

Did you:

1. Answer all the questions and review your application for completeness?
2. Attach all the required forms (your individual case may require you to file forms in addition to those listed below):
 - 1) Form 1E (Application)
 - 2) Form 5 (Status Sheet)
 - 3) Form 6 (Checklist)
 - 4) Form 12 (Address labels)
 - 5) Form 14 (Summary sheet in duplicate)
 - 6) Copy of your MBE transfer form?
3. Sign the acknowledgement before a notary public or commissioner of the superior court?
4. Make sure that all forms printed clearly and completely?
5. Enclose a certified check or money order in the amount of \$450.00 payable to: Connecticut Bar Examining Committee? (NOTE: Fee is not refundable or transferable.)

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This is a continuing application. You must advise the Bar Examining Committee of any changes to any of the answers on your bar application.

Article IX of the Committee's regulations provides for a one-year time limit to complete your application. After one year, incomplete applications will be deemed to be withdrawn.

NOTE: If you are transferring an MBE score to Connecticut, you must review the instructions for transferring an MBE on our website and submit the correct form and fee to the appropriate entity BEFORE you sit for the bar examination and send a COPY of what you submitted with this application. All transferred scores must be received by the Bar Examining Committee by August 31, 2010. Failure to do so will result in a "0" on the MBE for Connecticut and, consequently, you will fail the Connecticut bar examination.

The filing deadline is Friday, April 30, 2010. Your application must be RECEIVED by that date. Late applications will be returned.

Send your application, required supporting documents and fee to:

Connecticut Bar Examining Committee
July 2010 Application Department
100 Washington Street
Hartford, CT 06106-4411

Form 1E	Official Use Only	Connecticut Bar Examining Committee Application for Admission to Practice As An Attorney in Connecticut By Examination	July 2010 Bar Examination
DF			
File #	710-		

A. Read the rules, regulations and instructions before completing this form.
 B. Your answers must be typed and the application signed and notarized.
 C. Be sure your name appears at the top of the Authorization and Release.
 D. Enclose your certified check or money order for \$450.00 payable to “**Connecticut Bar Examining Committee.**”

The undersigned applies for admission to practice as an attorney in Connecticut, and in support of such application submits the following sworn statement and attachments. **This application is a continuing application and I will notify the Bar Examining Committee of any changes in any information provided herein.** I have read the Rules and Regulations Governing Admission to the Bar and the Rules of Professional Conduct.

SECTION I. BIOGRAPHICAL INFORMATION

1. Full Name _____

(Last)
(First)
(Middle)
2. Name as you wish it to appear on your admission certificate:

(Last)
(First)
(Middle)
3. Place of Birth _____ Date of Birth _____

City/State/Country
mm/dd/yyyy
4. Social Security Number

[Pursuant to 42 U.S.C. § 666 (a) (13) (A), applicants are advised that providing their Social Security Number is required. The information is requested pursuant to Practice Book § 2-4 and Article III of the Regulations of the Bar Examining Committee. The information will be used to match various records with your file.]

5. Permanent/home address and telephone number (a street address is required; a P.O. box number is not acceptable):

Street				
City				
State	Zip Code		Telephone	

6. Business address and telephone number (a street address is required; a P.O. box number is not acceptable):

Business Name				
Street				
City				
State	Zip Code		Telephone	

7. Correspondence address and telephone number.

Street				
City				
State	Zip Code		Telephone	

- Yes No 8. Have you ever made prior application for admission to the Connecticut bar (by examination or on motion without examination)? If so, give the month and year of each such application.
-

Yes No 9. Have you ever been known by any other name including birth name (other than those listed in Questions 1 & 2 and other than a nickname such as "Bob" for "Robert")? List all such names and dates and places of use.

Name _____	Reason for use _____		_____
Dates of use _____	From _____	To _____	Places of use _____

Name _____	Reason for use _____		_____
Dates of use _____	From _____	To _____	Places of use _____

Name _____	Reason for use _____		_____
Dates of use _____	From _____	To _____	Places of use _____

Name _____	Reason for use _____		_____
Dates of use _____	From _____	To _____	Places of use _____

Name _____	Reason for use _____		_____
Dates of use _____	From _____	To _____	Places of use _____

Yes 10. Check the appropriate box below:

I am a natural born citizen of the United States.

I am a naturalized citizen of the United States. (Attach a copy of your naturalization certificate.)

Date of naturalization: _____

I am an alien lawfully residing in the United States. (Describe your immigration status and provide your alien registration number and a copy of your resident alien card. If you do not have an alien registration number or resident alien card, explain and attach a copy of your INS issued documents.)

SECTION II. MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION

11. Check the option below on which you intend to rely to fulfill the requirement of Article IV:

Check only one box.

- I have taken/will take the Multistate Professional Responsibility Examination on _____ and have requested/will request that my score be sent to the Connecticut Bar Examining Committee.
- I have completed/will complete a course on Professional Responsibility/Legal Ethics on _____ at a law school approved by the Connecticut Bar Examining Committee.

SECTION III. MULTISTATE BAR EXAMINATION

12. **Check only one box.**

- I will take the Multistate Bar Examination in Connecticut on July 28, 2010.

I **request permission** to use the score on the Multistate Bar Examination:

- * I have taken in Connecticut on _____
- I will take in _____ on July 28, 2010 and have completed the appropriate transfer form (see MBE transfer instruction sheets).
- * I have taken in _____ on _____ and have completed the appropriate transfer form (see MBE transfer instruction sheets).

*** MBE scores prior to February 2009 will not be accepted for transfer.**

*** The election to use a prior score or to sit for the concurrent MBE must be made by July 15, 2010.**

SECTION IV. RESIDENCES

13. List in chronological order every residence, whether permanent or temporary, for more than thirty days, since your eighteenth birthday or for the last ten years, whichever is shorter. Attach Form 13A with additional residences, if necessary.

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

From:		To:	
Street			
City			
State	Zip Code		

SECTION V. REFERENCES

14. List the names and complete addresses of three people unrelated to each other with whom you are personally acquainted and who are not related to you by blood or marriage. Personal references in this question may NOT be the same people supplying employer references required in Question #18. You must provide a Form 10 to each person named below for completion and transmittal to the Bar Examining Committee.

Name	_____		
Street	_____		
City	State	Zip Code	

Name	_____		
Street	_____		
City	State	Zip Code	

Name	_____		
Street	_____		
City	State	Zip Code	

SECTION VI. EDUCATION

Yes No 15. Have you ever been expelled, suspended, placed on probation or been the subject of or party to any disciplinary proceeding by any college, university or law school? If so, explain on Form 2.

Yes No 16. Have you ever been absent from any post-secondary educational institution for more than ten consecutive days, other than for regularly scheduled school vacations? If so, explain on Form 2.

17. List in chronological order all colleges and universities attended (INCLUDING LAW SCHOOLS). If no degree was received, explain. Each school must submit an official, final transcript **directly** to the Bar Examining Committee (a student copy is NOT acceptable). Each law school must also submit Form 4 **directly** to the Bar Examining Committee **by July 21, 2010** with the official, final transcript and a copy of your application for admission to that law school attached. Attach Form 17A for additional colleges and universities.

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

SECTION VII. EMPLOYMENT AND LAW PRACTICE

18. Beginning with your sixteenth birthday or for the last ten years, whichever is shorter, list in chronological order the name of each employer. Include any periods of self-employment or unemployment. You must send a Form 11 to each employer named below for completion and transmittal to the Bar Examining Committee. **Exceptions to this are set forth in the instructions for Form 11.** For type of position, use the following: P = Paid; CU = For Academic Credit and Unpaid; CP = For Academic Credit and Paid; or V = Volunteer. Attach Form 18A if you need to list more than five employers.

None

From	_____	To	_____
Name	_____		
Street	_____		
City	_____	State	_____ Zip Code _____
Position held	_____	Type	_____
Supervisor	_____	Type of business	_____
Reason for leaving	_____		

From	_____	To	_____
Name	_____		
Street	_____		
City	_____	State	_____ Zip Code _____
Position held	_____	Type	_____
Supervisor	_____	Type of business	_____
Reason for leaving	_____		

From	_____	To	_____
Name	_____		
Street	_____		
City	_____	State	_____ Zip Code _____
Position held	_____	Type	_____
Supervisor	_____	Type of business	_____
Reason for leaving	_____		

From	_____	To	_____
Name	_____		
Street	_____		
City	_____	State	_____ Zip Code _____
Position held	_____	Type	_____
Supervisor	_____	Type of business	_____
Reason for leaving	_____		

From	_____	To	_____
Name	_____		
Street	_____		
City	_____	State	_____ Zip Code _____
Position held	_____	Type	_____
Supervisor	_____	Type of business	_____
Reason for leaving	_____		

Yes No 19. Have you ever been discharged or terminated by an employer? If so, explain on Form 2.

Yes No 20. Have you ever resigned or been requested to resign in lieu of impending or anticipated disciplinary action by an employer? If so, explain on Form 2.

Yes No 21. Have you ever been absent from a job for more than ten consecutive work days, other than regularly scheduled vacations? If so, explain on Form 2.

Yes No 22. Have you **EVER** filed an application for admission to the bar and/or to sit for the bar examination in a jurisdiction other than Connecticut. This must also include (1) applications which you have filed or intend to file to sit for the July 2010 bar examination, (2) registration as a law student, (3) an application for reinstatement and (4) any application subsequently withdrawn. Submit a copy of each application filed within the last ten years. If a copy of an application is not available, you must submit a letter from the appropriate authority attesting to that fact. If you check the "Other" box, explain on Form 2.

Jurisdiction _____	Date Filed _____
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

Jurisdiction _____	Date Filed _____
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

Jurisdiction _____	Date Filed _____
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

Yes No 23. Are you or have you ever been a member of the bar of another jurisdiction? If so, submit a certificate of good standing for each jurisdiction. If you are not in good standing, explain on Form 2.

Jurisdiction _____	Date of admission _____	Bar Number: _____
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Jurisdiction _____	Date of admission _____	Bar Number: _____
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Jurisdiction _____	Date of admission _____	Bar Number: _____
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Yes No 24. (a) Have you ever been reprimanded, suspended, disbarred or otherwise disciplined, or (b) are there any charges or complaints pending against you as an attorney, or (c) have you ever been accused of the unauthorized practice of law, or (d) have you ever resigned or been requested to resign from the bar in lieu of impending or anticipated disciplinary action? If so, explain on Form 2.

NA

Yes No 25. Have you been entitled to practice law in each of the jurisdictions specified in Question 23 above and before each court continuously from the date you first became entitled until the date hereof? If not, state the dates during which you have not been so entitled, the nature of the disqualification, and the name and address of the person or authority in possession of the record thereof.

NA

Jurisdiction _____	Dates of disqualification	From _____ To _____
Nature of disqualification _____		
Name of recordholder _____		
Address of recordholder _____		

SECTION VIII. MILITARY SERVICE

Selective Service Registration. You can obtain information on the registration requirements and obtain your registration number at <http://www.sss.gov>. In brief, men born from March 29, 1957 to December 31, 1959 were never required to register because the registration program was not in operation at the time they turned 18. The requirement to register was reinstated in 1980 and applies to all men born on or after January 1, 1960.

Yes No 26. Have you registered under the Selective Service Act?
 If Yes, list registration number. _____
 If No, state reason. Female Other _____

Yes No 27. Are you or have you ever been a member of the armed forces of the United States (including the National Guard or any reserve component)? If so, submit a Report of Separation DD214 or its equivalent, for each period of active duty and also complete Form 27A and submit it with your bar application.

Branch of service	_____	Highest rank	_____
Dates From	_____	To	_____
Type of discharge	_____		

Branch of service	_____	Highest rank	_____
Dates From	_____	To	_____
Type of discharge	_____		

SECTION IX. GENERAL QUESTIONS

Yes No 28. Have you failed to file any local, state or federal income tax return as required by law or failed to pay any taxes when due? If yes, give full details on Form 2 and furnish documentation showing that taxes are current.

Yes No 29. Have you ever been offered or been granted immunity, or have you ever testified or been called as a witness in any criminal action or proceeding in which you were not a party? If so, explain on Form 2.

Yes No 30. Have you ever applied for or held a license or permit, other than as an attorney at law, the procurement of which required proof of good character? If so, state the name of authority to which the application was made, the date granted or denied and the current status of that license or permit.

Type of license/permit	_____	Name of authority	_____
Granted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	_____
		Current status	_____

Type of license/permit	_____	Name of authority	_____
Granted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	_____
		Current status	_____

Yes No 31. Have you had any license or permit suspended or revoked because of unprofessional conduct? If so, explain on Form 2.

Yes No 32. Have you ever been bonded?

Yes No 33. Have you ever been refused a bond or has anyone ever sought to recover on or cancel such bond? If so, explain on Form 2.

NA

Questions 34 – 38 address recent mental health and chemical or psychological dependency matters. The purpose of these questions is to determine the current fitness of an applicant to practice law. Each applicant is considered on an individual basis. The mere fact of treatment for mental health problems or chemical or psychological dependency is not, in and of itself, a basis on which an applicant is ordinarily denied admission to the Connecticut bar. The Connecticut Bar Examining Committee regularly recommends licensing of individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical or psychological dependency issues. The Committee encourages applicants who may benefit from treatment to seek it. As indicated in the Rules, all proceedings conducted pursuant to the Rules and Regulations are confidential.

On occasion a license may be denied when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by his or her responses. Protection of the public that will receive legal services underlies the licensing responsibilities assigned to the Committee. Furthermore, each applicant is responsible for demonstrating that he or she possesses the qualifications necessary to practice law. Your response may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner.

The Connecticut Bar Examining Committee does not, by its questions, seek information that is characterized as situational counseling, such as stress counseling, domestic counseling, and grief counseling. Generally, the Committee does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

If you answer “YES” to Questions 34, 35 and/or 36, complete Forms 7 & 8. Make as many copies of the forms as you need to describe the events.

- | | | | |
|---------------------------------|--------------------------------|-----|--|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 34. | Since you graduated from college or for the past five years, whichever is shorter, have you been hospitalized for treatment of a mental, emotional or nervous disorder or condition? |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 35. | During the last five years, have you been treated for any of the following: schizophrenia or other psychotic disorder, bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism, or voyeurism? If yes, identify for which of the listed conditions you were treated, state the beginning and ending dates of each treatment, and the name and complete address of the treating doctor or professional. Direct each such doctor or professional to furnish to the Committee any information the committee may request with respect to any such treatment. |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 36. | 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 affects your ability to practice law in a competent and professional manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer. |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 37. | If your answer to Question 36 is “YES”, are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? |
| NA | <input type="checkbox"/> | | |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 38. | Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous or behavioral disorder or condition as a defense, or in mitigation or explanation of your actions in the course of any administrative or judicial proceeding or investigation, or in any other inquiry or proceeding, or in any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? If so, explain on Form 2. |

SECTION X. CREDIT
Questions 39 and 40 are limited to the last ten years

Yes No 39. Do you have any student loans which are currently overdue or have you ever been in default in the performance of an obligation on a student loan? If so, list each such loan, the name of the creditor, account number, amount owed and the steps you have taken to bring the account up to date.

Creditor _____
Account number _____ Amount _____
Steps to bring current _____

Creditor _____
Account number _____ Amount _____
Steps to bring current _____

Creditor _____
Account number _____ Amount _____
Steps to bring current _____

Creditor _____
Account number _____ Amount _____
Steps to bring current _____

Creditor _____
Account number _____ Amount _____
Steps to bring current _____

Yes No 40. Has a judgment ever been entered against you in favor of a creditor? If so, submit a copy of the complaint, answer, judgment and satisfaction of judgment.

Creditor _____	Judgment satisfied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount _____			
Forum _____			

Creditor _____	Judgment satisfied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount _____			
Forum _____			

Creditor _____	Judgment satisfied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount _____			
Forum _____			

Creditor _____	Judgment satisfied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount _____			
Forum _____			

Creditor _____	Judgment satisfied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount _____			
Forum _____			

SECTION XI. CIVIL PROCEEDINGS
Questions 41 - 45 are limited to the last ten years

- Yes No 41. Are you in arrears or default in the performance of any court ordered duty or obligation? If so, submit a copy of the order and on Form 2 an explanation of the steps you have taken to remedy the arrearage or default.
- Yes No 42. Are you presently, or have you ever been, in arrears or default in the performance of any court approved agreement, judgment or court order concerning child support? If so, supply all documentation pertaining thereto and a statement on Form 2 outlining the steps you are presently taking to remedy such arrearage or default.
- Yes No 43. Have you ever filed a grievance against an attorney or a judge? If so, explain on Form 2.
- Yes No 44. Have you ever been a defendant in any civil proceeding in which allegations of fraud, misrepresentation or other improper conduct were made against you? If so, provide the information below and submit a copy of the complaint, answer, judgment and any pending motions.

A.	Title of case	Jones v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CV-02-001
D.	Date filed	01 Jan 02
E.	Nature of case	Personal injury EXAMPLE
F.	Your position in case	Defendant
G.	Your attorney	Jane Doe
H.	Opposing attorney	Elizabeth Green
I.	Current status or disposition	Verdict for plaintiff

PHOTOCOPY AS NECESSARY

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

Yes No 45. Except as provided in Questions 40 and 44 above, have you ever been a party to any civil proceeding or has any civil proceeding been instituted by you, on your behalf or against you including, but not limited to, suits in equity, actions at law, suits or petitions in bankruptcy, statutory proceedings, competency or commitment proceedings, divorce, civil restraining orders, guardianship, probate, paternity, or any other civil and administrative proceeding?

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date filed	_____
E.	Nature of case	_____
F.	Your position in case	_____
G.	Your attorney	_____
H.	Opposing attorney	_____
I.	Current status or disposition	_____

SECTION XII. CRIMINAL AND MOTOR VEHICLE PROCEEDINGS

Yes No 46. Have you ever been convicted of a criminal charge, been acquitted by reason of mental disease or defect, entered a pretrial diversion program or been the respondent in a criminal protective order or a family violence temporary restraining order? If so, submit a copy of the arrest report and all other documents relating to each conviction, acquittal by reason of mental disease or defect, pretrial diversion program, criminal protective order or family violence temporary restraining order. Submit an affidavit reciting in detail the facts and circumstances of each reported event.

A.	Title of case	State v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CR-02-001
D.	Date of conviction/disposition	01 Jan 02 EXAMPLE
E.	Conviction offense	Larceny 3
F.	Initial charge (if different)	Grand theft auto

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date of conviction/disposition	_____
E.	Conviction offense	_____
F.	Initial charge (if different)	_____

Yes No 47. Are there any criminal charges pending against you? If so, submit a copy of the arrest report and all other documents related to each pending charge. Submit an affidavit reciting in detail the facts and circumstances related to each pending charge.

A.	Title of case	State v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CR-02-001
D.	Date of arrest	01 Jan 02 EXAMPLE
E.	Date of trial	01 Feb 02
F.	Offense charged	Grand theft auto

A.	Title of case	_____
B.	Name of forum	_____
C.	Docket number	_____
D.	Date of arrest	_____
E.	Date of trial	_____
F.	Offense charged	_____

Yes No 48. Within the last five years, have you been charged with reckless driving, evading responsibility, driving under the influence (DUI) or driving while intoxicated (DWI)? On Form 2, submit a narrative of the events related to each charge.

A.	Jurisdiction	Connecticut
B.	Date of charge	01 Jan 02
C.	Docket number (if any)	n/a EXAMPLE
D.	Initial charge	DWI
E.	Current status or disposition	reckless driving

A.	Jurisdiction	_____
B.	Date of charge	_____
C.	Docket number (if any)	_____
D.	Initial charge	_____
E.	Current status or disposition	_____

A.	Jurisdiction	_____
B.	Date of charge	_____
C.	Docket number (if any)	_____
D.	Initial charge	_____
E.	Current status or disposition	_____

A.	Jurisdiction	_____
B.	Date of charge	_____
C.	Docket number (if any)	_____
D.	Initial charge	_____
E.	Current status or disposition	_____

None 49. List every jurisdiction in which you hold or have ever held a motor vehicle driver's license or operator's permit. Submit a **certified** driving record (or "no record" or "clearance" letter) from the Department of Motor Vehicles from each of the following:

1. Every jurisdiction in which you hold or have ever held a motor vehicle driver's license or operator's permit;
2. Any jurisdiction since your sixteenth birthday in which you have resided for sixty days or more, whether or not you ever held a driver's license in that jurisdiction; AND
3. Any jurisdiction in which your driving privileges have ever been suspended or revoked.

On Form 2, provide a narrative for each suspension or revocation.

A.	Jurisdiction	Connecticut
B.	Date held	01 Jan 80 – present
C.	Type of license/permit	passenger car and motorcycle license EXAMPLE
D.	Current status	active
E.	Ever revoked/suspended	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Suspended from 9/1/01 To 12/1/01

A.	Jurisdiction	_____
B.	Date held	From _____ To _____
C.	Type of license/permit	_____
D.	Current status	_____
E.	Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A.	Jurisdiction	_____
B.	Date held	From _____ To _____
C.	Type of license/permit	_____
D.	Current status	_____
E.	Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A.	Jurisdiction	_____
B.	Date held	From _____ To _____
C.	Type of license/permit	_____
D.	Current status	_____
E.	Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A. Jurisdiction	
B. Date held	From _____ To _____
C. Type of license/permit	
D. Current status	
E. Ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

SECTION XIV. AUTHORIZATION AND RELEASE

Full Name	
Social Security Number	
Date of Birth	

As part of my application for admission to the bar of the state of Connecticut, I consent to have an investigation made as to my moral character, professional reputation and fitness to practice law. I agree to provide any further information that may be required in reference to my past record. I further agree to execute such further releases as may be requested by the Connecticut Bar Examining Committee. I understand that the contents of my character report are confidential and that I will not be entitled to receive a copy of the report, including but not limited to, character affidavits submitted in support of this application, or to know its contents.

I hereby authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, association or institution having control of any documents, records, or other information pertaining to me, to furnish to the Connecticut Bar Examining Committee any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Connecticut Bar Examining Committee or any of its agents or representatives to inspect and make copies of such documents, records, or other information. The records, however, will not include any information with respect to a juvenile offense. I also authorize the release to my law school(s) and the National Conference of Bar Examiners my name and summary data, which shall include but not be limited to social security number, date of birth and pass/ fail data, regarding my performance on the Connecticut Bar Exam.

I authorize the National Personnel Records Center in St. Louis, MO or other custodian of my military record to release to the Connecticut Bar Examining Committee information or photocopies from my military personnel and related medical records including a copy of my Report of Separation DD214.

I hereby release, discharge and exonerate the Connecticut Bar Examining Committee, its authorized representatives and any person furnishing information authorized by this release from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Connecticut Bar Examining Committee.

I hereby authorize the Connecticut Bar Examining Committee to release my name and correspondence address to bar associations for the purposes of membership solicitation, educational opportunities and the like. **IF YOU WISH TO OPT OUT OF THE RELEASE OF SUCH INFORMATION, THEN PLEASE USE THE CHECK BOX PROVIDED BELOW.**

I hereby **DO NOT** authorize the Connecticut Bar Examining Committee to release my name and correspondence address to bar associations for the purposes of membership solicitation, educational opportunities and the like.

SECTION XV. ACKNOWLEDGMENT OF APPLICATION and AUTHORIZATION AND RELEASE

Dated at	City		State		on	
----------	------	--	-------	--	----	--

(Signature of Applicant)

Email address: -----

State of	
County of	

On this the _____ day of _____, 20____ before me, _____
(day) (month) (notary public/commissioner of the superior court)

personally appeared _____, known to me (or satisfactorily proven) to be the person
(applicant)

whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained and that his/her responses are true, under penalty of making a false statement pursuant to General Statutes § 53a-157b (a Class A misdemeanor).

In witness whereof I hereunto set my hand.

(notary public/commissioner of the superior court)