING ADDRESS _____

MAILING ADDRESS (continued, if needed) _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (___) _____ FROM _____ TO _____
Month/Year Month/Year

NATURE OF BUSINESS _____

YOUR DUTIES _____

VERIFYING REFERENCE FOR SELF-EMPLOYMENT

DO NOT LIST PERSONS LISTED AS EMPLOYMENT OR PERSONAL REFERENCES ON PAGES 4, 5, AND 7 OR PERSONS RELATED TO YOU BY BLOOD OR MARRIAGE.

21 **NAME OF REFERENCE** _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation _____ Telephone (___) _____ Length of time known _____

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

PERSONAL REFERENCES

7.1 State the full names, complete addresses (including floor and/or suite numbers and ZIP CODES), and occupations of five reputable and responsible persons who know you well. AT LEAST ONE of these persons should be a member of the Bar of any U.S. or foreign jurisdiction and only one may be a law professor from whom you have received instruction.

NOTE: DO NOT INCLUDE persons who have only casual knowledge of you, **persons related to you by blood or marriage**, or persons listed as employment or verifying references on pages 4-6. List one address only for each reference. Please make certain that all addresses are **current and complete**.

22

NAME OF REFERENCE _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation _____ Telephone (____) _____Length of time known_____

23

NAME OF REFERENCE _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation_____Telephone(____)_____Length of time known_____

24

NAME OF REFERENCE _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation_____Telephone(____) _____Length of time known_____

25

NAME OF REFERENCE _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation_____Telephone(____)_____Length of time known_____

26

NAME OF REFERENCE _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

Occupation_____Telephone(____)_____Length of time known_____

DO YOU CERTIFY THAT YOU ARE NOT RELATED TO THE ABOVE INDIVIDUALS BY BLOOD OR MARRIAGE (e.g., COUSIN, IN-LAW, SIBLING, PARENT OR SPOUSE):

☐ YES ☐ NO

CREDENTIALS AND LICENSES

8.1 Have you ever applied for (or applied for and then withdrawn an application) or held a license for a business, trade, or profession, **other than as an attorney at law,** the procurement of which required proof of good character and/or examination (e.g., certified public accountant, patent practitioner, or real estate broker)?

☐ **YES** ☐ **NO**

If YES, provide the following information about each license.

61

ISSUING AUTHORITY _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

License or certified as _____ Dates: From _____/_____
Month/Year Month/Year

License or Certification # _____ Inactive ☐ Active ☐

62

ISSUING AUTHORITY _____

MAILING ADDRESS _____

MAILING ADDRESS Continued (if needed) _____

CITY _____ STATE _____ ZIP _____

License or certified as _____ Dates: From _____/_____
Month/Year Month/Year

License or Certification # _____ Inactive ☐ Active ☐

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

OFFICE USE ONLY

Data Entry Completed ☐ _____
Initials & Date

COMPLAINTS; PROFESSIONAL DISCIPLINE

A response is required even if you answered NO to Question 8.1.

9.1	A.	Have you ever been denied a business, trade, or professional license? . . . . . If YES, complete "D."	☐ YES ☐ NO --
	B.	Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified or had your license revoked as a member of any business, trade, or profession (e.g., attorney, certified public accountant, real estate broker, physician, etc.), or as a holder of public office? . . . . . If YES, complete "D."	☐ YES ☐ NO --
	C.	To the best of your knowledge, have there ever been, or are there now pending, any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any business, trade, or profession, or as a holder of public office? If YES, complete "E."	☐ YES ☐ NO --

NOTE: If you answer YES to either A, B or C, please fully explain the circumstances of each incident of denial, disbarment, suspension, censure, reprimand, complaint, grievance, etc., on a separate piece of paper and attach to the application.

D. Name and address of the authority in possession of the records regarding the disqualification or denial:

Name _____

Address _____

City _____ State _____ Zip _____

Name of court _____ Date admitted_____

Address _____

City _____ State _____ Zip _____

Nature of disqualification _____

Disqualified from (Month/Year) _____ to (Month/Year) _____

Reason for disqualification or denial_____

E. Name and address of authority in possession of the records regarding the charge, complaint, or grievance:

Name _____

Address _____

City _____ State _____ Zip _____

Name of court _____ Date admitted_____

Address _____

City _____ State _____ Zip _____

Date of charge, complaint, or grievance (Month/Year) _____

Final disposition _____

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

A response to Question 10.1 A & B is required even if you answered NO to Question 8.1.

10.1 A. Have you ever resigned your business, trade, or professional license while charges were pending?
If YES, please explain: . . . . . .

_____
_____
_____
_____

☐ **YES** ☐ **NO** --

B. Have you ever permitted a business, trade, or professional license to expire? . . . . . .
If YES, please explain:

_____
_____
_____
_____

☐ **YES** ☐ **NO** --

MENTAL ILLNESS, DISEASE OR DISORDER

In answering Questions 10.2, applicants should consider the following definitions for the words and phrases:

- "Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.

- "Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws to the state and the nation and respect for the rights of others and for the judicial process.

- "Mental illness, disease or disorder" includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.

- "Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functioning as an attorney.

10.2 Have you been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice law? . . . . . .

☐ **YES** ☐ **NO**

If YES, complete **FORMS 4 and 5.** Make as **many COPIES of FORMS 4 and 5** as you need to describe the problem.

10.3 Have you ever been adjudged an incompetent or a conservatee? . . . . . .

☐ **YES** ☐ **NO**

If YES, complete **FORM 4** and on a separate piece of paper state the question number and provide a narrative explanation. Give full details, including the name of the court, title, and name of the case, the date of the proceeding, the name and address of the institution and the inclusive dates you were adjudged either an incompetent or a conservatee.

PRIOR APPLICATIONS FOR ADMISSION TO PRACTICE LAW

*** NOTE ***

Applications for admission to practice law include, but are not limited to, applications to be admitted by examination, on motion, or on diploma privilege, applications for reinstatement to the bar, and applications for a determination of moral character. Include every such application even if that application was subsequently withdrawn. For each application, indicate the nature of the application (e.g., examination, moral character, comity), the date it was submitted, and its ultimate disposition (e.g., admitted to practice law, withdrew application, denied).

11.1A Have you ever submitted an application for admission to practice law in any state or foreign country? ☐ **YES** ☐ **NO**

11.1B If you are admitted to practice law elsewhere, are you in good standing in your jurisdictions(s)? ☐ **YES** ☐ **NO**

NOTE: A Certificate of Good Standing must be submitted for each jurisdiction into which you have been admitted to practice law. If you are submitting this application simultaneously with the attorney registration, only one Certificate of Good Standing must be submitted. If you are a General or Attorney Applicant who has been suspended or disbarred from practice as a result of a disciplinary proceeding, you are not eligible to file an Application for Determination of Moral Character (Rule VI, Section 2(b) of the *Rules).*

C. State or foreign country _____ Not admitted because (check one):

Applied for admission (Month/Year) _____ ☐ Failed examination

Date of examination that you took (Month/Year) _____ ☐ Withdrew application* --

Admitted or readmitted (Month/Day/Year) _____ ☐ Other reason* --

D. State or foreign country _____ Not admitted because (check one):

Applied for admission (Month/Year) _____ ☐ Failed examination

Date of examination that you took (Month/Year) _____ ☐ Withdrew application* --

Admitted or readmitted (Month/Day/Year) _____ ☐ Other reason* --

* For any withdrawals and for any other reason for not being admitted which were not due to being unsuccessful on an examination, attach a separate piece of paper stating the question and detailing the circumstances and reasons.

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

11.2 Have you ever been a party to or are you presently a party to any civil action or administrative proceeding? This includes divorce, dissolution, small claims, worker's compensation, etc. . . . . ☐ **YES** ☐ **NO** (1)

11.3 Have any judgments been filed against you? . . . . . ☐ **YES** ☐ **NO** (1)

If YES to either of the above questions, complete **FORM 1**. Make as many copies of **FORM 1** as you need.

FRAUD, MISREPRESENTATION, LEGAL MALPRACTICE

11.4 Have you ever had a complaint alleging fraud, deceit, misrepresentation, forgery, or legal malpractice filed and sustained against you in any civil, criminal or administrative forum? This includes corporations of which you were an officer or director and partnerships of which you were a member. . . . . ☐ **YES** ☐ **NO** -- (1)

If YES, complete **FORM 1** and **ATTACH** copies of the pleading, allegations and judgment.

CONVICTIONS

The applicant has a continuing duty to update *in writing* responses to questions under the moral character section of the application whenever there is an addition to or change in information previously furnished (Rule VI, Section 7 of the *Rules*). Updates are to be submitted no more than 30 days after the addition or change.

IN ANSWERING THE FOLLOWING QUESTIONS, YOU SHOULD INCLUDE ALL SUCH INCIDENTS AND CONVICTIONS, NO MATTER HOW MINOR THE INCIDENT. **Traffic violations which must be reported under this question include Failure to Appear, Driving Without a License, Driving with a Suspended License, and Reckless Driving, as well as all traffic violations that resulted in a misdemeanor or felony conviction.**

YOU ARE EXCLUDED FROM ANSWERING QUESTIONS REGARDING THE FOLLOWING INCIDENTS:

A. Arrests that did not result in a conviction and for which you are not awaiting final adjudication.

B. Any arrest, conviction or other proceeding the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to Sections 851.7, 1203.4a*, 1203.45*, 1000 to 1000.11, 1001 to 1001.11, or 1001.20 to 1001.35 of the Penal Code of the State of California, or Section 781 of the Welfare and Institutions Code of the State of California, or Section 11361.5 of the Health and Safety Code of the State of California, or pursuant to a similar statute of another jurisdiction which provides in substance and effect that upon entry of an order, such arrest, conviction, or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur.

C. Any arrest, conviction or other proceeding, the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to the statute of another jurisdiction, which statute provides in substance and effect that upon entry of an order, such arrest, conviction or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur. If you believe you come within this exclusion, you MUST include with your application a copy of the applicable statute and any supporting annotations and answer yes to question 12.5 below.

*** NOTE ***

The above-referenced sections of the Penal Code are Sections 1203.4a and 1203.45, **not** 1203.4. **SECTION 1203.4 REQUIRES DISCLOSURE** of matters dismissed under that Section in response to a direct question contained in an application for licensure by a state agency.

12.1	Have you ever been convicted of the violation of a misdemeanor or felony? As used herein, a conviction includes a plea of guilty or nolo contendere, or a verdict or finding of guilt, regardless of whether sentence is imposed by the court.	☐ **YES** ☐ **NO** -- (2)
12.2	Are you awaiting final adjudication for any incident?	☐ **YES** ☐ **NO** -- (2)
12.3	Have you ever been held in contempt of court?	☐ **YES** ☐ **NO** -- (2)
12.4	Have you ever been granted immunity in lieu of criminal prosecution?	☐ **YES** ☐ **NO** -- (2)

If YES to any of the above questions, please complete **FORM 2**. Make as **many COPIES as you need**. Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, probation report and certified copy of conviction, if any

12.5	Are you submitting a statute of another jurisdiction pursuant to Section "C" above?	☐ **YES** ☐ **NO** --

A RESPONSE IS REQUIRED.

If your answer to any of the following needs more space, please attach a separate piece of paper.

SCHOLASTIC DISCIPLINE

13.1 Have you ever been dropped, suspended, expelled, or otherwise disciplined by any school for any reason other than academic performance? . . . . . ☐ YES ☐ NO --

If YES, state the reasons fully below, providing the name of the school, the date, the reasons for discipline, and the final disposition.

_____

_____

_____

BONDEDNESS; DISCHARGE OF OBLIGATION; INDEBTEDNESS

13.2 Have you ever held a bonded position? . . . . . ☐ YES ☐ NO

If YES, specify the nature of the position, the inclusive dates, amount of bond, and whether any attempt has been made to recover upon your bond or cancel it.

_____

_____

13.3 Has a bond ever been refused where you were to be the bonded person? . . . . . ☐ YES ☐ NO

If YES, provide the full details.

_____

_____

13.4 Are you in default in any way in the performance or discharge of any duty or obligation imposed upon you by decree, judgment, or order of any court or administrative agency, including alimony, support orders and decrees? . . . . . ☐ YES ☐ NO (1)
If YES, complete **FORM 1**.

13.5 Do you owe any debts, including student loans, that are **past due** (include those barred by the statute of limitations and past due credit account balances)? . . . . . ☐ YES ☐ NO

If YES, list each such indebtedness, providing the name and present address of the creditor, nature of the indebtedness, date incurred, the account number(s), amount still owing, reason for nonpayment, and the steps taken to address the debt.

_____

_____

_____

13.6 Have you ever defaulted on any student loan? . . . . . ☐ YES ☐ NO

If YES, list the name and address of the creditor or the guaranteeing agency to whom the loan was sold or assigned, the loan account number, the amount owed and the steps taken to make the amount current.

_____

_____

_____

BANKRUPTCY

14.1 Have you ever been adjudicated a bankrupt? . . . . . ☐ YES ☐ NO --
If YES, complete **FORM 3**. (3)

14.2 Has a petition in bankruptcy (personal or business related) ever been filed by you or against you, either alone or in association with others? . . . . . ☐ YES ☐ NO --
If YES, complete **FORM 3** (3)

14.3 Do you have a bankruptcy pending under a Chapter 13 reorganization? . . . . . ☐ YES ☐ NO --
If YES, complete **FORM 3.** (3)

If YES to any of the above, you must attach a petition for bankruptcy, all schedules and statements filled with the bankruptcy petition, any objection or exemption to discharge filed by a creditor and the ruling thereon, and discharge from the bankruptcy court.

14.4 Have you ever been sued by a receiver, trustee, or other authority of any bankruptcy estate, for unlawful preference, conspiracy to conceal assets, or any other fraud or offense, whether or not punishable by law? . . . . . ☐ YES ☐ NO –

If YES, please state the date, title, number of case, the name and location of the court in the space below, and continue on a separate piece of paper if needed. **ATTACH** to this application a copy of any complaint or other claim filed against you.

_____

_____

_____

CHEMICAL DEPENDENCY

In answering Questions 14.5, applicants should consider the following definitions for the words and phrases:

- "Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedures. In a larger sense it includes providing legal advice and counsel and preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.

- "Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws to the state and the nation and respect for the rights of others and for the judicial process.

- "Chemical dependency" is to be construed to include abuse and excessive use, addiction to alcohol, drugs or medications.

- "Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of the application. Rather, it means recently enough so that you believe that the use of drugs or alcohol may have an ongoing impact on your functioning as an attorney.

14.5 Have you been diagnosed or treated for a chemical dependency that would currently interfere with your ability to practice law? . . . . . ☐ YES ☐ NO

If YES, complete **FORMS 4** and **6.** Make as many **COPIES** of **FORMS 4** and **6** as you need to describe the problem.

MILITARY SERVICE

15.1 Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? . . . . . ☐ **YES** ☐ **NO**

If NO, proceed to the next page.

☐ I am presently a member of the armed forces. (Complete a. and b.)
☐ I was a member of the armed forces. (Complete a. and c.)

a. Branch of service

Regular armed forces:
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

Reserve components:
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

National Guard:
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

My serial number was/is _____ My rank was/is _____
Dates of service: From (Month/Year) _____ To (Month/Year) _____
From (Month/Year) _____ To (Month/Year) _____

b. For ACTIVE AND RESERVE PERSONNEL ONLY: Check one: ☐ Active ☐ Reserve
Present duty station _____

Address _____

c. While a member of the armed forces of the United States:

Did you receive an honorable discharge?	☐ **YES** ☐ **NO* --**
Were you ever court-martialed?	☐ **YES*** ☐ **NO --**
Were you allowed to resign in lieu of court-martial?	☐ **YES*** ☐ **NO --**
Were you administratively discharged?	☐ **YES*** ☐ **NO --**
Were you ever awarded non-judicial punishment? (Article 15 UCMJ)	☐ **YES*** ☐ **NO --**

* *If you checked a box followed by an asterisk, on a separate sheet of paper provide a narrative explanation of the circumstances surrounding the occurrence.*

If you are now separated from military service, attach a copy of DD Form 214 to the application. Make sure the copy includes your "Type of Separation" and "Character of Service." This form may be acquired by writing to Military Personnel Records Center, 9700 Page Blvd., St. Louis, MO 63132. You are required to furnish a DD Form 214 or other report of separation. If you are advised by the Military Personnel Records Center that no such document exists, attach a copy of that notification to this application.

NOTE: Acquiring the DD Form 214 or other report of separation from the Military Personnel Records Center can be a time-consuming process. A delay in receiving these papers by the Committee will delay the processing of your application.

ACCOUNTING FOR TIME

16.1 Please review your responses to **Sections 3.1, 3.2, 4.2, 6.1 - 6.2 and 15.1**. If your replies to these questions do not account for the **entire** period of time since you were 18 years of age, explain to the best of your recollection where you were and what you were doing (e.g., 6/89 - 12/89 recuperated from major surgery at parents' house; 1/91 - 5/91 traveled [indicate country/region]). If you held a job (or jobs) which lasted less than six months, please so state. Attach page(s) as necessary.

_____

_____

_____

_____

_____

_____

_____

AUTHORIZATION AND RELEASE

IN RE APPLICATION OF

NAME: _____

SOCIAL SECURITY #:_____

I,_____, having filed an application with the Committee of Bar Examiners of the State Bar of California ("Committee"), hereby consent to have an investigation made as to my qualification for 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**. I therefore agree to give the Committee through the State Bar's Office of Admissions any further information which may be required in reference to such investigation. I understand that the contents of my moral character investigation are confidential and that I will not receive and am not entitled to have disclosed to me the information received or obtained during such investigation except as provided under California Evidence Code section 1040.

I also authorize and request each and every law school having control of any documents, records, or other information pertaining to me to (i) furnish such to the State Bar's Office of Admissions, as required by the Committee; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I further authorize all educational institutions and testing organizations to release to the Committee any information, files or records pertaining to me requested by the Committee in connection with any studies conducted by the Committee regarding the admission process.

I hereby release, discharge, and exonerate any law school, educational institution, or testing organization, any of their respective employees, agents and representatives, and any person or organization supplying requested documents, records, and other information pertaining to me from any and all liability of every nature and kind arising out of the furnishing of such documents, records and other information to the Committee.

I further authorize and request every person, firm, company, corporation, governmental agency, bank, credit company, instrumentality, law enforcement agency, court, association or institution having control of any other documents, records and other information pertaining to me (including any confidential or sealed records; files of bar associations or disciplinary pertinent data) to (i) furnish to the Committee any such information; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions, or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Committee information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214, Report of Separation.

I understand that the fact that I am a California applicant will be communicated to other Bar admitting entities, as well as to the National Conference of Bar Examiners and by that agency to such other Bar admitting authorities as may inquire, and I further authorize the Committee to release any and all such materials submitted in support of this application to other Bar admitting entities and the National Conference of Bar Examiners for purposes of other moral character investigations pertaining to me.

I also understand that pursuant to Rule VI, Section 7 of the *Rules Regulating Admission To Practice Law In California*, I am under a continuing obligation to keep my application current and must update **in writing** my responses to the application within 30 days whenever there is an addition to or a change to information previously furnished the Committee

I hereby release and exonerate the State Bar of California (including its Board of Governors, the Committee, members of the Committee of Bar Examiners, and officers, employees, agents and representatives of the State Bar) from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information pertaining to me or the moral character investigations made by or on behalf of the Committee.

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

I hereby declare under penalty of perjury under the laws of the State of California that the answers and statements provided by me in the foregoing application are true and correct.

Executed on _____
(Date)

at _____
(City and State)

_____
(Print Name)

SIGN HERE _____
(Signature of Declarant)

Note: Applications received more than 30 days after being signed will be returned as stale dated.

DO NOT DETACH

FORM 1 – RECORD OF CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

Name _____ _____
First Middle Last Social Security Number

Nature of case (e.g., small claims, divorce, personal injury, etc.) _____

Complete title of case _____

Court file number _____ Date Filed _____

Name of court _____

Address _____

City _____ State _____ Zip _____

Your position in case (e.g., plaintiff, defendant, cross-complainant, etc.) _____

Elaborate on the circumstances of the case _____

_____

_____

_____

_____

_____

_____

Full name(s) and address(es) of plaintiff(s) and attorney(s)

_____
Plaintiff

_____
Address

_____
City State Zip

_____
Attorney

_____
Address

_____
City State Zip

Full name(s) and address(es) of defendant(s) and attorney(s)

_____
Defendant

_____
Address

_____
City State Zip

_____
Attorney

_____
Address

_____
City State Zip

Trial date _____ Date of final disposition _____

Disposition _____

_____

If the disposition resulted in a judgment, has the judgment been satisfied? . . . . . ☐ YES ☐ NO

If YES, give the date the judgment was satisfied _____

If NO, what amount is still owing and why? _____

DO NOT DETACH

FORM 2 — RECORD OF CRIMINAL CASES

Name _____ _____

First Middle Last Social Security Number

INCIDENT

Charge(s) at time of arrest: Felony ☐ Misdemeanor ☐

Charge(s) (e.g., petty theft): _____

Date of incident (or time period involved) _____

Location _____

City County State

NARRATIVE

Provide a detailed narrative of the circumstances surrounding the incident. If your answer needs more space, please attach a separate piece of paper.

_____

_____

_____

_____

ARRESTING AGENCY

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Arresting Agency Report Number _____

COURT

Name of court _____

Address _____

City _____ State _____ Zip _____

Title of complaint or indictment _____

Court File Number _____

Date first heard _____ Date of final disposition _____

Final disposition:	CHARGE	SENTENCE
Felony ☐ Misdemeanor ☐		
Felony ☐ Misdemeanor ☐		

ATTACH A COPY OF THE ARRESTING OFFICER'S REPORT, COMPLAINTS, INDICTMENT, TRIAL DISPOSITION, SENTENCE, APPEAL, PROBATION REPORT AND CERTIFIED COPY OF CONVICTION.

DO NOT DETACH

FORM 3 — RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____ _____
First Middle Last Social Security Number

Date of bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Brief description of circumstances surrounding filing petition for bankruptcy _____

_____

_____

_____

_____

Date of final disposition _____

Disposition _____

_____

_____

Were any adversary proceedings instituted?	☐ Yes ☐ No
Were there any allegations of fraud?	☐ Yes ☐ No
Were any debts not discharged? If YES, list them on a separate sheet of paper and include the current status of each debt, the amount still owing and the steps taken to make the amount current and/or the reason for nonpayment.	☐ Yes ☐ No

If debts were reorganized under Chapter 13, when will the release be instituted? _____

ATTACH THE PETITION FOR BANKRUPTCY, ALL SCHEDULES AND STATEMENTS FILED WITH THE BANKRUPTCY PETITION, ANY OBJECTION OR EXEMPTION TO DISCHARGE FILED BY A CREDITOR AND THE RULING THEREON, AND DISCHARGE FROM THE BANKRUPTCY COURT.

If you do not have all the required documents, you must contact the bankruptcy court where you filed the petition. If the bankruptcy court no longer has the documents, the court will provide you with a locator number for the documents and will direct you to the appropriate federal archives location where you can request copies of the documents.

DO NOT DETACH

FORM 4 –AUTHORIZATION TO RELEASE MEDICAL RECORDS

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

I _____

(Applicant's name)

authorize _____

(Name and address of institution or doctor)

_____

_____

_____

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol, to representatives of the California Committee of Bar Examiners who are involved in conducting an investigation into my moral character for approval to practice law in the State of California. I understand that any such information as may be received will be reported only to the admitting authority.
I hereby release, discharge and exonerate the California Committee of Bar Examiners, its agents and representatives and

_____

(Name and address of institution or doctor)

_____

_____

its agents and 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 California Committee of Bar Examiners.

_____

Signature of Applicant

_____

Date

_____

Witness

_____

Witness

DO NOT DETACH

FORM 5 — DESCRIPTION OF MENTAL ILLNESS, DISEASE OR DISORDER

Name _____ _____
First Middle Last Social Security Number

Date of treatment: From: _____/_____ To: _____/_____
Month Year Month Year

Name of attending physician _____

Physician's current address _____

City _____ State _____ Zip _____

Telephone (_____) _____—_____

Name of hospital or institution _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____—_____

Type of problem _____

Describe completely the diagnosis and treatment _____

_____

_____

_____

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_____

_____

_____

_____

_____

DO NOT DETACH

FORM 6 — DESCRIPTION OF CHEMICAL DEPENDENCY

Name _____ _____
First Middle Last Social Security Number

Date of treatment: From: _____/_____ To: _____/_____
Month Year Month Year

Name of attending physician _____

Physician's current address _____

City _____ State _____ Zip _____

Telephone (_____) _____—_____

Name of hospital or institution _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____—_____

Type of problem _____

Describe completely the diagnosis and treatment _____

_____

_____

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IMPORTANT

Before mailing your application, please check the following:

- ☐ Is the correct fee included? (Fees are subject to change)
- ☐ Copy of "Request for Live Scan Service" form which has been completed by the live scan operator? **OR**
- ☐ Are the two (2) sets of fingerprints (Form FD258) and the Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form enclosed?
- ☐ Are the identification boxes on the fingerprint cards COMPLETED in accordance with the instructions?
- ☐ Is each question answered fully and completely?
- ☐ Is the application signed? A photocopy is not permitted.
- ☐ Are you mailing the application more than 30 days after you signed the declaration? The application must be received within 30 days of the date it is signed or it will be returned.
- ☐ Are all applicable forms completed and attached?

SEE SECTION REGARDING "COMPLETION OF APPLICATION" IN THE INSTRUCTIONS.

I am the following:
(Please check one)

- ☐ General Applicant (not admitted to practice law in another jurisdiction)
- ☐ Attorney Applicant (admitted to practice law in another jurisdiction and seeking to be admitted to practice law in California)
- ☐ Registered In-House Counsel Applicant (Rule 9.46, California Rules of Court)
- ☐ Registered Legal Services Attorney Applicant (Rule 9.45, California Rules of Court)

General Applicants and Attorney Applicants must fill out and return the Payment Coupon below.

Those applying for registration as a Legal Services Attorney or In-House Counsel do not need to attach the payment coupon. Payment should be attached to the Registered Legal Services Attorney or Registered In-House Counsel Application.

. . . . . Payment Coupon . . . . . .

GENERAL APPLICANTS AND ATTORNEY APPLICANTS **ONLY**
PLEASE DETACH PAYMENT COUPON, COMPLETE AND ATTACH IT TO
THE FRONT OF THE APPLICATION WITH THE APPROPRIATE FEES

COUPON 4 **Payment Coupon - Determination of Moral Character**

Office of Admissions
The State Bar of California
845 S. Figueroa Street
Los Angeles, CA 90017-2515

_____ Application Fee: $500.00 _____
Last Name

_____
First Name and Initial

_____-_____-_____ TOTAL PAID _____
Social Security Number

THE APPLICATION FEE IS SUBJECT TO CHANGE