

MAINE BOARD OF BAR EXAMINERS
P. O. BOX 140
AUGUSTA ME 04332-0140

**INSTRUCTIONS TO APPLICANTS APPLYING FOR ADMISSION BY MOTION
PURSUANT TO MAINE BAR ADMISSION RULE 11A**

Before completing this application, please read Maine Bar Rule 3 (the Code of Professional Responsibility), the Code of Judicial Conduct, and the Maine Bar Admission Rules.

NOTE: Processing of applications takes several months to complete. Fulfillment of the CLE requirement (see Paragraph 3 under Other Requirements below) is not required prior to submission of an application. It is recommended that applicants file their application and then complete the CLE requirement during the time the application is being processed.

QUALIFICATIONS:

To qualify for admission by motion pursuant to Maine Bar Admission Rule 11A, applicants must meet the following criteria:

1. Is admitted to practice law in, and is an **active member in good standing** of the bar of, another U.S. state or territory (or the District of Columbia) [see M.B.A.R. 11A(a)(1)]; **and**
2. Has been **primarily engaged in the full-time, active practice of law** in one or more U.S. jurisdictions (which may include the active practice of law in the State of Maine to the extent permitted by Rule 5.5(d) of the Maine Rules of Professional Conduct) for at least 3 of the 5 years immediately preceding the date upon which the application is filed. [see M.B.A.R. 11A(a)(2)].
3. Has graduated from a law school approved by the American Bar Association meeting the criteria listed in M.B.A.R. 11A(a)(3).
4. Has satisfactorily completed the Multistate Professional Responsibility Examination in accordance with Rule 11, **prior to the date on which the motion is filed**; [see M.B.A.R. 11A(a)(4)].
5. Is not currently subject to lawyer discipline or the subject of a pending disciplinary matter in any jurisdiction; [see M.B.A.R. 11A(a)(6)].
6. Has not failed the Maine Bar Examination within five (5) years of the date of application [see M.B.A.R. 11A(b)].

OTHER REQUIREMENTS:

In addition to the above criteria, before applicants can be certified for admission by motion pursuant to M.B.A.R. 11A, they must:

1. Produce satisfactory evidence of good character and fitness to practice law in the State of Maine pursuant to M.B.A.R. 9 [see M.B.A.R. 11A(a)(7)].

2. Produce evidence they have completed at least fifteen (15) hours of continuing legal education in Maine practice and procedure in courses **approved by the Maine Board of Overseers of the Bar**. (Once applicants have completed the required hours, they must apply for a Certification of Completion from the Board of Overseers, which is then forwarded to the Board of Bar Examiners.) This requirement must be completed within one year from date of application. [*See M.B.A.R. 11A(a)(8)*].

Please go to http://mebaroverseers.org/attorney_services/continuing_education/reciprocal_admission.html to find eligible CLE, or call the Board of Overseers at 207-623-1121. The 15-hour requirement includes at least two credit hours primarily concerned with ethics or professional responsibility which may be earned by attending courses, in-office courses, self-study, or a combination thereof. The remaining 13 hours must be met by attending courses or completing approved CLE courses entitled to credit, *provided that no more than seven credit hours may be earned through in-office courses, self-study, or a combination thereof*.

APPLICATION INSTRUCTIONS:

This application has two parts: the Maine Supplemental Application, including forms, and the National Conference of Bar Examiners (NCBE) Application, including forms. Each question must be fully answered. If the space provided for the answers on any form is insufficient, attach additional pages and initial the same.

You may be required to make copies of some of the blank forms. Unused blank forms do not need to be returned. The Maine application and forms can be downloaded from the Board's website at www.mainebarexaminers.org, or they can be obtained from the Board by written request. The NCBE online application, which *cannot* be obtained by written request, is found here: <http://ncbex.org/ea>

Fill out and sign **three** NCBE Authorization and Release Forms and **three** Maine Authorization and Release Form and cause your oath to be taken as required on each. Send to NCBE: three original NCBE Authorization and Release Forms with your payment and one original NCBE application. Send to the Maine Board of Bar Examiners: three copies of the NCBE Authorization and Release Forms AND three original **Maine** Authorization and Release Forms, along with your payment, and one original Maine Supplemental Application, as well as one copy of the NCBE application. Please note that release forms ask for your birth place, as well as birth date.

Cause a copy of a Law School Certificate to be completed by **each** law school you attended: Provide to the Registrar or Dean of each school a copy of an executed authorization and release, a blank Certificate and a request that the school complete the Certificate and forward it (**and a transcript**) directly from the school to the Maine Board of Bar Examiners. You may photocopy the school certificates and authorization and release forms, if necessary.

Pursuant to Maine Bar Admission Rule 5(b), you must request that each jurisdiction in which you are licensed file a Certificate of Good Standing with the Board. Please note that in the event you are not in good standing in any jurisdiction due to non-payment of dues, failure to comply with CLE requirements, or similar infractions, the Board requires that you provide evidence that you have either (1) taken whatever steps are necessary to bring your status current; or (2) formally withdrawn from the bar in question.

Your application will be processed only after you provide all the necessary information. To avoid delays, be sure to:

- Print legibly using black or blue ink.
- Answer every question.
- Complete all forms required, attaching extra paper as required.
- Sign all forms requiring your signature.
- Provide the correct number, street name, city, state, and zip code for each address.
- Include three originals of the properly executed NCBE Authorization and Release Form with your NCBE application.
- Include three originals of the properly executed Maine Authorization and Release Form with your Maine Supplemental Application.

Send one original of the completed NCBE Application and Forms to NCBE. Send one copy of the completed NCBE Application and Forms and one original of the completed Maine Supplemental Application and Forms to the Maine Board of Bar Examiners.

Include the designated fee of \$900.00, which must be made by personal check, cashier's check, certified check, or money order payable to the Board of Bar Examiners [see Maine Bar Admission Rule 5(a)]. The cost of obtaining an NCBE character report varies from \$90.00-\$450.00, depending on the report requested. See the link to the NCBE online application here: <http://ncbex.org/ea>

In addition:

1. Addresses are essential for a thorough and timely investigation. Where addresses are requested, you must provide complete and accurate numbers, street names, cities, states, and zip codes.
2. Use the two-letter code to indicate state names.
3. Indicate dates by noting the number of the month/day/year, *e.g.*, 10/15/2016.
4. If you are not sure of the dates, places, or other information requested, it is your responsibility to consult with the court, agency, or other entity involved to obtain accurate and complete information.
5. Avoid the use of abbreviations, particularly those that are not self-explanatory, or provide proper explanation where they are used.
6. Whenever the names of clients, references, employers, associates, and/or partners are used, identify them as such.
7. Check the box in front of the word "yes" or "no" to designate your answer.
8. Keep a copy of your completed application for your personal records.

Please arrange for transfer of your MPRE score directly to the Maine Board of Bar Examiners. MPRE scores must be received directly from the National Conference of Bar Examiners. Students' Reports of Scores cannot be accepted. Orders for score processing can be handled through the NCBE website at www.ncbex.org. If your MPRE score was earned prior to 1999, check with the bar admissions office in the state where you were originally admitted to see if that office has access to your score.

Completed applications should be submitted to:

Maine Board of Bar Examiners
P. O. Box 140
Augusta, ME 04332-0140

For hand-delivery or FedEx, the address is 40 Water St., Hallowell, ME 04347, 2nd floor.

Inquiries should be directed to the Executive Director at (207) 623-2464 or by e-mail at execdir@mainebarexaminers.org.

Please note that all application requirements must be completed within one year of the date of filing. Incomplete applications pending more than one year will be closed and the application fee forfeited, unless a one-time, six-month extension of an application is requested, along with a \$100.00 fee, prior to the initial expiration date.

ADMISSION INSTRUCTIONS:

Once the application has been processed, all admission criteria have been submitted, and the Board has completed its character and fitness investigation pursuant to M.B.A.R. 9, the Board will issue a certificate of qualification for admission. Rule 11A requires admission to be accomplished by a motion **in Maine**, to be acted upon by a single justice of the Supreme Judicial Court. The Board of Bar Examiners will provide further information concerning arranging for a swearing-in ceremony upon issuance of a certificate of qualification for admission. Such ceremonies are scheduled monthly.

Upon admission, applicants must register as required by Rule 6(a)(1) of the Maine Bar Rules and pay the annual fees required by Rule 10 of the Maine Bar Rules, and shall otherwise comply with the requirements of the Maine Bar Rules in the same manner as any other attorney admitted to active practice in the State of Maine. [see M.B.A.R. 11A(d)].

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS
P. O. BOX 140
AUGUSTA ME 04332-0140

APPLICATION FOR Admission by motion
PURSUANT TO MAINE BAR ADMISSION RULE 11A

Contact Information

Provide below the mailing address at which you can be contacted about this application during the next twelve months:

Check if address is: Residence Business

If business, name of Firm: _____

Address/P. O. Box: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Provide below the telephone numbers where you can be reached

Home

Office

Other

E-Mail _____

The Board will use email to confirm receipt of your application, unless otherwise requested.

Admission Requirements

1. I am licensed to practice law in: _____

2. I have been primarily engaged in the active practice of law [see M.B.A.R. 11A(a)(2)] for **THREE OF THE PAST FIVE years prior to the date of my application** in:

3. I am a graduate of a law school approved by the American Bar Association [see M.B.A.R. 11A(a)(3)]: Yes No

4. Have you taken the Multistate Professional Responsibility Examination? Yes No

*If not, you will be required to satisfactorily complete the MPRE examination **before you may submit** an application for admission by motion.*

All applicants must arrange for transfer of your MPRE score directly to the Maine Board of Bar Examiners. MPRE scores must be received directly from the National Conference of Bar Examiners (or from the jurisdiction where you are admitted, if taken prior to 1999). Students' Reports of Scores cannot be accepted. Orders for score processing can be handled through the NCBE website at www.ncbex.org.

5. Are you currently a member in good standing in all jurisdictions where you are admitted? Yes No

If not, you are not eligible for admission pursuant to M.B.A.R. 11A.

Pursuant to Maine Bar Admission Rule 5(b), you must request that each jurisdiction in which you are licensed file a Certificate of Good Standing with the Board. Please note that in the event you are not in good standing in any jurisdiction due to non-payment of dues, failure to comply with CLE requirements, or similar infractions, the Board requires that you provide evidence that you have either (1) taken whatever steps are necessary to bring your status current; or (2) formally withdrawn from the bar in question.

6. Are you currently subject to lawyer discipline or the subject of a pending disciplinary matter in any jurisdiction? Yes No

If yes, you are not eligible for admission, pursuant to M.B.A.R. 11A.

7. Have you failed the Maine Bar Examination within the past five (5) years? Yes No

If yes, you are not eligible for admission, pursuant to M.B.A.R. 11A.

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8. Have you ever resigned, been disbarred or been suspended from the Maine Bar?
 Yes No

If yes, you are not eligible for admission, pursuant to M.B.A.R. 11A.

9. Have you fulfilled the CLE requirement as set forth in M.B.A.R. 11A?
 Yes No

All applicants for admission by motion must produce evidence that they have completed at least fifteen (15) hours of continuing legal education in Maine practice and procedure in courses approved by the Maine Board of Overseers of the Bar before being admitted (**NB:** see http://mebaroverseers.org/attorney_services/continuing_education/reciprocal_admission.html). *Once you have completed the required hours, you must apply for a Certification of Completion from the Board of Overseers of the Bar. The Board of Overseers will then forward that Certificate to the Board of Examiners.*

SUPPLEMENTAL QUESTIONS TO NCBE APPLICATION

1-5. No Supplemental Questions.

- 6. A. Have you ever applied to and/or been registered in any other jurisdiction under an in-house counsel or other reciprocity rule?**
 Yes No

If Yes, state:

Jurisdiction: _____

Date of Application: _____

Employer/Position: _____

7-12. No Supplemental Questions.

- 13. A. Have you registered under the Selective Service Act?**
 Yes No

All males, except those born between 3/28/57 and 12/31/59, are required to register under the Selective Service Act at the time they attain the age of eighteen years.

If Yes, please list: Number: _____

Residence address at time of registration:

If No, state reason: Female Date of Birth Exemption _____
DOB

Other - Please Explain: _____

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13. B. *No Supplemental Question.*

14. *No Supplemental Question.*

15. A. *No Supplemental Question.*

15. B. *Has an employer of yours ever been convicted of a violation of a state or federal law, rule or regulation, in whole or in part because of your conduct?*

Yes **No**

If Yes, provide the following information and about each occurrence:

Employer or Firm: _____

Date of Employment: From Mo/Yr: _____ Mo/Yr: _____

Explanation of Circumstances: _____

16. A. *No Supplemental Question.*

16. B. *Are there any businesses, including but not limited to corporations, partnerships, professional associations or individual partnerships, which you now or previously operate(d) or control(led) or in which you have or had an ownership interest? (Ownership of 10% or less in any business in which the stock is publicly traded need not be disclosed).*

Yes **No**

If yes, list for each:

<i>Name and Address of Entity</i>	<i>Nature of Business</i>	<i>State of Incorporation</i>
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17. A. *No Supplemental Question.*

17. B. *No Supplemental Question.*

17. C. *Have you ever been disciplined in any profession or other setting (excluding employment, educational or military) for any violation of the rules applicable to your behavior?*

Yes **No**

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17. D. **Have you ever been asked to resign or given the opportunity to resign in lieu of disciplinary action or termination from any organization for any reason?**

Yes No

If you answer Yes to any of the above, please provide the following information:

Name of Regulatory Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Action: _____

Explanation: _____

18. A. **No Supplemental Question.**

18. B. **Have you or any business in which you had an interest ever been refused a fidelity or other bond?**

Yes No

If Yes, complete FORM 2.

19-20. **No Supplemental Questions.**

21. A. **No Supplemental Question.**

21. B. **No Supplemental Question.**

21. C. **Have you applied for or been issued a driver's license or operator's permit in any state or jurisdiction other than those included in your list of residences as part of the NCBE application.**

Yes No

If Yes, list each jurisdiction and the approximate date the license or permit was initially issued.

Jurisdiction

Date License/Permit Issued

STATE OF MAINE BOARD OF BAR EXAMINERS

21. D. **Has your driver's license in any state ever been suspended or revoked?**

Yes No

If Yes, complete FORM 5S and state the complete facts and circumstances surrounding the suspension or revocation including, but not necessarily limited to: name and address of suspending or revoking authority; date of each suspension or revocation; if suspended, the length of the suspension; the reason for the suspension or revocation; whether the license was reinstated; and any other facts which may be pertinent.

22-23. **No Supplemental Questions.**

24. A-D. **No Supplemental Questions.**

24. E. **Have you filed state and federal income tax returns for each of the last five years?**

Yes No

If No to E, complete Form 6.

NOTE: THE FOLLOWING INSTRUCTIONS AND QUESTIONS 25 THROUGH 27 REPLACE THE SIMILAR PORTIONS OF THE NCBE APPLICATION. PLEASE COMPLETE THE FOLLOWING INSTEAD OF QUESTIONS 25 THROUGH 27 OF THE NCBE APPLICATION.

PREAMBLE TO QUESTIONS 25, 26, AND 27

Through this application, the Maine Board of Bar Examiners makes inquiry about recent mental health and addiction matters. This information, along with all other information, is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission in most jurisdictions, and boards of bar examiners routinely certify for admission individuals who have demonstrated personal responsibility and maturity in dealing with mental health and addiction issues. The Maine Board of Bar Examiners encourages applicants who may benefit from treatment to seek it.

Boards do, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant in most jurisdictions.

The Maine Board of Bar Examiners does not ordinarily seek medical records, although it may do so.

The Board 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 Board does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

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25. A. ***Do you currently use any drug, narcotic or substance which use is illegal under state or federal law?***

Yes ***No***

If Yes, please explain.

25. B. ***Have you ever claimed to be or been declared legally incompetent?***

Yes ***No***

If Yes, please explain.

If your answer to either Question 25 (A) or (B) is Yes, complete FORMS 7 and 8.

26. A. ***Within the last three (3) years have you had any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner?***

Yes ***No***

If your answer to Question 26 (A) is Yes, complete FORMS 7 and 8.

26. B. ***If your answer to Question 26(A) is Yes, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?***

Yes ***No***

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27. A. ***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, in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority?***

Yes No

If you answered Yes, furnish a thorough explanation below:

Name of Entity before which the issue was raised (i.e. court, agency, etc.): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Nature of the Proceeding: _____

Explanation: _____

27. B. ***Are there any other facts not disclosed hereto concerning your background, history, experience or activities which may have a negative bearing on your character, moral fitness, or eligibility to practice law in Maine?***

Yes No

If Yes, please attach a statement giving a full explanation.

28. ***No Supplemental Question.***

29. ***Have you ever been married?*** Yes No

If yes, give the full name of your spouse(s) and date(s) and place(s) of marriage.

Name: _____ Date: _____ Place: _____

Name: _____ Date: _____ Place: _____

Name: _____ Date: _____ Place: _____

NOTE: Any divorce must be reported in response to Question No. 19 on NCBE application.

STATE OF MAINE BOARD OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

I, (Name) _____, born (Date of Birth) _____,

at (Place of Birth) _____, (State) _____, (Country) _____,

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association or State bar governing agency files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF _____
COUNTY OF _____

Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20__.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

I, (Name) _____, born (Date of Birth) _____,

at (Place of Birth) _____, (State) _____, (Country) _____,

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I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF _____
COUNTY OF _____

Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20__.

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STATE OF MAINE BOARD OF BAR EXAMINERS
AUTHORIZATION AND RELEASE

I, (Name) _____, born (Date of Birth) _____,

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I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association or State bar governing agency files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person 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 as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF _____
COUNTY OF _____

Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20__.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF BAR EXAMINERS
SIGNATURES AND AUTHORIZATIONS

29. Insert three original notarized copies of the Maine Authorization and Release Form.

CONTINUING APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I understand this application for admission to the practice of law in the State of Maine 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, before such time and not later than thirty (30) days (whichever is earlier) after the happening of any events which change any response to the requests for information sought herein, notify the Board by filing an amendment to this application as to any such change.

I further understand that the Board may release sample essay answers to applicants pursuant to Maine Bar Admission Rule 10(i). I hereby authorize the Board of Bar Examiners to utilize any of my essay answers, without identifying me by name, for this purpose without requiring any advance notice of same.

Signature of Applicant (Sign in Black Ink)

VERIFICATION

STATE OF _____
COUNTY OF _____

_____, being first duly sworn, says:

I hereby certify that I have read Maine Bar Rule 3 (the Code of Professional Responsibility), the Code of Judicial Conduct and the Maine Bar Admission Rules and intend to devote the necessary time toward acquainting myself, prior to the Bar Examination, with these standards, ideals and rules.

I have read the foregoing questions, and have answered the same fully and frankly. The answers are complete and true to my own knowledge. I have personally handwritten or typed the answers or they have been prepared under my supervision.

Signature of Applicant (Sign in Black Ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF EXAMINERS
CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER

Pursuant to 5 U.S.C. § 552a (the Federal Privacy Act of 1974) and 42 U.S.C. § 405(c)(2)(C)(i), disclosure of your Social Security number for State tax administration purposes is mandatory. Section 175 of Title 36 of the Maine Revised Statutes requires the Maine Board of Bar Examiners to report the Social Security number of each applicant seeking admission to the Maine bar to the Maine State Tax Assessor in order that the Tax Assessor may make a determination of failure to fulfill tax return or payment obligations. An unfulfilled tax obligation may result in denial of admission to the Maine bar. The Maine Board of Bar Examiners will treat your Social Security number as confidential tax information pursuant to Section 191 of Title 36 of the Maine Revised Statutes.

Disclosure of your Social Security number is voluntary for the purposes of expediting completion of the character review required by Rule 9 of the Maine Bar Admission Rules. Your written authorization of the disclosure of your Social Security number for character review purposes helps the Maine Board of Bar Examiners and its employees and agents, including the National Conference of Bar Examiners, avoid errors of identity that may cause problems and delay in Maine bar certification and licensing. If you authorize disclosure of your Social Security number for character review purposes, no other disclosure will be made of your Social Security number except for State tax administration purposes as required by statute.

AUTHORIZATION AND CONSENT

I, (Name) _____, born (Date of Birth) _____,
at (Place of Birth) _____, (State) _____, (Country) _____,

hereby acknowledge and understand that disclosure of my Social Security number to the Maine State Tax Assessor for tax administration purposes as required by Maine statute and authorized by Federal statute is mandatory. I acknowledge and understand that disclosure of my Social Security number for purposes of expediting the character review process required for Maine bar admission is voluntary. I hereby authorize the Maine Board of Bar Examiners, its employees, and its agents, including the National Conference of Bar Examiners, to disclose my Social Security number to every person, agency, and entity having control of any documents, records, or other information, including credit records, pertaining to me; and I hereby consent to the use of my Social Security number for purposes of the investigation and verification necessary to complete the character review required for admission to the Maine bar. I understand that except for disclosure for character review purposes as authorized by me, no other disclosure shall be made of my Social Security number by the Maine Board of Bar Examiners except as authorized by Maine statute for tax administration purposes.

Signature of Applicant (Sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

_____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS
P. O. BOX 140
AUGUSTA ME 04332-0140

FORM 2/BONDING COMPANIES
To be used with Question 18

Name _____
First Middle Last Social Security Number

Name of Surety (Bonding Company) _____

Address of Surety _____

City _____ State _____ Zip _____

Amount of money paid by Surety _____

Date Money paid _____

Reason for Bond _____

Brief explanation _____

_____, _____, _____
Applicant's Last Name First Name Middle Name

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FORM 5S/RECORD OF DRIVER'S LICENSE SUSPENSION OR REVOCATION

To be used with Supplemental Question 21(D)

Social Security Number: _____

Date of incident (or time period involved) _____

Location _____
City _____ County _____ State _____

Title of complaint, indictment, or administrative action _____

Case Number _____

Name and complete address of court or administrative agency involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Date first heard _____

Charge(s) at time of arrest or summons _____

Charge(s) at time of trial or hearing _____

Date of final disposition _____

Final disposition _____

Brief description of incident _____

In cases where there is alcohol or drug involvement, attach a copy of the arresting officer's report, complaint, administrative summons or notice, indictment, trial disposition, administrative decision, verdict, notice and appeal, if any. If the required documentation is no longer available, attach a statement indicating what efforts have been made to locate the documentation, including verification from any applicable law enforcement agency or court clerk that the records are no longer available.

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS

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AUGUSTA ME 04332-0140

FORM 6/DEBTS: FAILURE TO FILE TAX RETURNS

To be used with Supplemental Question 24(E)

Social Security Number: _____

1. *If you answered No to **QUESTION 24 (E)** please provide a complete explanation for why you failed to file state or federal income taxes in any year; including what year you failed to file, where you were a resident at the time, which returns were not filed and what steps, if any, you have taken to remedy this matter, if required.*

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS
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AUGUSTA ME 04332-0140

FORM 7/AUTHORIZATION TO RELEASE MEDICAL RECORDS
To be used with Supplemental Questions 25 and 26

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

I (Applicant's Name) _____ authorize

Name of Institution or Doctor _____

Address _____

City _____ State _____ Zip _____

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 Maine Board of Bar Examiners who are involved in conducting an investigation into my moral character, professional reputation and fitness for the practice of law. 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 Maine Board of Bar Examiners, its agent and representatives, the admission agency, its agents and representatives and

Name of Institution or Doctor _____

Address _____

City _____ State _____ Zip _____

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 Maine Board of Bar Examiners.

Signature of Applicant (Sign in black ink)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public (Sign in black ink)

My commission expires _____

Seal or stamp must be affixed to each original.

_____, _____, _____
Applicant's Last Name First Name Middle Name

MAINE BOARD OF BAR EXAMINERS
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AUGUSTA ME 04332-0140

FORM 8/DESCRIPTION OF MENTAL HEALTH OR SUBSTANCE
ABUSE CONDITION OR IMPAIRMENT
To be used with Supplemental Questions 25 and 26

Social Security Number: _____

Date of treatment: From Mo/Yr _____ *To Mo/Yr* _____

Name of attending physician _____

Physician's current address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Name of hospital or institution _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone () _____

Describe the condition or problem _____

Describe any treatment and/or monitoring program _____



THE MAINE BOARD OF BAR EXAMINERS

P.O. BOX 140 • Augusta, Maine 04332-0140
(207) 623-2464 • fax (207) 622-0059 • www.mainebarexaminers.org

LAW SCHOOL CERTIFICATION

Applicant Instructions: Complete the upper part of this form. Sign and date this form. Do NOT write on the remainder of the form. Forward this signed form to the Dean or appropriate designated official of your law school.

Name of Applicant Date of birth

Social Security Number Date of bar exam

School Dates attended

I hereby consent to the release of the information requested in this form.

X Signature of Applicant Date

School Official Instructions: Complete both pages of this certification form and mail the completed form directly to the Maine Board of Bar Examiners at the above address.

I, (Name of Official), hereby certify that I am the (Title of Official) of (Name of School); that (Name of Applicant) entered said school on (Date); that this school was accredited by (Accrediting Organization) at the time of the Applicant's attendance and that the degree of (Degree) was conferred upon the Applicant on (Date). (PLEASE ATTACH TRANSCRIPT).

- I certify that I have conducted a review of the applicant's record maintained by this school.
I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant was accused of or found to have violated any law or statute or any disciplinary, honor, or ethics code.

- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant displayed any dishonesty.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant failed to meet a material obligation.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant breached a duty of trust.
- I certify that I am not aware of and my review of the record has not revealed any incident in which the applicant exhibited any conduct that would suggest he or she lacks the mental or emotional stability to practice law or abuses or is addicted to alcohol or drugs.
- I certify that the applicant's school admission process and record revealed no derogatory information about the applicant's conduct.
- I certify that I have no knowledge of any fact or circumstance that reflects adversely upon the moral character or ethical qualification of the applicant.
- I certify that I have answered with complete candor, regardless of whether the record for any of the aforementioned actions was expunged or sealed, and that the information provided is true and correct.
- I cannot with complete candor make one or more of the certifications requested above and thus cannot sign below to so certify. I attach a letter of explanation with documents appended as necessary to explain fully why I cannot certify as requested.

X

Signature of designated school official

Date

Printed name of designated law school official

Title of designated law school official

AFFIX
SCHOOL
SEAL
HERE