



**TO THE COMMITTEE ON CHARACTER & FITNESS OF
THE BOARD OF COMMISSIONERS OF THE
ALABAMA STATE BAR**

**APPLICATION FOR REGISTRATION
AS A LAW STUDENT**

(Revised September 2001)

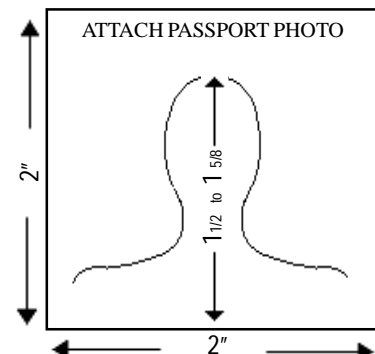


Photo must have been made within last six months. **DO NOT** attach snapshots.

ALABAMA STATE BAR
Telephone (334) 269-1515
415 Dexter Avenue
Mail: Admissions, P.O. Box 671
Montgomery, Alabama 36101

ATTN: ADMISSIONS OFFICE

Pursuant to the provisions of Rule 1 of the Rules Governing Admission to the Alabama State Bar as revised September, 2001, the undersigned does hereby file with the Secretary of the Board of Bar Commissioners of the Alabama State Bar, written notice of his/her intentions to begin the study of law for the purpose of thereafter applying for admission to the Alabama State Bar, and request that his/her name be registered in said Secretary's Office accordingly. Answers of the applicant to questions (1) through (12) inclusive, as required by said Rule, are set out below:

1. STATE TO EACH OF THE FOLLOWING:

(a) YOUR FULL NAME (NO INITIALS):

_____ / /
Last First Middle Social Security Number

Have you ever been known by any other name? _____ . If yes, state facts fully. If change was made by court order, attach a certified copy of such order.

(b) Birthdate: _____ Age _____
Place (City, State)

(c) Are you a citizen of the United States? Yes _____ or No _____
If no, have you filed a Declaration of Intent to become a citizen? _____
If yes, where when and number? _____
Attach a copy of your Declaration of Intent (Form N-315/Rev. 2-1-71/Y)

(d) YOUR PRESENT ACTUAL RESIDENCE AND MAILING ADDRESS:

_____ Res: _____ /Bus: _____
STREET ADDRESS Telephone Numbers (Include Area Codes)
_____ CITY STATE ZIP CODE
(Include 4-digit suffix)

(e) YOUR PRESENT LEGAL RESIDENCE:

_____ Res: _____
STREET ADDRESS Telephone Numbers (Include Area Codes)
_____ CITY STATE ZIP CODE
(Include 4-digit suffix)

(f) YOUR MARITAL STATUS: Single () Married () Separated () Divorced () Widowed () Remarried ()

(g) Date of marriage(s) and full name(s) of spouse, if married _____

(h) If separated or divorced (now or previously) attach copies of the Complaint and Final Decree in each instance.

(i) Your parents' names, addresses and occupation:

Father: _____ / _____ Res: _____ /Bus: _____
 Name Occupation Telephone Numbers

 Street Address City State ZIP CODE

Mother: _____ / _____ Res: _____ /Bus: _____
 Name Occupation Telephone Numbers

 Street Address City State ZIP CODE

2. Other than Law School, state each preparatory school, college, or university you have attended and dates of attendance:

College

_____ / _____ from _____, 19____ to _____, 20____
 Name Location (City and State)

Graduated. Yes or No () Date: _____, Degree: _____

3. Law School(s) (attending and/or attended). List all Law Schools you have attended.

(a) _____ (b) _____
 Name of Law School/Location (City and State) Date Enrolled/Anticipated Date of Graduation

(IF JONES LAW SCHOOL, BIRMINGHAM SCHOOL OF LAW, OR MILES COLLEGE OF LAW, see RULE IV, B, OF RULES GOVERNING ADMISSION TO THE ALABAMA STATE BAR)

(c) Regardless of whether the record has been expunged, cancelled or annulled, or whether no record was made, have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, college or university, or otherwise subjected to discipline by any such school or other institution or requested or advised by any such school or institution to discontinue your studies therein? Yes _____ or No _____

(d) If YES, Please state the cause, circumstances, date of occurrence, and the final disposition of each such occurrence.

4. (a) **WORK EXPERIENCE:** SINCE YOUR SIXTEENTH BIRTHDAY, STATE WHEN AND WHERE YOU HAVE WORKED, NAMES AND FULL ADDRESSES OF EMPLOYERS, POSITIONS OCCUPIED AND DATES OF EMPLOYMENT (INCLUDE TEMPORARY OR PART-TIME WORK; ALSO INCLUDE ANY LAW CLERKING POSITIONS WHETHER PAID OR UNPAID). **ALL PERIODS OF TIME SINCE YOUR SIXTEENTH BIRTHDAY MUST BE COVERED, IF UNEMPLOYED OR A STUDENT, GIVE THE DATES.**

MONTH/YEAR FROM	MONTH/YEAR TO	NAME OF EMPLOYER	FULL ADDRESS	POSITION	REASON FOR LEAVING

(b) Have you ever been discharged or resigned from any employment after being told that your conduct or work was not satisfactory or that you were suspected of or were under investigation for any wrong-doing? Yes _____ or No _____ If YES, state facts FULLY.

5. List on a separate sheet of paper each instance in which you have ever either as a juvenile or adult been served with a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for, pleaded guilty to or convicted of, or even been the subject of an investigation concerning the violation of any law. (Include all traffic offenses in your answer except that you need not list parking offenses). No statute, court order or legal proceeding expunging the information required herein from any record, or dismissing, vacating or setting aside any arrest, accusation or conviction, or purporting to authorize any person to deny the existence of such matter shall excuse less than full disclosure.

(a) If not applicable, check here. () (b) If information is attached, check here. ()

ATTACH A CURRENT DRIVING ABSTRACT FROM THE DEPARTMENT OF PUBLIC SAFETY

6. Have you ever served in the military service, including any reserve components, of the United States of America? Yes _____ or No _____

(a) If so, Branch? _____ Date and type of discharge _____

(b) While in service were you ever charged with violating the Articles of War or any provision of the Uniform Code of Military Justice?

Yes _____ or No _____ If so, state the facts fully on a separate sheet.

(c) Attach a copy of your discharge or Form DD/214.

7. In the past 5 years, have you received treatment for a serious nervous, emotional or mental illness which would adversely impact on your ability to practice law? Yes _____ or No _____ If yes, give full explanation

8. Are you now, or have you ever been addicted to or had a problem with, or have you undergone treatment or counseling for the use of narcotics, drugs, or intoxicating liquors? Yes _____ or No _____

(a) If yes, give full explanation _____

(b) If yes, give the full name and address of the doctor(s) counselor(s) who treated you and the institution(s) where you were treated, and the date(s) of such treatment.

Disclosure of this information will not automatically disqualify your application for registration as a law student.

9. Have you ever been a party or otherwise involved in **ANY** legal proceedings, civil or criminal (excluding those listed in 1(h) or 5)? Yes _____ or No _____ If yes, please explain.

10. (a) Do you believe in the form of, and are you loyal to, the Government of the United States? Yes _____ or No _____

(b) Do you believe in, are you a member of, or do you support, any organization that believes in or teaches the overthrow of the United States Government by force or by illegal or unconstitutional methods? Yes _____ or No _____ If yes, please explain.

11. Is there any other incident or occurrence in your life, which is not otherwise referred to in this application, which has bearing, either directly or indirectly, upon your character and fitness for admission to the Bar? Yes _____ or No _____
If so, state the facts fully on a separate sheet.

STATE OF _____

COUNTY OF _____

Before me, _____, a Notary Public in and for said County and State,
personally appeared, _____
who being by me first duly sworn, says the averments of fact in the foregoing application for registration, including the answers to the
forgoing questions, separately and severally, are true and correct of my own knowledge.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 20_____.

Notary Public

AFFIX SEAL HERE

(Applicant must answer ALL questions and sign both the application and affidavit.)

PLEASE REMEMBER THAT APPLICATIONS ARE CONTINUING IN NATURE AND MUST GIVE CORRECTLY AND FULLY THE INFORMATION SOUGHT AS OF THE DATE THAT AN APPLICANT IS SWORN IN AS A MEMBER OF THE ALABAMA STATE BAR. TO THAT END, YOU MUST IMMEDIATELY INFORM THE ADMISSIONS OFFICE OF THE ALABAMA STATE BAR IN WRITING OF ANY CHANGE OR DISCOVERED ERROR IN THE INFORMATION CONTAINED IN THIS APPLICATION.

Examined and approved this

day of _____, 20 _____

Of Committee on Character and Fitness

Examined and disapproved this

day of _____, 20 _____

Of Committee on Character and Fitness