

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
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

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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                      First Name                      Middle Name

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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.**







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

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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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_