Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
P.O. BOX 2748
MADISON, WI 53701-2748
TELEPHONE: (608) 266-9760

APPLICANT QUESTIONNAIRE AND AFFIDAVIT

SAMPLE APPLICATION

☐ DIPLOMA PRIVILEGE [SCR 40.03] - Application For a Character and Fitness Certification

Check one: ☐ Marquette University Law School ☐ University of Wisconsin Law School

Check one: ☐ May 2017 graduate ☐ August 2017 graduate ☐ December 2017 graduate

☐ WISCONSIN BAR EXAMINATION [SCR 40.04] - For Admission to the Practice of Law in Wisconsin

Check one: ☐ February 2017 Bar Exam ☐ July 2017 Bar Exam

Check one: ☐ I plan to HANDWRITE the essay exam. ☐ I plan to TYPE the essay exam on a laptop computer.

Other requests:

☐ I plan to request special accommodations. (You must file and submit the relevant forms with this application.)

☐ I plan to transfer an MBE score from another jurisdiction.

☐ PROOF OF PRACTICE ELSEWHERE [SCR 40.05] - For Admission to the Practice of Law in Wisconsin

This application is valid until December 31, 2017.
I have been primarily engaged in the active practice of law in the State of _____
for three years within the last five years prior to filing this application.

INSTRUCTIONS TO THE APPLICANT

Application deadlines are certain. Extensions will not be granted. Complete and file an original application with the Board of Bar Examiners either by mail or in person. Regular business hours are 7:45 a.m. - 4:30 p.m., Monday-Friday, except holidays. Photocopies and other reproductions are acceptable, provided, however, the Signature of Applicant and notarial information must be original. All questions must be answered--make your answers as specific as possible. If a particular question does not apply to you, write "not applicable" or check "N/A." If the space for any answer is insufficient, complete your answer on a separate, attached and labeled sheet. Answers must be typewritten or computer generated. A zip code must be provided for every address. RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.

Do not staple, bind or clip the application packet in any way. Please submit in page order with all additional attachments labeled properly.

FOR OFFICE USE ONLY

Make checks payable to Wisconsin Board of Bar Examiners

Check/money order #: _____

Amount received: _____

Date of Check: _____

Received by: _____

1. Full Legal Name: **Do not use initials**

(a) _____ _____ _____ ____
(last name) (first name) (middle name) (suffix)

(b) Have you ever been known by any other name? ☐ Yes ☐ No

If yes, _____ _____ _____ ____
(last name) (first name) (middle name) (suffix)

Provide an explanation and relevant dates for above, attaching additional sheets if necessary. You must notify the Board in writing if your name changes at any time during the pendency of your application (see Information and Filing Instructions).

SAMPLE APPLICATION

2. (a) Date of birth: _____ (mm/dd/yyyy) (b) Gender: ☐ Man ☐ Woman

3. (a) Social Security # _____ (b) NCBE # _____

4. (a) Telephone number at which you can be reached during the day (include area code): _____

(b) E-mail address: _____

5. Mailing address (include zip code):

6. Are you a US citizen? ☐ Yes ☐ No;

If not a United States citizen, state the country from which you claim citizenship and describe your immigration status.

7. Have you ever served in the Armed Forces? ☐ Yes ☐ No;

Note: For an applicant who served in the Armed Forces, you must provide the Board with a copy of your most recent DD-Form-214 (Report of Separation). If you served in the National Guard, provide your most recent NGB-Form-22.

8. State every address where you actually lived during the last ten years or since age 18, whichever is shorter. Include school, foreign and summer addresses. Explain any gaps and overlaps. Do not use post office box addresses. **List your current address first**.

☐ Check here if additional addresses are listed on an attached sheet

City and State	Address	Zip Code	From (Mo/Yr)	To (Mo/Yr)

SAMPLE APPLICATION

9. State all colleges and universities enrolled in or attended. Account for any withdrawals, leaves of absence, and/or gaps in attendance (except for summer or semester breaks). Provide exact dates if attendance is not continuous. **Include all schools that will appear on your transcripts (summer schools, foreign study, technical schools, College Level Examination Program (CLEP), etc.)**. If any education included foreign study offered or sponsored by the institution you report below, so state. If any foreign study was offered or sponsored by another institution, please report below where you attended and who the sponsor was.

☐ Check here if additional addresses are listed on an attached sheet.

(a) LEGAL EDUCATION

(1)

School

Name of Degree

Location

Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(2)

School

Name of Degree

Location

Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

SAMPLE APPLICATION

(b) ASSOCIATE, UNDERGRADUATE, GRADUATE, MEDICAL, SUMMER STUDIES, ETC. (OTHER THAN LAW)

(1)

School

Name of Degree

Location

Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(2)

School

Name of Degree

Location

Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(3)

School

Name of Degree

Location

Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

10. State every application filed and/or examination taken by you for admission to any bar, including Wisconsin. Include any applications subsequently withdrawn or still pending and provide an explanation for the withdrawal or pendency. Include all examination failures. **Answer both parts (a) and (b).** Use additional sheets if necessary, and check here ☐ if you do.

(a) **Have you taken and/or applied to take any bar examinations?** ☐ Yes ☐ No

Examining Authority	Date of Examination	Disposition (passed, failed, withdrew, pending, etc.)

(b) **Have you ever applied for admission by motion (reciprocity) or diploma privilege in any jurisdiction (excluding this application)?** ☐ Yes ☐ No

SAMPLE APPLICATION

Admitting Authority	Date of Application	Type of Admission (motion or diploma privilege	Disposition (approved, denied, withdrew, pending, etc.)

11. Have you ever been admitted to practice law, including conditional admission, in any jurisdiction? ☐ Yes ☐ No
If you answer "yes," name all jurisdictions and courts in which you have been admitted to practice law.
Answer both parts (a) and (b). Use additional sheets if necessary, and check here ☐ if you do.

(a)

Jurisdiction/Court	Bar Number (if applicable)	Exact date of admission (mm/dd/yyyy)	Current Status: State all that apply (Good standing, active member, inactive member, etc.)

(b) **Has your membership status in all jurisdictions listed under 11(a) been continuously that of an active member in good standing?** ☐ Yes ☐ No ☐ N/A

Explain a negative response.

12. With respect to your **legal career as a licensed attorney**, list all employment, including temporary or part-time employment and self-employment, since your first admission to practice in any jurisdiction. **If any employment listed below occurred in a jurisdiction in which you were not admitted to practice law while you were employed, attach an explanation which cites the authority for such work in a jurisdiction where not admitted**. If you have had a gap in your legal employment history that exceeds three months, attach an explanation. (*Law clerk employment prior to admission should be reported under Question 13.*)

- List your current or most recent employment first.
- You must include all street addresses at which you practiced law.
- State as to each the duration (month/year) of practice at each location given.
- For all verifying references, do not use names of family members or names of your employees.
- Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference.

☐ **NOT APPLICABLE**

☐ Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment: From (month/year) _____ To (month/year) _____

Name of employer or firm (do not abbreviate)

SAMPLE

Address (Street, Room or Suite Number, City, State, Zip)

APPLICATION

State all positions held and as to each, indicate whether full-time or part-time (if part-time, give percentage of full-time equivalency)

Position _____ ☐ Full-time ☐ Part-time Percentage _____

Position _____ ☐ Full-time ☐ Part-time Percentage _____

Reason you left this job and sought another

Provide the name and mailing address of your supervisor. If you were self-employed or if the firm is now defunct, provide the name, job title, and address of a verifying reference (Judge, Client, Accountant, etc.) **and**, if applicable, all lawyers with whom you shared space. Telephone numbers are not acceptable.

13. List **all** other **paid employment** you have held **within the last ten years** or since age 18, whichever is shorter, that is not included in Question 12. Include temporary or part-time work, such as legal clerkships and summer employment. List most recent employment first. If you have had a gap in your employment record (other than to attend school) that exceeds three months, attach an explanation. If you were self-employed, provide the name, job title and address of a verifying reference.

- List your current or most recent employment first.
- You must include all street addresses.
- For all verifying references, do not use names of family members or names of your employees.
- Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference.

☐ **NOT APPLICABLE**

☐ Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment: From (month/year) _____ To (month/year) _____

Name of employer or firm (do not abbreviate)

SAMPLE

Work address (Street, Room or Suite Number, City, State, Zip)

APPLICATION

Nature of business

Position(s) held

Reason you left this job and sought another

Provide the name and mailing address of your supervisor or human resources department (where employment may be verified). Telephone numbers are not acceptable.

14. List any unpaid internships, externships, or volunteer positions you have held for two or more months in duration within the last ten years or since age 18, whichever is shorter. Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference. Check here ☐ if additional information is listed on an attached sheet, using identical format.

☐ **NOT APPLICABLE**

(a) Duration of position: From (month/year) _____ To (month/year) _____

Name of agency or organization _____

Address (Street, Room or Suite Number, City, State, Zip)

_____

Position held _____

Provide the name and mailing address of your supervisor or human resources department (where work may be verified). Telephone numbers are not acceptable.

_____

SAMPLE APPLICATION

15. Supply the name and complete address, including zip code, of your future employer and the date your employment will begin, should you be admitted to the practice of law in Wisconsin. If unknown, state "unknown", or if you plan to continue with your present employer, so state.

_____

16. Have you ever applied for any kind of a professional license other than as a lawyer? ☐ Yes ☐ No

State as to each application the date, the name and complete address of the authority to whom it was addressed, and the disposition made with the reasons therefore; state as to each examination the date and whether successful or unsuccessful. ☐ Check here if additional information is listed on an attached sheet, using an identical format.

Name, Address, and Zip Code of Licensing Authority	Type of License	Date	Disposition

YOU ARE REQUIRED TO ANSWER THESE QUESTIONS COMPLETELY, IRRESPECTIVE OF ANY STATUTE, ADMINSTRATIVE RULE, COURT ORDER, OR LEGAL OR ADMINISTRATIVE PROCEEDING EXPUNGING THE INFORMATION, AND IRRESPECTIVE OF ANY ADVICE FROM ANY SOURCE TO THE CONTRARY (INCLUDING LEGAL COUNSEL), THAT SUCH INFORMATION NOT BE DISCLOSED. PROVIDE A 'YES' OR 'NO' RESPONSE FOR EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, ANSWER 'NO.' FOR EACH 'YES' RESPONSE PROVIDE A NARRATIVE.

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the issue, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied. **Provide an explanation for affirmative answers to questions 17-35 on page 12.**

☐ Check here if additional information is listed on an attached sheet.

17. ☐ Yes ☐ No (a) Have you ever been the subject of any charges, complaints, or grievances concerning you as an attorney? (Include all allegations of misconduct of which you have been notified on a formal or informal basis by a lawyer disciplinary authority despite the outcome. Include all allegations, charges, complaints, or grievances now pending.)

☐ Yes ☐ No (b) Have you ever been disbarred, suspended, reprimanded, admonished, warned, censured, or otherwise disciplined or disqualified as an attorney? (Include both private and public dispositions.)

☐ Yes ☐ No (c) Have you ever been denied admission in any jurisdiction for reasons other than Bar exam failure?

☐ Yes ☐ No (d) Have you ever been accused of practicing law without a license in any jurisdiction?

☐ Yes ☐ No (e) Have you ever been or are you now conditionally admitted in any other jurisdiction? (excluding *Pro hac vice* and student practice)?

18. ☐ Yes ☐ No Are any claims pending or have any been paid by your professional liability carrier(s)?

19. ☐ Yes ☐ No Have you ever been suspended, terminated, permitted to resign in lieu of termination in any position (paid or voluntary), regulated profession, or as a holder of any public office?

20. ☐ Yes ☐ No (a) Have you ever been charged with misconduct, dismissed, dropped, suspended, expelled, asked to withdraw, placed on academic, social or administrative probation, or disciplined, or allowed to withdraw to avoid the same by a college, university, or law school in any way, or been subject to proceedings before an honor court, council, or similar body?

☐ Yes ☐ No (b) Are any such issues currently pending?

21. ☐ Yes ☐ No (a) Have you ever received a traffic citation, including those for moving violations within the past five (5) years? Applicants must report any citations received at any time involving the use of a motor vehicle (e.g., auto, boat, motorcycle) while under the influence of either alcohol and/or a controlled substance(s). However,parking violations may be omitted. If you answer "yes" to this question, a Traffic Violations Form (BE-007) must be completed for each violation.

☐ Yes ☐ No (b) Has your driver's license ever been revoked or suspended?

☐ Yes ☐ No (c) Have you ever been required to attend a driver's safety course?

SAMPLE APPLICATION

22. ☐ Yes ☐ No Have you ever been arrested for, charged with, or issued a citation for any criminal violations, civil law violations, or local ordinance violations (non-traffic)? You must disclose each instance however adjudicated, whether or not the charge and the plea or conviction differ, whether arrest, judgment, conviction, or sentence has been withheld or expunged, or the record sealed. Include instances where you ever paid restitution or served probation in lieu of being arrested, charged, convicted, or entering a plea (whether a plea of guilty or no contest). Any and all non-traffic violations must be reported in their entirety on Law Violations Form (BE-008), regardless of when they occurred.

23. ☐ Yes ☐ No While in the military, were you ever court-martialed or the subject of a non-judicial punishment? You must disclose each instance however adjudicated, whether or not the charge and the plea or conviction differ, whether arrest, judgment, conviction, or sentence has been withheld or expunged, or the record sealed. Include instances where you ever paid restitution or served probation in lieu of being arrested, charged, convicted, or entering a plea (whether a plea of guilty or no contest). Any and all non-traffic violations must be reported in their entirety on Law Violations Form (BE-008), regardless of when they occurred.

24. ☐ Yes ☐ No Have you ever been offered or granted immunity to testify in any grand jury proceeding, criminal action, or criminal proceeding?

25. ☐ Yes ☐ No Have you ever been adjudged bankrupt or insolvent, or are you presently the subject of any such proceedings?

SAMPLE

26. ☐ Yes ☐ No Has any surety on any bond on which you were the obligor ever been required to pay any money on your behalf?

27. ☐ Yes ☐ No Have you ever been adjudged liable or entered into a settlement agreement in a proceeding involving a claim of fraud, conversion, breach of fiduciary duty or legal malpractice, or are any such proceedings pending?

APPLICATION

28. ☐ Yes ☐ No Has any business that you owned, managed, or in which you actively participated in the control or management of, ever been charged with fraud, larceny, embezzlement, misappropriation of funds, misrepresentation, or similar offenses (including conspiracy to conceal, etc.) in any legal proceeding, civil or criminal, or in bankruptcy?

29. ☐ Yes ☐ No Are you or have you ever been a party to any small claims or civil action? (Omit probate and family law matters.)

30. ☐ Yes ☐ No Are there any unsatisfied judgments or court orders of continuing effect against you, or are you in default in the performance of any court-ordered duty or obligation? (Include orders to pay child support.)

If you answer 'yes' to any part of question #31, complete a Debts Form (BE-005) for each debt.

31. ☐ Yes ☐ No (a) Have you had any debts of $1,000 or more (including credit cards, charge accounts, and student loans) which have been more than 90 days past due within the past ten years?

☐ Yes ☐ No (b) Have you had a credit card or charge account revoked or charged off within the past ten years?

☐ Yes ☐ No (c) Have you defaulted on any other financial obligation (including student loans) within the past ten years?

32. ☐ Yes ☐ No (a) Have you, in a personal or professional capacity, within the last ten years, failed to file any local, state or federal income tax return and/or report as required by law?

☐ Yes ☐ No (b) Have you, within the last ten years, in a personal or professional capacity, failed to pay any taxes pursuant to local, state, or federal law?

☐ Yes ☐ No (c) Have you, within the last ten years, had tax liens filed against you or your property?

Inquiries Concerning Medical or Substance Abuse Condition or Impairment

Through this application, the Board of Bar Examiners makes inquiry about recent mental and physical health and chemical dependency matters. This information, along with all other information, is treated confidentially by the Board. The Board's purpose in making such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for medical conditions or impairments or chemical dependencies is never, in itself, a basis on which an applicant is ordinarily denied admission, and the Board routinely certifies for admission individuals who have demonstrated personal responsibility and maturity in dealing with these issues. The Board supports and encourages applicants who may benefit from assistance to seek it. The Board has, on occasion, denied certification to applicants whose ability to function was impaired in a manner relevant to the practice of law at the time that the licensing decision was made.

The Board usually does not seek information about therapy that is fairly characterized as stress counseling, domestic counseling, grief counseling, or counseling for eating or sleeping disorders, as these are generally not viewed as germane to the issue of whether an applicant is qualified to practice law.

THE BOARD SEEKS MEDICAL RECORDS SPARINGLY AND JUDICIOUSLY, AND TREATS SUCH INFORMATION SENSITIVELY AND CONFIDENTIALLY.

SAMPLE APPLICATION

If you answer 'yes' to any part of question #33, please provide an explanation on page 12.

33. ☐ Yes ☐ No (a) Within the past five years have you ever cited consumption of drugs or alcohol in the course of any inquiry or investigation, administrative or judicial proceeding, or proposed termination or other disciplinary action as an explanation for your failure to meet a deadline or as a defense, mitigation or explanation of those matters?

☐ Yes ☐ No (b) Within the past five years have you ever cited physical or mental illness, or an emotional, nervous or behavioral disorder in the course of any inquiry or investigation, administrative or judicial proceeding, or proposed termination or other disciplinary action as an explanation for your failure to meet a deadline or as a defense, mitigation or explanation of those matters?

☐ Yes ☐ No (c) Within the past five years have you ever cited consumption of drugs or alcohol as an explanation for your poor academic or professional performance?

☐ Yes ☐ No (d) Within the past five years have you ever cited physical or mental illness, or an emotional, nervous or behavioral disorder as an explanation for your poor academic or professional performance?

If you answer 'yes' to any part of question #34 or #35, please complete a Medical Information Form (BE-004) for each instance.

34. ☐ Yes ☐ No Within the past five years, have you been diagnosed and or treated for dependency upon any drug, including alcohol, or been compelled to submit to an assessment or screening for same?

35. ☐ Yes ☐ No (a) Do you currently have 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 (b) If your answer to Question 35 (a) is yes, are the limitations caused by your condition or impairment or substance abuse problem ameliorated because you are receiving ongoing treatment (with or without medication) or because you participate in a monitoring program?

GIVE FULL DETAILS for affirmative responses to QUESTIONS 17 - 33 in the space provided below. If your answer to **questions #34 or #35** is affirmative, complete a Medical Information Form (BE-004).

If you provided a narrative on form BE-007 or BE-008, it is not necessary to duplicate that narrative below.

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the issue, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied.

☐ Check here if additional information is listed on an attached sheet.

☐ N/A

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36. State the names and addresses of six persons with whom you are personally acquainted and whom you have known for at least two years. You may not use the names of anyone identified in your answers to Questions 12, 13, and 14. Do not include any family members, in-laws, fiancé/fiancée, significant other, or anticipated future family members.

Name Occupation
Address Phone
City State Zip Years known Relationship
E-mail address

Name Occupation
Address Phone
City State Zip Years known Relationship
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SAMPLE APPLICATION

Pursuant to SCR 40.14 (2) (d), this application is being filed and signed electronically. In so doing, I swear and/or affirm that the information contained in the application is true and correct. I hereby acknowledge that this application is a continuing application and that I have an obligation to keep the responses to the questions herein current, correct, and complete by the timely filing of an Amendment to Application (BE-010) until the date of Board certification.

I further acknowledge that any false, misleading, or evasive response on this application, or any alteration thereof, is inconsistent with truthfulness and candor required of a practicing attorney and may be grounds for a finding by the Board of a lack of the requisite character and fitness for admission to the bar.

SAMPLE APPLICATION

Signature of Applicant

Date