

_____, _____, _____
Applicant's Last Name

First Name

Middle Name

MAINE BOARD OF BAR EXAMINERS
135 MAINE ST, STE A, BOX 305
BRUNSWICK, ME 04011

FORM 1/MILITARY SERVICE

To be used with Question 12

Social Security Number: _____ Rank: _____ Serial No.: _____

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. Regular armed forces: Air Force Army Marine Corps Navy Coast Guard
 Reserve components: Air Force Army Marine Corps Navy Coast Guard
 National Guard: Air Force Army

Date of service:

Active Duty - From Mo/Yr _____ To Mo/Yr _____

Reserve Duty - From Mo/Yr _____ To Mo/Yr _____

Nat'l Guard - From Mo/Yr _____ To Mo/Yr _____

Attach a copy of all your Reports of Separation (Form DD-214).

- B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check Active Reserve

Present duty station _____

Address _____

Telephone number () _____

Name of commanding officer _____

- C. While a member of the armed forces of the United States:

1. Did you receive an honorable discharge? Yes *No
2. Were you ever court-martialed? *Yes No
3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) *Yes No
4. Were you allowed to resign in lieu of court-martial? *Yes No
5. Were you administratively discharged? *Yes No
6. Were you ever charged with a violation of the Uniform Code of Military justice? *Yes No
7. Were you asked to resign or given the opportunity to resign in lieu of judicial or administrative proceedings being instituted or carried out against you? *Yes No
8. Did you serve less than your full term of any enlistment? *Yes No

*If you checked a box followed by an asterisk, provide an explanation for each answer:

- Refers to Item No. C _____ Date of Action _____

Explanation of circumstances: _____

Result, including any punishment _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.

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

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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

MAINE BOARD OF BAR EXAMINERS
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FORM 3/RECORD OF CIVIL ACTIONS

To be used with Questions 19 and 20

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Plaintiff's Name _____

Address _____

City _____ State _____ Zip _____

Plaintiff's Attorney _____

Address _____

City _____ State _____ Zip _____

Defendant's Name _____

Address _____

City _____ State _____ Zip _____

Defendant's 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? _____

Brief explanation of suit _____

Attach a copy of the pleadings, including complaint, answer, judgments and/or final orders. 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

_____,
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**MAINE BOARD OF BAR EXAMINERS
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FORM 4/RECORD OF BANKRUPTCY OR INSOLVENCY

To be used with Question 23

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Name and addresses of major creditors:

Name of creditor _____

Address _____

City _____ State _____ Zip _____

Name of creditor _____

Address _____

City _____ State _____ Zip _____

Name of creditor _____

Address _____

City _____ State _____ Zip _____

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?

Yes No

Please provide a brief description of circumstances surrounding filing petition for bankruptcy.

Attach a copy of the COMPLETE petition for bankruptcy, including all schedules of indebtedness and discharge from bankruptcy order. 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.

_____, _____, _____
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FORM 5/RECORD OF CRIMINAL CASES

To be used with Question 22

Date of incident (or time period involved) _____

Location _____

City County State

Title of complaint or indictment _____

Criminal Number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip

Names 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 _____

Charge(s) at time of trial _____

Date of final disposition _____

Final disposition _____

Brief description of incident _____

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence 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.

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

To be used with Question 21(D)

Social Security Number: _____

Date of incident (or time period involved) _____

Location _____
City County State

Title of complaint, indictment, or administrative action _____

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 _____ Case Number _____

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

_____,
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FORM 5T/RECORD OF TRAFFIC CASES

To be used with Question 21(A) and (B)

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.

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FORM 6/DEBTS: DEFAULTS: PAST DUE: REVOCATIONS

To be used with Question 24

Social Security Number: _____

1. This FORM refers to QUESTION 24. (Circle appropriate subsection) A B C D

Type of Debt: Credit Card Charge account Student Loan Support Other

Account Number _____ Date of Last Payment _____

Original Amount of Debt _____ Current Balance _____

Name of Entity Extending Credit _____

Address _____

City _____ State _____ Zip _____

If different from above, current creditor or former spouse(s) on this debt:

Address _____

City _____ State _____ Zip _____

Account Number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect it and any defenses:

2. 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.

