

JURISDICTION	
Application to	
Applying as	
☐ Law Student Registrant	
☐ In-House Counsel	
☐ Motion/Reciprocity Applicant☐ Notary Public	
☐ Notary Public ☐ Bar Examination Applicant (exam date (Mo/Yr)	1
□ Foreign Legal Consultant	
a ronoigh about community	
PERSONAL INFORMATION	
Applicant Information	
Name	<u> </u>
Nume	
First Middle	Last Suffix
NCBE Number	
Social Security Number	
D. I. Clini	
Date of birth	
Month	Day Year
Worth	Day teal
E-mail address	
E man address	
Sex	
JCA .	
☐ Female ☐ Male ☐ Prefer not to answer	
Place of birth	
,	
City	State
Country	
Citizenship	
Country of citizenship	
Country of citizenship	

If you are not a citize date)?	n of the United States,	, what is your immigratio	n status (include v	isa type if applicable and expiration
Have you ever used	or been known by a	different name?		
Note : Your name(s) references, etc.	will be used for iden	tification in correspond	ence sent to scho	ools, employers, courts,
□ Yes □ No				
First	Middle		Last	Suffix
From Mo/Yr	To Mo/Yr	Reason for change		
,				
Contact Informat	tion			
•	mailing address and t	elephone numbers at w	hich you can be	reached during the next six
months.				
If business, name of f	irm			
Address/P.O. Box				
		AX		
City			State	Zip
Country		Province		
Mobile or Home Pho	ne			
Office Phone				
Office Frione				_
APPLICATIONS	, AUTHORIZATI	ONS AND CONDU	ICT	
Law Student Reg			_	
1. Have you ever subr	nitted an application to	o register as a law student	:?	
Note: This question re	efers to jurisdiction spo	onsored law student regist	tration programs (ı	not law school applications).
□ Yes □ No				
Name of U.S. jurisdict	tion, tribal court, or fo	reign jurisdiction		

Name and address of foreign bar authority
Date application made
Explanation
Bar Exam
BUT EXUITI
Note : Report all exams for which you have applied or registered, even if you did not sit for the exam. Report all exams even if you did not apply for admission to that jurisdiction and regardless of admission status. Omit the MPRE and First-Year Law Student Examinations.
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made Date examination taken
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other
Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason
Explanation
Transferred UBE Score
3. Have you ever applied for admission by transferred Uniform Bar Examination (UBE) score?
□ Yes □ No
Name of U.S. jurisdiction
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other
Reason not admitted (if applicable): Withdrew application Pending Denied Other reason
Explanation
Motion
4. Have you ever applied for admission on motion?
Note: Do not list U.S. federal court or pro hac vice admissions in response to this question.

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□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other
Reason not admitted (if applicable): Withdrew application Pending Denied Other reason
Explanation
Diploma Privilege
5. Have you ever applied for admission by diploma privilege?
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other
Reason not admitted (if applicable): Withdrew application Pending Denied Other reason
Explanation
Foreign Legal Consultant
6. Have you ever registered as a foreign legal consultant?
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other

Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason
Explanation
In-House Counsel
7. Have you ever registered as in-house counsel?
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: Attorney In-House Counsel Foreign Legal Consultant Other
Reason not admitted (if applicable): Failed exam Withdrew application Pending Denied Other reason
Explanation
Other
8. Have you ever otherwise submitted an application to, or been authorized to practice law in, any U.S. or foreign
jurisdiction or tribal court?
Note: In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question.
Note: In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court
Note: In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question.
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Note: In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question. Yes
Note: In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question. Yes
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NOTE: You do not need to report membership when you	were a law student.	
Total to the tree to report membership timen you	The call and seaderner	
Bar association		
5 · · · · · · · · · · · · · · · · · · ·	6	
Dates of membership: From Mo/Yr	10 Mo/Yr	
Address		
Cit.	C+-+-	7:
City	State	_ ZIP
Country	Province	
51.11		
Attorney Discipline		ad as an attanna.
10. Have you ever been disbarred, suspended, censured,	or otherwise reprimanded or disqualiti	ed as an attorney?
If Yes, upload a copy of the associated action or complain	nt.	
- Variance - National Association and the second an		
☐ Yes ☐ No ☐ Never admitted to practice law		
Name of regulatory agency		
Address		
Address		
City	State	_ Zip
Country	Dunida	
Country	Province	
Case number (if applicable)	Date	
Action taken		
Action taken		
Explanation		
Attorney Complaint		N
11. Have you ever been the subject of any charges, comp as an attorney, including any now pending?	laints or grievances (formal or informal	i) concerning your conduct
If Yes, upload a copy of the associated action or complain	nt.	
☐ Yes ☐ No ☐ Never admitted to practice law		
Name of regulatory agency		
Address		
City	State	_ Zip
Country	Province	
,	-	,

Case number (if applicable)	Date
Action taken	
Explanation	
Unauthorized Practice of Law	
12. Have you ever been the subject of any charges, complaints, or griev	rances (formal or informal) alleging that you engaged
If Yes, upload a copy of the associated action or complaint.	
□ Yes □ No	
Name of regulatory agency	
Address	
City	StateZip
Country Province	
Case number (if applicable)	_ Date
Action taken	
Explanation	
Sanction or Disqualification	
13. Have sanctions ever been entered against you, or have you ever been	en disqualified from participating in any case?
If Yes, include a copy of the order of sanction or disqualification.	
☐ Yes ☐ No ☐ Never admitted to practice law	
Name of Court	
Address	
City	
Country Provin	nce
Case number	
Case name	
Action taken	

From Mo/YrTo Mo/Yr
Explanation
EDUCATION
Law Office Study
14. Did you engage in law office study in lieu of receiving a J.D.?
□ Yes □ No
From Mo/Yr To Mo/Yr
Name of firm
Proctor
Firm address
City State Zip
Law School Attendance
15. List complete information regarding all law school attendance and law degrees (J.D., L.L.B., L.L.M., etc.).
Note: If you studied abroad during law school, complete an entry for each study abroad period. Indicate the sponsoring institution, if different from the school listed.
□ I have never attended law school
Law School
□ ABA Approved □ Non-ABA Approved
Mailing address
CityStateZip
Country Province
FromTo
Date degree received or expected (from this school)
Degree received or expected to be received (from this school) or No Degree
☐ J.D. Degree (from this school)
□ Full-time student □ Part-time student

□ Check if enrollment was primarily online.
Law School Discipline
16. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to resign in lieu of discipline, otherwise subjected to discipline, or requested to discontinue your studies by any law school?
□ Yes □ No
Name of institution
Action taken Date
Explanation
College/University Attendance
17. List complete information regarding all college/university attendance (other than law school).
Note: If you studied abroad, complete an entry for each study abroad period. Indicate the sponsoring institution, if different from the school listed.
☐ I have never attended a college or university, other than as reported in the law school section.
College
Mailing address
City Zip
Country Province
FromTo
Degree received (No degree, B.A., M.S., etc.) Field of study
□ Check if enrollment was primarily online.
College/University Discipline
18. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to resign in lieu of discipline, otherwise subjected to discipline, or requested to discontinue your studies by any college or university?
□ Yes □ No
Name of institution
Action taken Date

Explanation			
RESIDENCES			
Residence History		_	
• •	oorary physical address where you have resided ichever period of time is shorter.	for a period of one	month or longer for the
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		

EMPLOYMENT

Employment History

20. List all employment and unemployment information for the last ten years or since age 18, whichever period is shorter. In addition, list all law-related employment you have ever had.

Notes:

Employment - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment.

Unemployment - Provide a brief, but specific, description of your activities while unemployed (e.g. seeking employment, preparing for law school, attending *<school name>*, vacation, studying for bar exam).

Employment References - If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. **Do not list yourself or a relative as a verifying reference**.

Details - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.

From Mo/Yr	_ To PRESENT		
Employment position/Description of un	nemployment	,	
Name of supervisor or associate			
Email of supervisor or associate			
□ Email unknown			
Employer or firm name			
Mailing address			
City	State _		Zip
Country		_ Province	
Telephone			
 □ Business is defunct □ Self-employed or employed by a rela □ Business has new name/address 	itive		
Verifying reference name / Business na	nme		

Address		
City	State	Zip
Country	Province _	
Telephone	E-mail	
Details		
■ From Mo/Yr	To Mo/Yr	
Employment position/Description of unemploymen	nt	<u> </u>
Name of supervisor or associate		
Email of supervisor or associate		
□ Email unknown		
Reason for Leaving	\longrightarrow	
Employer or firm name		
Mailing address		
City	State	Zip
Country	Province _	
Telephone		
□ Business is defunct□ Self-employed or employed by a relative		
☐ Business has new name/address		
Verifying reference name / Business name		
Address		
City	State	Zip
Country	Province _	
Telephone	E-mail_	

rom Mo/Yr	To Mo/Yr	
imployment position/Description of unemployment	t	
Name of supervisor or associate		
Email of supervisor or associate		
□ Email unknown		
Reason for Leaving		
Employer or firm name		
Mailing address		
City	Zip	
Country	Province	
Telephone		
□ Business is defunct		
□ Self-employed or employed by a relative□ Business has new name/address		
veritying reference name / Business name		
Address		
City	State Zip	
Country	Province	
Telephone	E-mail	
Details		

■ From Mo/Yr To Mo/Yr
Employment position/Description of unemployment
Name of supervisor or associate
Email of supervisor or associate
□ Email unknown
Reason for Leaving
Employer or firm name
Mailing address
CityStateZip
Country Province
Telephone
 □ Business is defunct □ Self-employed or employed by a relative □ Business has new name/address
Verifying reference name / Business name
Address
CityStateZip
CountryProvince
TelephoneE-mail
Details
Employment Actions
21. Have you ever been disciplined, suspended, laid off, permitted to resign (in lieu of termination), or terminated from any job?
Note : If Yes, any associated periods of employment must be listed in response to the Employment History question before proceeding.

□ Yes □ No			
Employer			
Dates of employment:	From Mo/YrTo Mo/Yr		
Disposition: Termi	inated □ Suspended □ Disciplined □ Laid off □ Permitted to resign		
Date of disposition	Explanation of circumstances		
Judicial Office	indicial office 2		
22. Have you ever held	judicial office?		
Office held	From Mo/Yr To Mo/Yr		
Name of court			
Address			
City	StateZip		
Country	Province		
Reason for termination (if applicable)			
Military Service			
23. Have you ever beer	n a member of the armed forces of the United States, its reserve components, or the National Guard?		
If Yes, include a copy o service.	f all of your military separation papers (DD Form 214 or equivalent). Forms must indicate character of		
□ Yes □ No			
Attach copies of all of your reports of separation (e.g., DD Form 214 – member copy #4, NGB Form 22, etc.). The DD Form 214 that you provide must indicate your character of service.			
Choose Branch:	□ Regular Armed Forces – Air Force		
	□ Regular Armed Forces – Army		
	□ Regular Armed Forces – Coast Guard		
	□ Regular Armed Forces − Marine Corps		
	□ Regular Armed Forces − Navy		
	□ Reserve Components – Air Force		
	□ Reserve Components – Army		
	 □ Reserve Components – Coast Guard □ Reserve Components – Marine Corps 		
	□ Reserve Components – Marine Corps □ Reserve Components – Navy		
	□ National Guard – Air Force		

□ National Guard - Army	
State for National Guard service	
Serial number	Rank
Dates of service: From Mo/Yr	To Mo/Yr
Present duty station	
Address	
City State _	Zip
Country	Province
Telephone	
Name of commanding officer	
(1). Were you ever court-martialed?	
□ Yes □ No	
Date of action	
Explanation of circumstances	
Result, including any punishment	
(2). Were you ever awarded non-judicial punishment (Art. 15 UCMJ)?	
□ Yes □ No	
Date of action	
Explanation of circumstances	
Result, including any punishment	
(3). Did you receive an honorable discharge?	
□ Yes □ No	

Date of action
Explanation of circumstances
Result, including any punishment
(4). Were you allowed to resign in lieu of court-martial?
□ Yes □ No
Date of action
Explanation of circumstances
Result, including any punishment
Nesult, including any punishment
(5). Were you administratively discharged?
□ Yes □ No
Date of action
Date of action
Explanation of circumstances
Result, including any punishment
Licenses
24. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?
□ Yes □ No
Type of license
Issued to (include business name, if applicable)
Current status of license
License number (if applicable)

Application date (Mo/Yr)		
Expiration/Inactive date (Mo/Yr)		
Issuing authority		
Address		
City	State	Zip
Country	Province	
Telephone		
License Denial/Revocation		
25. Have you ever been denied a license or had a license revok	ked for a business, trade	e, or profession?
□ Yes □ No		
License	Action take	en: Denial Revocation
Name of regulatory agency		
Address		
City	State	Zip
Country	Province	
Action Date		
Explanation		
CHARACTER & FITNESS		
Professional Discipline		
26. Have you ever been suspended, censured, or otherwise reports as a holder of public office?	primanded or disqualifi	ed as a member of another profession,
If Yes, upload a copy of the associated action or complaint.		
□ Yes □ No		
Name of regulatory agency		

Address		_
City	State	Zip
Country	Province	
Case number (if applicable)		
Action taken	Date	
Explanation		
Duefessional Complaint		
Professional Complaint		N
	charges, complaints, or grievances (formal or informal s a holder of public office, including any now pending?) concerning your conduct
, , , , , , , , , , , , , , , , , , ,	g. p. g.	
If Yes, upload a copy of the associated action	on or complaint.	
□ Yes □ No		
Name of regulatory agency		
Address		
City	State	Zip
Country	Province	
Case number (if applicable)		
Action taken	Date	
Explanation		
)	
Bond		
	you were the principal been required to pay any money	y on your behalf?
□ Yes □ No		
Name of surety		
Address		
City	State	Zip
Country	Province	

Amount of money paid by surety
Date money paid
Reason for bond
Detailed explanation
Conduct or Behavior
29. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?
□ Yes □ No
Explanation
Relevant dates
Condition or Impairment
30. The purpose of this inquiry is to allow jurisdictions to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; jurisdictions' bar admission agencies routinely certify for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.
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) that in any way affects your ability to practice law in a competent, ethical, and professional manner?
Note : In this context, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.
□ Yes □ No
Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?
□ Yes □ No
Service provided: From Mo/Yr To Mo/Yr

Describe the condition or impairment		
Describe any treatment, or any program that includes monitoring of	or support	
Name of attending physician or counselor (if applicable)		
Address		
City Sta	te Z	Zip
Country	Province	
Telephone		
Name of hospital or institution (if applicable)		
Address		
City Sta	te	Zip
Country	Province	
Telephone		
Defense or Explanation		
31. The purpose of this inquiry is to allow jurisdictions to determine to mere fact of treatment, monitoring, or participation in a support group jurisdictions' bar admission agencies routinely certify for admission in maturity in dealing with fitness issues. The National Conference of B from assistance to seek it. Within the past five years, have you asserted any condition or impair for your conduct in the course of any inquiry, any investigation, or an educational institution, government agency, professional organization.	up is not, in itself, a basis on wandividuals who demonstrate plar Examiners encourages applarment as a defense, in mitigating administrative or judicial pr	which admission is denied; ersonal responsibility and licants who may benefit ion, or as an explanation roceeding by an
employment disciplinary or termination procedure?	,	
□ Yes □ No		
Name of entity before which the issue was raised		
Address		-
City Sta	te Z	Zip
Telephone		

Country Province			
Nature of the proceeding			
Relevant date(s)			
Disposition, if any			
Explanation			
LEGAL PROCEEDINGS			
Civil Action			
32. Have you ever been a named party to any civil action?			
Note: Family law matters (including divorce actions and continuing orders for child support) should be included here.			
If Yes, include a copy of the associated pleadings, judgments, final orders and/or docket report.			
□ Yes □ No			
Complete title of action			
Court file number			
Date filed			
Trial date Date of final disposition			
Disposition			
Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?			
□ Yes □ No			
If the disposition resulted in a judgment, has the judgment been satisfied?			
□ Yes □ No			
Date satisfied			
Amount still owing			
Detailed explanation of suit			

Name of court			
Address			
City	State		Zip
Country	Pr	ovince	
Plaintiff's name			
Address			
City	State		Zip
Country	Pr	ovince	
Name of plaintiff's attorney			
Defendant's name			
Address			
City	State		Zip
Country	Pr Pr	ovince	
Name of defendant's attorney			<u> </u>
Administrative Action			
33. Have you ever had a complaint or action (including, but no forgery, or malpractice) initiated against you in any administra		llegations of fraud, de	eceit, misrepresentation,
If Yes, include a copy of the associated administrative record.			
□ Yes □ No			
Date action/complaint initiated			
Name of administrative forum or body			
Address			
City	State		Zip
Country	Pr	ovince	
Name of investigative agency			

Address		_
City	State	Zip
Country	Province	
Date of final disposition		
Disposition		
Detailed explanation		
Criminal Action		
34. Have you ever been cited for, arrested f was resolved in juvenile court?	for, charged with, or convicted of any violation	of any law other than a case that
Note: Include matters that have been dismotherwise set aside. Omit traffic violations.	issed, expunged, subject to a diversion or defe	rred prosecution program, or
If Yes, include a copy of the associated arre docket report, and appeal, if any.	est report, complaint, indictment, citation, info	rmation, disposition, sentence,
□ Yes □ No		
Date (or time period) of incident		
Incident location (city, county, state)		
Country	Province	
Title of complaint, indictment, or citation _		
Court file number		
Detailed description of violation		
Name of court involved		
Address		
City	State	Zip
Country	Province	
Name of law enforcement agency involved	d	

Address		
City	State	Zip
Country	Provin	ce
Attorney name		
Date of initial court hearing		
Charge(s) at time of initial court hearing		
Date of final disposition		
Charge(s) at time of final disposition		
Final disposition		
Alcohol or Drug Related Traffic Violation		
35. Have you ever been cited for, arrested for, charged windle other than a violation that was resolved in juvenile court?		alcohol or drug related traffic violation
Note: Include matters that have been dismissed, expunge otherwise set aside.	ed, subject to a diversion	on or deferred prosecution program, or
If Yes, include a copy of the associated arrest report, com docket report, and appeal, if any.	plaint, indictment, cita	ation, information, disposition, sentence,
□ Yes □ No		
Date (or time period) of incident		
Incident location (city, county, state)	. •	
Country	Provin	ce
Title of complaint, indictment, or citation		
Court file number		
Detailed description of violation		
Name of court involved		
Address		
City	State	Zip
Country	Provin	ce

Name of law enforcement agency involved
Address
City State Zip
Country Province
Attorney name
Date of initial court hearing
Charge(s) at time of initial court hearing
Date of final disposition
Charge(s) at time of final disposition
Final disposition
Traffic Violation
36. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years?
Note: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or
otherwise set aside. Omit parking violations.
□ Yes □ No
Date of violation (Mo/Yr)
Charge(s) at time of final disposition
Final disposition
Description of violation
Name of law enforcement agency
Violation location (city, county, state)
Country Province
_
Date of violation (Mo/Yr)
Charge(s) at time of final disposition
Final disposition

Description of violation
Name of law enforcement agency
Violation location (city, county, state)
Country Province
■ Date of violation (Mo/Yr)
Charge(s) at time of final disposition
Final disposition
Description of violation
Name of law enforcement agency
Violation location (city, county, state)
CountryProvince
Driver's License
37. List all driver's licenses held during the last ten years.
☐ I have not had a driver's license during the last ten years.
Driver's License state, province, or country
Driver's License state, province, or country Driver's License number (if unavailable, enter "unknown")
Driver's License number (if unavailable, enter "unknown")
Driver's License number (if unavailable, enter "unknown") □ Current
Driver's License number (if unavailable, enter "unknown") Current Driver's License state, province, or country
Driver's License number (if unavailable, enter "unknown") Current Driver's License state, province, or country Driver's License number (if unavailable, enter "unknown")
Driver's License number (if unavailable, enter "unknown") Current Driver's License state, province, or country Driver's License number (if unavailable, enter "unknown") Current

FINANCIAL RESPONSIBILITY

Revocation
38. Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?
□ Yes □ No
Type of debt: □ Charge account □ Credit card
Last four digits of account number Original amount of debt
Current balance Date of last payment
□ No Payments Made
Current status of this debt
Describe the history of this debt
Name of entity extending credit
Address
Address
City State Zip
Country Province
CountryProvince
Telephone number
Name of retailer if different from above
☐ Check if name or address of current creditor or collection agency is different from above.
Name of current creditor or collection agency if different from above
Address
City State Zip
Country Province
Telephone number
Last four digits of current account number
Defaulted Student Loan
39. Have you ever defaulted on a student loan?

□ Yes □ No	
Full account number	Original amount of debt
Current balance	_ Date of last payment
□ No Payments Made	
Current status of this debt	
Describe the history of this debt	
Name of entity extending credit	
Address	
City	State Zip
Country	Province
Telephone number	
☐ Check if name or address of current creditor or colle	ction agency is different from above.
Name of current creditor or collection agency if differe	nt from above
Address	
City	State Zip
Country	
Telephone number	
Current account number	
Other Defaulted Debt	
40. Have you ever defaulted on any debt other than a st	cudent loan that was not resolved in bankruptcy?
□ Yes □ No	
Type of debt: ☐ Charge account** ☐ Credit card**	□ Real estate* □ Other
☐ Property/Real estate assessment*	□ Utility/Telephone
(*Last four digits of) Account number	Original amount of debt
Current balance	_ Date of last payment

□ No Payments Made		
Current status of this debt		
Describe the history of this debt (if this is a medical debt, inc	clude date of service and instituti	on name)
None of outiles out and in a smaller		
Name of entity extending credit		
Address		
City	State	Zip
Country	Province	
Telephone number		
Name of retailer if different from above		<u>, </u>
☐ Check if name or address of current creditor or collection	agency is different from above.	
Name of current creditor or collection agency if different fro	m above	
Address	<u> </u>	
City	State	Zip
Country	Province	_
Telephone number		
Current account number		
* For real estate debt, provide address of property associate	d with debt:	
Address		
City	State	Zip
Country	Province	
Past Due Debt		
41. Have you had any debt that has been more than 120 days bankruptcy?	past due within the past three ye	ars that was not resolved in
□ Yes □ No		

Type of debt: ☐ Charge account** ☐ Credit card**	☐ Real estate* ☐ Student loan	□ Utility/Telephone*
□ Other	_	
(**Last four digits of) Account number	Original amount of debt	
Current balance	_ Date of last payment	
□ No Payments Made		
Current status of this debt		
Describe the history of this debt (if this is a medical de	bt, include date of service and ins	titution name)
	_	
Name of entity extending credit		
Address		
City	State	Zip
Country	Province	
Telephone number		
Name of retailer if different from above		
☐ Check if name or address of current creditor or colle	ction agency is different from abo	ove.
Name of current creditor or collection agency if different	ent from above	
Address		
City	State	Zip
Country	Province	
Telephone number		
Current account number		
* For real estate and utility/telephone debt, provide a	ddress of property/telephone nur	nber associated with debt:
Address		
City	State	Zip
Country	Province	

Telephone number	
Tax Debt	
42. Have you ever failed to timely pay any personal taxes state, county or municipal private property taxes; or real	due, including but not limited to any federal or state income taxes; estate assessment taxes?
If yes, upload a copy of supporting documentation (IRS to etc.).	ax account transcript, release of lien, statement of amount due,
□ Yes □ No	
Type of debt: ☐ Income ☐ Property/Real Estate Asse	essment Other
Full account number	Original amount of debt
Current balance	Date of last payment
□ No Payments Made	
Current status of this debt	
Describe the History of This Debt (include applicable tax	(year(s))
Name of agency	
Address	
City	State Zip
Country	Province
Telephone number	
Bankruptcy	
43. Have you ever filed a petition for bankruptcy?	
If Yes, upload associated schedule of indebtedness, petit order.	ion for bankruptcy, docket report and discharge from bankruptcy
□ Yes □ No	
Date filed Title of action	-
Type of bankruptcy	

Court file number	
Name of court involved	
Address	
City State Zip _	
Country Province	
Total amount discharged in U.S. dollars	
Date of disposition	
Disposition	
Were any adversary proceedings instituted? ☐ Yes ☐ No	
Were there any allegations of fraud? □ Yes □ No	
Were any debts not discharged? □ Yes □ No	
Detailed description of circumstances surrounding filing	
CHARACTER REFERENCES	
References	
44. Provide complete information for at least six references, preferably persons who have known you f years. You are encouraged to include one reference from every locality where you have lived during the	
Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your address.	current residential
Do not use names listed in response to the Employment History question. If you provide a business add the names of both the reference and the business.	lress, please include
Note: To avoid delays, provide current contact information (email address, mailing address, and telep each reference.	hone number) for
■ Name	
Business name	

Address		
City	State	Zip
Country	Province _	
Telephone	E-mail	
□ Email Unknown		
Occupation	Ye	ars known
Name		
Business name		
Address		<u></u>
City	State	Zip
Country	Province _	
Telephone	E-mail_	
□ Email Unknown		
Occupation	Ye	ars known
Name		
Business name		
Address		
City	State	Zip
Country	Province _	
Telephone	E-mail	
□ Email Unknown		
Occupation	Ye	ars known
■ Name		
Business name		

Address		
City	State	Zip
Country	Pro	vince
Telephone	E-mail	
□ Email Unknown		
Occupation		Years known
■ Name		
Business name		
Address		
City	State	Zip
Country	Pro	vince
Telephone	E-mail	
□ Email Unknown		
Occupation		Years known
■ Name		
Business name		
Address		
City	State	Zip
Country	Pro	vince
Telephone	E-mail	
□ Email Unknown		
Occupation		Years known

ADDITIONAL INFORMATION

Additional Information
45. Would you like to provide additional information or further explain any of your previous responses? If you provide
further explanation to any of your previous responses, please include the associated question number.
Tarther explanation to any or your previous responses, please melade the associated question number.
□ Yes □ No
Additional information
Further explanation(s)
Tuttiei explanation(s)