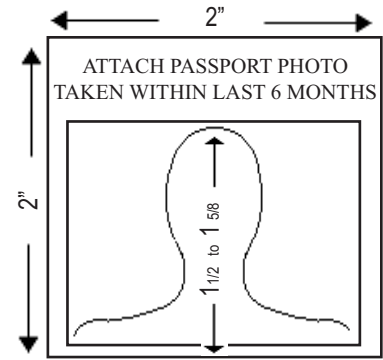




ALABAMA STATE BAR  
 Telephone (334) 269-1515  
 415 Dexter Avenue  
 Mail: Admissions, P.O. Box 671  
 Montgomery, Alabama 36101  
 www.admit@alabar.org

TO THE COMMITTEE ON  
 CHARACTER AND FITNESS OF THE  
 BOARD OF COMMISSIONERS  
 OF THE  
 ALABAMA STATE BAR  
 APPLICATION FOR ADMISSION  
 (Revised November 2004)  
 MUST BE TYPEWRITTEN



**IF YOU ARE AT THE PRESENT TIME A LAW STUDENT AND HAVE NOT FILED THE STUDENT REGISTRATION APPLICATION, YOU MUST INCLUDE SUCH APPLICATION WITH THIS FILING.**

1. Law school attended/attending \_\_\_\_\_  
 City/State \_\_\_\_\_ Date of Graduation \_\_\_\_\_
2. If a student, state anticipated date of graduation \_\_\_\_\_
3. Did you file a Student Registration Application? Yes or No \_\_\_\_\_  
 Month and year filed \_\_\_\_\_
4. Are you currently a permanent resident of Alabama? Yes or No \_\_\_\_\_
5. (a) Have you filed an application, preliminary or otherwise, leading to a bar examination in a jurisdiction other than Alabama? Yes or No \_\_\_\_\_  
 State(s) \_\_\_\_\_  
 (b) Are you planning to file in another jurisdiction ( ) or to take an exam in another jurisdiction ( ) prior to taking the Alabama bar exam? Yes or No \_\_\_\_\_  
 State(s) \_\_\_\_\_  
 (c) Have you taken a recent bar examination and are now awaiting the results? Yes or No \_\_\_\_\_  
 State(s) \_\_\_\_\_
6. Have you been admitted to the bar of any jurisdiction? Yes or No \_\_\_\_\_  
 State(s) \_\_\_\_\_

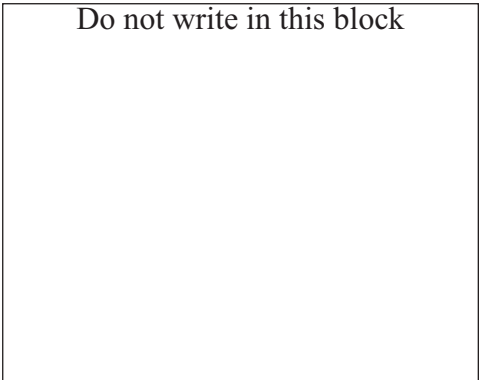
**IF YOU HAVE ANSWERED "YES" TO 5 or 6, YOU MUST FILE THE NATIONAL CONFERENCE OF BAR EXAMINERS' (NCBE) APPLICATION. NCBE applications may be obtained from the Admissions Office of the Alabama State Bar and MUST BE FILED WITH THIS APPLICATION (Rule II, B(2)).**

7. Social Security Number \_\_\_\_\_
8. YOUR FULL NAME (NO INITIALS): \_\_\_\_\_

PRESENT MAILING ADDRESS:  
 STREET and/or POST OFFICE: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
(Include Area Codes) (Business) (Home)

9. Driver's License: State \_\_\_\_\_
10. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_
11. Birthplace: City \_\_\_\_\_ State \_\_\_\_\_



12. Do you wish to typewrite the examination? Yes or No \_\_\_\_\_  
YOU MUST FURNISH YOUR OWN MANUAL/ELECTRIC TYPEWRITER.  
NO MEMORY OR OTHER ELECTRONIC EQUIPMENT MAY BE USED.

13. (a) Will you require special accommodations to take the Bar Examination? Yes or No \_\_\_\_\_  
(b) If yes, for purposes of determining appropriate accommodations, please give details and attach the documentation supporting your request. Request the "Disability Questionnaire Form" from the Admissions Office.

(Deadlines for Requests: May 1 — July Exam      December 1 — February Exam)

14. (a) STATE DATE YOU WISH TO BE EXAMINED: February \_\_\_\_\_ July \_\_\_\_\_  
(Exams are given on the last Monday, Tuesday and Wednesday of each Year      Year  
February and July: *ESSAYS — Monday & Tuesday; MBE — Wednesday*)

(b) Have you taken the exam in Alabama previously? Yes or No \_\_\_\_\_  
Month and year of last exam taken \_\_\_\_\_

15. (a) MARITAL STATUS:      Single ( )      Married ( )      Separated ( )      Divorced ( )      Widowed ( )

(b) State the following of each marriage:

DATE	CITY & STATE	FULL NAME OF SPOUSE

(c) If presently married, state the following:

SPOUSE'S EMPLOYER	POSITION	BUSINESS PHONE

(d) If you have ever been divorced, state the following in each instance:

DATE	CITY & STATE	FULL NAME OF SPOUSE	GROUNDS FOR DIVORCE

**IF LEGALLY SEPARATED, ATTACH COPY OF SEPARATION PAPERS. IF DIVORCED, OR IF MARRIAGE WAS ANNULLED OR SET ASIDE, ATTACH COPIES OF THE COMPLAINT AND FINAL DECREE IN EACH INSTANCE.**

(e) Was alimony or child support required of you? Yes or No \_\_\_\_\_

(f) Are you in full compliance with such support payments? Yes or No \_\_\_\_\_

If NO, give a full statement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



20. (a) Are you a citizen and legal resident of Alabama? Yes or No \_\_\_\_\_

(b) If Yes, in what city and county do you claim legal residence? \_\_\_\_\_

(c) How long have you been a citizen and legal resident of Alabama? \_\_\_\_\_

21. (a) City and State of your present voter registration? \_\_\_\_\_

(b) If you are filing as a non-resident, please state your reason for filing for admission in Alabama:  
\_\_\_\_\_  
\_\_\_\_\_

22. Please indicate if you are planning to become a citizen and legal resident of Alabama: Yes or No \_\_\_\_\_

Date \_\_\_\_\_ City \_\_\_\_\_

23. (a) Are you now or have you ever been a member of the armed forces of the United States, including the National Guard, Coast Guard or any of the reserve components? Yes or No \_\_\_\_\_

(b) If Yes, complete the following:  
(1) Branch of Service \_\_\_\_\_  
(2) Dates, Active Duty \_\_\_\_\_ (3) Dates, Reserve Duty \_\_\_\_\_  
(4) Highest rank achieved \_\_\_\_\_ (5) Service number \_\_\_\_\_  
(6) Date and type of discharge \_\_\_\_\_  
(7) If less than Honorable, explain fully \_\_\_\_\_  
\_\_\_\_\_

**ATTACH A COPY OF FORM DD/214 TO THIS APPLICATION**

(c) 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 \_\_\_\_\_

(d) If Yes, please state the nature of the charge, the facts, disposition of the matter and the location and designation of the military establishment where such proceeding took place:  
\_\_\_\_\_  
\_\_\_\_\_

**24. ATTENTION: MALE APPLICANTS**

Any male born after 1959 must be registered in compliance with the Military Selective Service Act (50 U.S.C. App. 451 et seq.). Refusal to register is a felony, punishable by imprisonment for not more than five years and a fine of not more than \$250,000, or both.

Selective Service System, P.O. Box 94638, Palatine, IL 60094-4638  
Selective Service Information number: 1-847-688-6888  
Web site: [www4.sss.gov](http://www4.sss.gov)

**ATTACH PHYSICAL EVIDENCE OF YOUR COMPLIANCE RECEIVED FROM SELECTIVE SERVICE**

25. List all colleges and universities (other than law school) that you have attended:

NAME OF SCHOOL	CITY AND STATE	DATES OF ATTENDANCE	TYPE OF DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. List all law schools you have attended or are now attending:

NAME OF SCHOOL	CITY AND STATE	DATES OF ATTENDANCE	TYPE OF DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THIS RULE APPLIES TO *EVERYONE* WHO DESIRES ADMISSION TO THE BAR OF ALABAMA. IF YOU HAVE COMPLETED LAW SCHOOL AND DID NOT FILE THE STUDENT REGISTRATION APPLICATION AS REQUIRED BY RULE I, A, YOU MUST SUBMIT A NOTARIZED AFFIDAVIT (no special form required) STATING REASONABLE CAUSE FOR NOT HAVING FILED SUCH APPLICATION AND ATTACH A CHECK MADE PAYABLE TO THE ALABAMA STATE BAR IN THE AMOUNT OF \$100. THE AFFIDAVIT AND CHECK MUST BE ATTACHED TO THIS APPLICATION (RULE I,C).**

**IF YOU HAVE GRADUATED LAW SCHOOL, ATTACH A CERTIFICATE OF GRADUATION FROM THE DEAN OF THE LAW SCHOOL. If you have not graduated law school you should request of the proper school officials that such certification be mailed to this office *IMMEDIATELY* upon your graduation. *You cannot be certified to sit for the Alabama State Bar Exam until such Certification of Graduation is received.***

The Certification of Graduation must be on school letter head, with the school seal affixed, and signed by the dean or certifying official. They MUST substantially be in the following form:

“DATE

This is to certify that (applicant’s name) has pursued and satisfactorily completed as a full-time resident law student of (name of school) a course of law studies for a period of three years of at least 30 weeks each (or whatever the case may be, see Rule IV, C) and has completed all requirements for the J. D. degree.

Said degree was awarded on (date).”

27. (a) 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 been subject 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 \_\_\_\_\_

(b) If Yes, please state the cause, circumstances, date of occurrence, and the final disposition of each such occurrence.

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

28. Remarks, Honors, etc.

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

29. (a) List the following for all student loans: **If not applicable, check here ( )**

NAME AND ADDRESS OF LENDER	STATUS OF LOAN (Current, deferred, delinquent)	AMOUNT OF LOAN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) If a loan is delinquent, please give details:

\_\_\_\_\_

\_\_\_\_\_

30. (a) Do you have specific legal or law related employment for the next 12 months? Yes or No \_\_\_\_\_

(b) If Yes:  
Employer \_\_\_\_\_ (Phone: \_\_\_\_\_ )

Mailing Address \_\_\_\_\_  
Street or Post Office City State ZIP

Position \_\_\_\_\_ Date you began or will begin \_\_\_\_\_

(c) If No, state employment plans for next 12 months:

\_\_\_\_\_

\_\_\_\_\_

31. (a) Are there any unsatisfied judgments against you? Yes or No \_\_\_\_\_

(b) Have you ever had debts which were 90 days past due? Yes or No \_\_\_\_\_

(c) Have you ever had a credit card revoked? Yes or No \_\_\_\_\_

If yes to either (a), (b) or (c), list details, giving names and addresses of creditors, amounts, dates, and the nature of the judgments or debts, and the reason for nonpayment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. **THIS ITEM REQUIRES THE LISTING OF ALL EMPLOYMENT SINCE YOUR 16TH BIRTHDAY, INCLUDING THE ACTUAL PRACTICE OF LAW:** Have you ever been employed, self-employed or associated with any occupation, business, enterprise or profession, including the military, either part-time or full-time, paid or unpaid (include employment as law clerks, etc.)

Yes or No \_\_\_\_\_

If Yes, beginning, with your current employment, list the name and mailing address (ZIP included) of each employer or associate, the business or enterprise, the position or association you occupied and the month and year of the beginning and ending of each employment, self-employment or association. **ALL PERIODS OF TIME SINCE YOUR 16TH BIRTHDAY MUST BE COVERED. IF UNEMPLOYED OR A STUDENT, GIVE THE DATES.** (Use extra sheets if necessary.)

FROM/TO MONTH & YEAR      NAME AND ADDRESS OF EMPLOYER

(1) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(2) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(3) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(4) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(5) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(6) \_\_\_\_\_ to \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

33. Have you ever been discharged or resigned from any employment after being told that your conduct or work was unsatisfactory, or that you were suspected of or were under investigation for any wrongdoing? Yes or No \_\_\_\_\_

If yes, state facts FULLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. (a) List EACH traffic violation you have been charged with (including all violations to which you were allowed to enter a “nolo” plea, but do not include parking violations) and its disposition. If the original charge was reduced to a lesser offense, so state and give the original charge.

**IF NOT APPLICABLE**, check here ( )

DATE	PLACE	NATURE OF OFFENSE	COURT	DISPOSITION
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**ATTACH A CURRENT DRIVING ABSTRACT FROM THE DEPARTMENT OF PUBLIC SAFETY**

- (b) List each instance in which you, either as an adult or as a juvenile, have been stopped or arrested or taken into custody or questioned or accused formally or informally of the violation of any law. You must disclose each instance even though charges may not have been formally brought against you or they were dismissed or you were acquitted or adjudication was withheld or a conviction was reversed, set aside or vacated or the record sealed or expunged and **REGARDLESS OF WHETHER YOU HAVE BEEN TOLD THAT YOU NEED NOT DISCLOSE ANY SUCH INSTANCE. (You need not list traffic offenses set out above.) ATTACH A DETAILED EXPLANATION IN YOUR OWN WORDS.**

**IF NOT APPLICABLE**, check here ( )

DATE	PLACE	NATURE OF OFFENSE	COURT	DISPOSITION	PUNISHMENT
------	-------	-------------------	-------	-------------	------------


**OBTAIN AND ATTACH A COPY OF ALL COURT RECORDS INVOLVED IN EACH INSTANCE**

- (c) Did any of the instances listed above result in conviction of a felonious crime? Yes or No \_\_\_\_\_

If yes, which of the instances listed resulted in conviction of a felony? \_\_\_\_\_

\_\_\_\_\_

- (d) If yes, have you received a full pardon, including restoration of political rights? Yes or No \_\_\_\_\_

If yes, **ATTACH A CERTIFIED COPY OF THE CERTIFICATE OF PARDON**

- (e) Did any of the instances listed result in a sentence of confinement in a state prison or penitentiary, even if such sentence or imprisonment was suspended? Yes or No \_\_\_\_\_

If yes, which instance resulted in the order of confinement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. Have you ever been offered or granted immunity, testified or been called on as a witness in any criminal proceeding in which you were not a party? Yes or No \_\_\_\_\_

If yes, state the place, date, name of the defendant, nature of the act or the proceeding, the court, and the circumstances.

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36. Have you ever been accused of or charged with fraud, perjury, misrepresentation or false swearing in a judicial or administrative proceeding? Yes or No \_\_\_\_\_

If yes, give details, including dates, nature of the accusation and the names and addresses of all persons involved.

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37. Have you ever been adjudicated a bankrupt, or has a petition in bankruptcy ever been filed by you or against you, either alone or in association with others? Have you ever been brought in as a party to any proceedings in a bankruptcy court; have you ever been sued or threatened with suit by the receiver, trustee or other authority of any bankruptcy estate, for unlawful transfer, conspiracy to conceal assets or any other fraud or offense, whether or not punishable by criminal law? Yes or No \_\_\_\_\_

If yes, state facts fully

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**ATTACH A COPY OF ANY BANKRUPTCY PROCEEDINGS TO THIS APPLICATION**

38. State every application presented and examination taken by you for admission to the bar, including any previous applications to the Alabama State Bar. (This should include applications subsequently withdrawn or applications for reinstatement.)

NAME AND ADDRESS OF JURISDICTION	DATE OF EXAMINATION MONTH & YEAR	SUCCESSFUL UNSUCCESSFUL OR OTHER DISPOSITION
<hr/>		
<hr/>		
<hr/>		
<hr/>		

39. IF YOU PASSED A BAR EXAMINATION OR IF YOU ARE A MEMBER OF THE BAR OF ANY JURISDICTION ATTACH A CERTIFICATE OF GOOD STANDING FROM SUCH JURISDICTION.

40. Have you ever been disbarred, suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as an attorney or as a member of any profession or organization, or holder of any office, public or private, have any complaints or charges, formal or informal, ever been made or filed or proceedings instituted against you? Yes or No \_\_\_\_\_

If yes, state the dates, the facts, the disposition of the matter, and the name and address of the authority in possession of the record thereof. Yes or No \_\_\_\_\_

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41. **ACADEMIC EXAM**

(a) Have you taken the Multistate Bar (MBE) within the last 20 months? Yes or No \_\_\_\_\_

If yes, give State \_\_\_\_\_ and Date \_\_\_\_\_

(b) Do you request the Board to accept your prior MBE score pursuant to Rule VI, J, of the Rules Governing Admission to the Alabama State Bar? Yes or No \_\_\_\_\_

If yes, obtain and file with this application the **CERTIFICATION OF MBE SCORE FORM**, which may be obtained from the Admissions Office of the Alabama State Bar.

**TO QUALIFY FOR TRANSFER, AN MBE SCORE MUST BE TRANSFERRED WITHIN 20 MONTHS OF AN APPLICANT'S SITTING FOR THE MBE EXAM, THE APPLICANT MUST HAVE ACHIEVED A SCALED SCORE OF 140 OR ABOVE, AND THE APPLICANT MUST BE ADMITTED TO THE JURISDICTION WHEREIN THE MBE WAS TAKEN.**

(c) Have you taken the Alabama Board of Bar Examiners' Exam (BBE/ESSAY) within the last 20 months? Yes or No \_\_\_\_\_

(d) If yes, do you request the Board to accept your prior Essay Score pursuant to Rule VI, C, 2 of the Rules Governing Admission to the Alabama State Bar? Yes or No \_\_\_\_\_

42. **ETHICS EXAM**

**(This exam is administered by the NCBE in March, August and November. Application materials may be obtained from the NCBE Application Dept., Iowa City, Iowa; (319)-341-2500**

Before admission to the Alabama State Bar, each applicant must have successfully passed the MPRE (Multistate Professional Responsibility Examination). A scaled score of 75 or above must be achieved. Successful completion of the MPRE at any time **WITHIN** the 12-month period prior to taking the Alabama Academic Bar Examination will be accepted. Such successful completion of the MPRE may be carried over for a period of 20 months **FROM THE TIME THAT THE FIRST ALABAMA ACADEMIC EXAM IS TAKEN**, if the Academic Examination is not passed. If an applicant passes the Academic Examination, but has not successfully completed the MPRE, the applicant shall have a period of 20 months from the date of the Academic Exam in which to successfully complete the MPRE (See Rule VI, K).

(a) Have you taken the MPRE exam? Yes or No \_\_\_\_\_

If yes, state: Date \_\_\_\_\_ Location \_\_\_\_\_ Scaled Score \_\_\_\_\_

**IF YOU DID NOT INDICATE AT THE TIME YOU TOOK THE MPRE THAT ALABAMA WAS TO RECEIVE YOUR SCORE, YOU MUST ATTACH A COPY OF YOUR INDIVIDUAL SCORE SHEET OR HAVE YOUR SCORE VERIFIED TO US FROM THE NCBE AUTHORITIES.**

(b) If no, or if you have taken the MPRE but failed to achieve a scaled score of 75 or above, or if the time limits set out above have elapsed, state the date and location you plan to sit for the MPRE:

Date \_\_\_\_\_ Location \_\_\_\_\_

43. Within the past five years, have you been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, or any other condition which significantly impaired your behavior, judgment, understanding, capacity to recognize reality, or ability to function in school, work or other important life activities? Yes or No \_\_\_\_\_

If yes, give full explanation and names 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 admission.

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

44. (a) 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 \_\_\_\_\_

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 dates(s) of such treatment.

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

45. Have you ever applied for or held a bonded position? Yes or No \_\_\_\_\_

If yes, (1) specify the nature of the position, dates it was held, the amount of bond, and (2) whether anyone ever sought to recover upon your bond or to cancel same.

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

46. Has a bond ever been refused where you were to be the bonded person or has a bond ever been revoked where you were the bonded person? Yes or No \_\_\_\_\_

If yes, give details

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

47. (a) Have you ever been a party to or otherwise involved in **ANY** legal proceedings, civil or criminal? Yes or No \_\_\_\_\_

(b) If yes, state facts **FULLY**. (Do not repeat those already listed elsewhere in this application.)

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

48. Have you applied for or held a license, other than as an attorney at law, which required proof of good character (e.g., certified public accountant, patent attorney, real estate broker, etc)? Yes or No \_\_\_\_\_

If yes, as to each such application, state the license applied for, date of the application, the name and address of the authority to whom made, the disposition of the application and, if granted, the present status of each such license.

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

49. Give the names and addresses of five persons who are not fellow law students, professors, instructors, relatives, or current employers, to whom you refer as to your character, stating how long you have known each. Please make certain that no two persons listed are members of the same household. (Do not list those attorneys from whom you have enclosed affidavits.)

(1) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

(2) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

(3) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

(4) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

(5) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

50. If you are filing as a non-resident, please list at least two Alabama residents who can give you a personal recommendation either through personal knowledge or by inquiry.

(1) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

Recommendation can be given by personal knowledge \_\_\_\_\_ by inquiry \_\_\_\_\_

(2) Name (Mr., Ms., Mrs., etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Time Known \_\_\_\_\_

Recommendation can be given by personal knowledge \_\_\_\_\_ by inquiry \_\_\_\_\_

51. PLEASE READ AND THEN COPY THE FOLLOWING STATEMENT IN YOUR NORMAL METHOD OF HANDWRITING.

I am aware that this application is continuing in nature and must give correctly and fully the information therein sought as of the date that I am sworn in as a member of the Alabama State Bar. To that end, I will immediately inform the Admissions Office of the Alabama State Bar, in writing, of any change or discovered error in the requested information that may occur between today's date and the date I am sworn in as a member of the Alabama State Bar.

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

52. Is there any other incident(s) or occurrence(s) 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 yes, state full details \_\_\_\_\_

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

53. Loyalty to United States Government:

(a) I can take and subscribe to an oath or affirmation that I have not organized or helped to organize or been a member of any group of persons which I knew was advocating or teaching that the government of the United States or any state or any political subdivision thereof should be overthrown or overturned by force, violence or other unlawful means.

Yes or No \_\_\_\_\_

(b) I believe in the form of government of the United States and I am, without any reservation, loyal to and prepared to support the constitutions of the United States, and of the State of Alabama.

Yes or No \_\_\_\_\_

(c) If No to (a) or (b), state full details: \_\_\_\_\_

\_\_\_\_\_

54. The oath required of attorneys in Alabama is as follows:

“I do solemnly swear (or affirm) that I will demean myself as an attorney, according to the best of my learning and ability, and with all good fidelity, as well to the court as to the client; that I will use no falsehood or delay any person’s cause for lucre or malice, and that I will support the constitution of the State of Alabama and of the United States, so long as I continue a citizen (or legal resident) thereof, so help me God.”

Do you approve of requiring those intending to become attorneys to assume the obligations contained in this oath?

Yes or No \_\_\_\_\_

If No, state full details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

STATE OF \_\_\_\_\_ ( )

COUNTY OF \_\_\_\_\_ ( )

I, \_\_\_\_\_, being first duly sworn, on oath or affirmation, do hereby depose and say:  
Name of Applicant

- 1. That I have read this application, including the instructions, and my complete answers, and that the same are full, true and complete in all respects, and that I have completed such answers, and provided such information without mental reservation or purpose of evasion;
- 2. That I have carefully read the Rules of Professional Conduct and the Rules of Disciplinary Procedures of the Alabama State Bar, and if admitted to the practice of law, agree at all times to be bound thereby, and;
- 3. If I am successful in attaining a passing score on such examination and if I am found morally fit to practice law in the State of Alabama, I agree that I will subscribe to the oath of office propounded by the Supreme Court of Alabama.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

AFFIX SEAL HERE

My Commission expires: \_\_\_\_\_

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Examined and approved this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

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Of Committee on Character and Fitness

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Examined and disapproved this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

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Of Committee on Character and Fitness

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