

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

**INSTRUCTIONS TO APPLICANTS  
SEEKING COURTESY SEATING TO TAKE THE UBE  
(NOT SEEKING ADMISSION TO THE MAINE BAR)**

**Before completing this application, read the Maine Bar Admission Rules.**

By completing and submitting this application to the Maine Board of Bar Examiners, you understand that the Board shall make disclosures of certain information as required by the Maine Bar Admission Rules, including publication of a list of all persons who submit an application for each examination and a list of all persons who pass each examination. In addition, to assist law schools in obtaining or maintaining ABA or state accreditation, the Board may also make reasonable disclosures to an applicant's law school including, but not limited to, information about whether an applicant sat for the examination and whether the applicant passed or failed.

This application contains two parts: the Application and Forms. Each question must be fully answered. If the space provided for the answers on any form is insufficient, use and attach additional pages as necessary and identify and initial the same.

Complete a blank form only as required by your answer to the question that relates to that form. Unused blank forms do not need to be returned. You may have to make copies of some of the blank forms. Therefore, do not mark on a form until you have made the requisite number of copies. If you cannot make copies, they can be downloaded from the Board's website at [www.mainebarexaminers.org](http://www.mainebarexaminers.org) or they can be obtained from the Board by written request.

Fill out and sign this application and cause your oath to be taken as shown. Return it with the designated fee (*see* Maine Bar Admission Rule 6, but please note that an NCBE application is **not** required if you are not seeking admission to the Maine Bar) to the Maine Board of Bar Examiners on *May 20<sup>th</sup>* by 5 p.m. if you are applying for the July examination, or on *December 20<sup>th</sup>* by 5 p.m. if you are applying for the February examination. **Applications be received by the Board by 5 p.m. on the respective due dates.**

Include the fee of **\$600.00** (*if not admitted elsewhere for more than one year*), or **\$650.00** (*if admitted elsewhere for more than one year*), payable to the Maine Board of Bar Examiners.

Applications received by the Board within seven (7) calendar days following the application deadline will be accepted only upon payment of a late fee of \$150.00. Applications received by the Board between the 8<sup>th</sup> and 14<sup>th</sup> calendar days following the deadline will be accepted only upon payment of a \$300.00 late fee. The Board will not accept for filing any application that is received in its offices more than fourteen (14) calendar days after the application deadline.

Fill out and sign three (3) Authorization and Release Forms and cause your oath to be taken as shown on each copy. Return three (3) originals with your application.

Send out a copy of an Undergraduate/Graduate/Law School Certificate, to be completed by **each** undergraduate and graduate school *from which you graduated or attended for two (2) years and to 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 directly from the school to the Maine Board of Bar Examiners. You may photocopy the school certificates and authorization and release forms if necessary.

*The Board must receive all education certificates required by Maine Bar Admission Rule 10(b) at least one week prior to the examination date or you will not be allowed to sit for the examination.*

If you should decide to seek admission to Maine, please note that **4 M.R.S.A. § 805-A(3)** requires you to be admitted by the Court within one (1) year after you receive notice that you have successfully passed the bar examination. **You will also be required to submit forms and information within three (3) months of receiving your results that previously were not required.** Please notify the Board, by email or written letter, for further instruction.

If you are not admitted within one (1) year (or if the Court does not extend the one-year period), you will be required to pay a new fee to transfer your UBE Score (\$900.00) if you wish to be admitted in Maine.

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

- Print your answers legibly using blue or black ink.
- Print your application single-sided.
- Answer every question.
- Complete all the forms required.
- Sign all the forms requiring your signature.
- Provide the correct number, street name, city, state, and zip code for each address.

Include three (3) **originals** of the properly executed Authorization and Release Form.

Enclose a separate sheet of paper identified with the question number if you need more space.

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. Dates: For example: October 5, 2018 should be written 10/5/2018.
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. Where indicated, 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.

Applications should be submitted to the Board at the following addresses:

By U.S. Mail (including Express Mail  
and Overnight Mail):

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

By Overnight Carrier **ONLY**  
(Federal Express, UPS, etc.):

Board of Bar Examiners  
40 Water Street, 2<sup>nd</sup> Floor  
Hallowell, ME 04347

Inquiries should be directed to the Executive Director at (207) 623-2464 or by email at [execdir@mainebarexaminers.org](mailto:execdir@mainebarexaminers.org).

\_\_\_\_\_,  
Applicant's Last Name

\_\_\_\_\_,  
First Name

\_\_\_\_\_  
Middle Name

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

**APPLICATION TO TAKE BAR EXAMINATION  
FOR APPLICANTS SEEKING COURTESY SEATING TO TAKE THE UBE  
(NOT SEEKING ADMISSION TO THE MAINE BAR)**

**Contact Information**

Provide below the mailing address at which you can be contacted about this application during the next six 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.



STATE OF MAINE BOARD OF BAR EXAMINERS

List below all the other names or surnames you have used or been known by and describe when, how, and why your name was changed (e.g., marriage or divorce).

First, Middle, Last Name	Used from	Used to	Description of change
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____

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

**NCBE Number (enter 8 digits):** N \_\_\_\_\_

If you have not already done so, go to [www.ncbex.org/ncbe-number](http://www.ncbex.org/ncbe-number) to request an NCBE Number. Your unique NCBE Number will be used for identification purposes when you take the Multistate Bar Examination and the Multistate Professional Responsibility Examination and may be used as an identifier for other bar-admission-related purposes .

**Sex:**  Male  Female  Non-Binary

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Place of birth:** City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_

**Of what country are you a citizen?** \_\_\_\_\_

**If you are not a citizen of the United States, what is your immigration status?** \_\_\_\_\_

Notice to Applicants: The following information will be used solely in the aggregate to help assess inclusivity and diversity among applicants for admission to the Maine Bar. Submission of this information by you is voluntary, and a decision not to provide this information will not affect your application or eligibility for the bar examination. This form will be kept separate from all other application and examination materials and records.

Please check all categories that apply.

**Race/Ethnicity:**

- Hispanic/Latino
- American Indian or Alaska native
- Asian
- Black or African American
- White/Caucasian
- Self-Identification \_\_\_\_\_
- I do not want to disclose

**Gender:**

- Female
- Male
- Transgender
- Self-Identification \_\_\_\_\_
- I do not want to disclose

**Disability:**

I have a disability (physical or mental) that substantially limits one or more major life activity.

- Yes
- No
- I do not want to disclose

**Sexual Orientation:**

- Heterosexual
- Lesbian, Gay, Bisexual
- Self-Identification \_\_\_\_\_
- I do not want to disclose

**STATE OF MAINE BOARD OF BAR EXAMINERS**

**1. List the names of all colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark “ND” if you did not receive a degree and state your reason(s) for leaving. List schools beginning with the most recent.**

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• College \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

**2. List below the names of all the law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark “ND” if you did not receive a degree and state your reason(s) for leaving. List schools beginning with the most recent.**

• Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

• Law School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Degree or Reason(s) for leaving \_\_\_\_\_

**\*\*IT IS YOUR RESPONSIBILITY TO ENSURE THAT A CERTIFICATE IS SENT TO THE MAINE BOARD OF BAR EXAMINERS FROM EACH UNDERGRADUATE SCHOOL FROM WHICH YOU RECEIVED A DEGREE OR ATTENDED FOR AT LEAST TWO YEARS, AND FROM EVERY LAW SCHOOL YOU HAVE ATTENDED AS REQUIRED BY MAINE BAR ADMISSION RULE 5(c).\*\***



**STATE OF MAINE BOARD OF BAR EXAMINERS  
AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_, born (Date of Birth) \_\_\_\_\_,  
born at (City) \_\_\_\_\_, (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 Blue or 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) \_\_\_\_\_,

born at (City) \_\_\_\_\_, (State) \_\_\_\_\_, (Country) \_\_\_\_\_,

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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 Blue or 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) \_\_\_\_\_,

born at (City) \_\_\_\_\_, (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 Blue or 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**

**29. Submit three original notarized copies of the above 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.**

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

\_\_\_\_\_  
Signature of Applicant (Sign in Blue or Black Ink)

**VERIFICATION**

\_\_\_\_\_, 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 Blue or Black Ink)

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

\_\_\_\_\_  
Notary Public (Sign in Blue or 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) \_\_\_\_\_,  
born at (City) \_\_\_\_\_, (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 Blue or 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**  
**ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW**

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

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

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NCBE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

EXAMINATION DATE: \_\_\_\_ / \_\_\_\_ (mm/yy)

JURISDICTION APPLIED TO: MAINE

**LIST ANY OTHER NAMES YOU HAVE BEEN LEGALLY KNOWN BY: (This does not include “nicknames” such as Joe, Pete, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



THE MAINE BOARD OF BAR EXAMINERS

P.O. BOX 140 • Augusta, Maine 04332-0140

(207) 623-2464 • fax (207) 622-0059 • www.mainebarexaminers.org

UNDERGRADUATE/GRADUATE/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 undergraduate, graduate and/or 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 completed form directly to the Maine Board of Bar Examiners.**

I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_  
(Name of Official) (Title of Official)

of \_\_\_\_\_; that \_\_\_\_\_  
(Name of School) (Name of Applicant)

entered said school on \_\_\_\_\_; that this school was accredited by \_\_\_\_\_  
(Date) (Accrediting Organization)

at the time of the Applicant's attendance and that the degree of \_\_\_\_\_ was conferred  
(Degree)

upon the Applicant on \_\_\_\_\_. (PLEASE ATTACH TRANSCRIPT).  
(Date)

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**