### Did you:

- 1. Review your application for completeness.
- 2. Sign the acknowledgement before a notary public or commissioner of the superior court.
- 3. Attach all the <u>required</u> forms (your individual case may require you to file forms in addition to those listed below):
- 1) Form M1 (Application)
- 2) Form M4 (Affidavit of Good Standing)
- 3) Form M5 (Certificate of Intention)
- 4) Form M6 (Summary sheet)
- 5) Form M7 (Return address labels)
- 6) Form M8 (Certificate of actual practice)
- 7) Form M9 (Status sheet)

Note: Forms M12 (personal references), M13 (affidavit of Connecticut attorney), M14 (affidavit of attorney) and M20 (employer references) should be sent directly to the CBEC by the affiants. If applicable, Form M15 (affidavit of CT law school Dean) should be sent directly to the CBEC by the affiant. Form M19 should come directly from the law school with your transcript and law school application.

4. Enclose a <u>certified check</u> or <u>money order</u> in the amount of \$1800.00 payable to: Connecticut Bar Examining Committee. (<u>Note:</u> Fees are not refundable!!)

The Connecticut Bar Examining Committee (CBEC) will conduct an extensive background check for all applicants and reserves the right to require applicants to submit fingerprints.

Send your application, required supporting documents and fee to:

Connecticut Bar Examining Committee Motion Application Department 100 Washington Street, 1st Floor Hartford, CT 06106-4411

Form M1	Officia	ıl Use Only								
				onnecticut Bar Exa						
DF			A	Application for Adr				Admission Without		
App #										
	, 0									
	3. Your answers must be typed and the application signed and notarized.									
D. Pay	y the \$1,800	.oo fee by cert	ified check or	money order paya	ble to " <b>(</b>	Connecticut B	ar Exa	mining Committee."		
the fo <b>Bar</b>	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. <b>This application is a continuing application and I will notify the Bar Examining Committee of any changes in any information provided herein</b> . I have read the Rules and Regulations Governing Admission to the Bar and the Rules of Professional Conduct.									
			SECT	TION I. BIOGRAPI	HICAL I	NFORMATION				
1. Full	Name		<del></del>					4-212		
		1	(Last)			(First)		(Middle)		
	ie as you wis Name	n it to appear o	on your admis	sion certificate:						
rull			(Last)			(First)		(Middle)		
3. Place	e of Birth		(Last)			Date of Birth		(widdie)		
J. 11400	_		Cit	y/State/Country		Date of Birth		mm/dd/yyyy		
_							_			
	ial Security		XT							
4b. NC	BE Number		N				NA	Ц		
infor Com	rmation is r mittee. The	equested purs information w	suant to Prac ill be used to i	tice Book Sec. 2- match various reco	4 and ords with	Article III of to a your file.]	he Reg	curity Number is required. The ulations of the Bar Examining there is not acceptable):		
Street										
City										
State	Zip	Code		Telephone						
6. Busin	ness address	and telephon	e number (a st	reet address is req	uired; a	P.O. box numb	er is no	t acceptable):		
Business	Name									
Street										
City					1					
State	Zip	Code		Telephone						
7. Corre	7. Correspondence address and telephone number:									
Street										
City										
State	Zip	Code		Telephone						
Yes No	] [	JBE score, or	on motion wi		n) or file	ed an application	on for r	(by examination, by transfer of registration as authorized house application.		

1

9. List all names you have been known by, including those listed in Questions 1 & 2, and provide the dates and places of use for each. Do not list nicknames such as "Bob" for "Robert."

Name			Reason for use						
Dates of use		From	То	Places of use					
Name			Reason for use						
Dates of use									
Yes 10.	Check	x the appropriate box bel	ow:						
	I am a	a natural born citizen of t	he 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. MU	LTISTATE PROFESSIONAL I	RESPONSIBILITY EXAMINATION					
	11. Check the option below on which you intend to rely to fulfill the requirement of Check only one box.		o fulfill the requirement of Article IV:						
				sponsibility Examination on onnecticut Bar Examining Committee.	and have				
			complete a course on Profession by the Connecticut Bar Examin	onal Responsibility/Legal Ethics on	at				

2

#### SECTION III. AFFIDAVITS

12.	List the names and complete addresses of three persons 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 20. You must provide a Form
	M12 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
<u> </u>		
	13.	List the names and complete addresses of two Connecticut attorneys, not related to you by blood or marriage, who have been admitted to the Connecticut bar for at least five years and will supply affidavits (Forms M13) that will certify facts relating to your good moral character and fitness to practice law.
Name		
Street		
City		State Zip Code
City		Eur Code
Name		
Street		
City		State Zip Code
City		State Zip Code
	14.	List the names and complete addresses of two attorneys, not related to you by blood or marriage, who have been admitted to practice law for at least five years and will supply affidavits (Forms M14) that will certify facts relating to your practice of law, good moral character and fitness to practice law.
Name		
Street		
City		State Zip Code
,		
Name		
Street		
City		State Zip Code
		*
	15.	List the name of the accredited law school at which you are a full-time faculty member or a full-time clinical fellow, the Dean of which will supply an affidavit (Form M15) that will certify facts relating to your employment relationship. Please note: Form M15 must be supplied in addition to Form M20.
Name		
City, State		

3

#### SECTION IV. RESIDENCES

16. List in chronological order (from oldest to most recent) every residence, permanent or temporary, for more than thirty days, since your eighteenth birthday or for the last ten years, whichever is shorter. Attach a Form M2 with additional residences if necessary.

From:		To:		
Street				
City				
State	Zip Code			
			1	1
From:		To:		
Street				
City				
State	Zip Code			
From:		To:		1
Street		10.		
City State	Zip Code			
State	Zip Code			
From:		To:		
Street			<u>I</u>	
City				
State	Zip Code			
L L				
From:		To:		
Street				
City				
State	Zip Code			
E		T		1
From:		To:		
Street				
City	7: 0-1-			
State	Zip Code			
From:		To:		
Street		10.	1	<u>L</u>
City				
State	Zin Code			

4

#### SECTION V. EDUCATION

Yes	No	17.	Have you ever been expelled, dropped, suspended, warned, placed on scholastic or disciplinary 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	18.	Have you ever been absent from any post-secondar days, other than for regularly scheduled school vacations	y edu ons? ]	cational inst If so, explain	itution for n on Form M2	nore than to 2.	en consecutive
		19.	List in chronological order (from oldest to most rec LAW SCHOOLS). If no degree was received, explait directly to the Bar Examining Committee (a studen submit Form M19 directly to the Bar Examining Co your application for admission to that law school attach	n. Ea it copy ommit	nch school m y is NOT acc	ust submit a ceptable). E	an official, f ach law sch	inal transcript nool must also
Schoo	ol				Degree			
City			Prom		State			
Zip C	_	for no	degree:	_ To				
Ехріа	mation	101 110	uegree.					
Schoo	ol				Degree			
City					State			
Zip C			From	То				
Expla	nation	for no	degree:					
Schoo	<b>.</b> 1				Degree			
City	л —				State			
Zip C	ode		From	To				
Expla	nation	for no	degree:					
Schoo	ol				Degree			
City Zip C			From	To	State			
_	_	for no	degree:	_ 10			-	
P								
Schoo	ol				Degree			
City					State			
Zip C			From	_ To				
Expla	ination	tor no	degree:					
Schoo	nl				Degree			
City					State			
Zip C	ode		From	To				
Expla	nation	for no	degree:					
ı _								
School City	ol				Degree State			
Zip C	ode		From	To				
		for no	degree:	_ 10				
r								
Schoo	ol				Degree			
City					State			
Zip C		C	From	_ To				
Expla	nation	tor no	degree:					

5

#### SECTION VI. EMPLOYMENT AND LAW PRACTICE

20. Beginning with your sixteenth birthday or for the last ten years, whichever is shorter, list in chronological order (from oldest to most recent) the name of each employer. Include any periods of self-employment or unemployment. You must send a Form M20 to each employer named below covering the past five years for completion and transmittal to the Bar Examining Committee. **Exceptions to this are set forth in the instructions for Form M20.** 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 M20A if you need to list more than five employers.

From	То
Name	
Street	
City	State Zip Code
Position held	Туре
Supervisor	Type of business
Reason for leaving	
	0
From	То
Name	
Street	
City	State Zip Code
Position held	Type
Supervisor	Type of business
Reason for leaving	
Reason for leaving	8
Enom	Tr <sub>o</sub>
From	To
Name	
Street	
City	State Zip Code
Position held	Type
Supervisor	Type of business
Peacon for leaving	σ.
Reason for leaving	g
From	
FromName	
From Name Street	To
From Name Street City	ToState Zip Code
From Name Street City Position held	To
From Name Street City	ToState Zip Code
From Name Street City Position held	State Zip Code Type Type of business
From Name Street City Position held Supervisor	State Zip Code Type Type of business
From Name Street City Position held Supervisor	State Zip Code Type Type of business
From Name Street City Position held Supervisor Reason for leavin	State Zip Code Type Type of business
From Name Street City Position held Supervisor Reason for leavin	State Zip Code Type Type of business
From Name Street City Position held Supervisor Reason for leavin  From Name Street	State Zip Code Type Type  Tope Type of business  To
From Name Street City Position held Supervisor Reason for leavin  From Name Street City	State Zip Code Type Type of business  To  To  To  To  To  To  To
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held	State Zip Code Type  To  To  State Zip Code Type  To  To  State Zip Code  Type
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held Supervisor	State Zip Code Type Type of business  To  State Zip Code Type Type Type Type of business
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held	State Zip Code Type Type of business  To  State Zip Code Type Type Type Type of business
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held Supervisor	State Zip Code Type Type of business  To  State Zip Code Type Type Type Type Type Type Type Typ
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held Supervisor Reason for leavin	State Zip Code Type Type of business  To  State Zip Code Type Type Type Type of business
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held Supervisor Reason for leavin  Yes No 21.	State Zip Code Type Type of business  To  State Zip Code Type Type  To  To  State Zip Code Type  Type  Type  Type Type Type Type
From Name Street City Position held Supervisor Reason for leavin  From Name Street City Position held Supervisor Reason for leavin  Yes No 21.	State Zip Code Type Type of business  To  State Zip Code Type Type Type Type Type Type Type Typ

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Yes No	23.	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 M2.
	24.	List below all applications for admission to the bar and/or to sit for the bar examination filed in a jurisdiction other than Connecticut. This must also include (1) applications which you have filed or intend to file to sit for an upcoming bar examination, (2) registration as a law student, (3) an application for reinstatement, (4) any application subsequently withdrawn, (5) applications for authorized house counsel and (6) applications for foreign legal consultant. 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.
Jurisdiction	1	Date Filed
	Exam	☐ Motion/reciprocity ☐ Law Student Registration ☐ Reinstatement ☐ Other
		: pending, pass, fail, withdrawn)
Jurisdiction		Date Filed
	Exam	☐ Motion/reciprocity ☐ Law Student Registration ☐ Reinstatement ☐ Other
Current sta	tus (e.g	: pending, pass, fail, withdrawn)
		D : 77 1
Jurisdic <u>tion</u>		Date Filed  ☐ Motion/reciprocity ☐ Law Student Registration ☐ Reinstatement ☐ Other
Type:	Exam	☐ Motion/reciprocity ☐ Law Student Registration ☐ Reinstatement ☐ Other  : pending, pass, fail, withdrawn)
Cultelli sta	tus (c. <sub>8</sub>	: pending, pass, ian, withdrawn)
	25.	List the jurisdictions in which you are or have ever been a member of the bar, including any federal court admissions. Submit a certificate of good standing for each. Original letters of good standing must be received in the CBEC Administrative Office no later than thirty (30) days after issuance. If you are not in good standing, explain on Form M2.
Jurisdiction		
Date of adr	nission	License Number
	nission	
Date of adr Good stand	nission ing	License Number
Date of adr Good stand	nission ing	License Number  Ves No
Date of adr Good stand	nission ing n	License Number
Date of adr Good stand Jurisdiction Date of adr	nission ing n	License Number  License Number  License Number
Date of adr Good stand Jurisdiction Date of adr Good stand	nission ing nission ing	License Number
Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Jurisdiction Date of adr	nission ing n nission ing n	License Number  License Number  License Number  License Number
Date of adr Good stand Jurisdiction Date of adr Good stand	nission ing n nission ing n	License Number
Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Jurisdiction Date of adr	nission ing n nission ing n	License Number  License Number  License Number  License Number
Date of adr Good stand Jurisdiction Date of adr Good stand Jurisdiction Date of adr Good stand	nission ing nission ing nission ing nission	License Number    License Number
Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Yes No  Yes No Jurisdiction  Jurisdiction	nission ing nission ing 26.	License Number  License Number
Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Ves No  Ves No  Jurisdiction Date of adr Good stand	nission ing nission ing 26.	License Number  Have you ever been reprimanded, suspended, disbarred or otherwise disciplined, or are there any charges or complaints pending against you as an attorney, or have you ever been accused of the unauthorized practice of law, or 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 M2.  Have you been entitled to practice law in each of the jurisdictions specified in Question 25 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.  Dates of disqualification From To
Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Jurisdiction Date of adr Good stand  Yes No  Yes No Jurisdiction  Jurisdiction	nission ing nission ing 26.	License Number    License Number

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		28.	State the exact names and locations of courts before which your practice of law for the last ten years was chiefly conducted and the general nature of cases tried, if any, or the law schools (name and location) at which you currently teach or have taught law, including supervision of law students within a clinical program, for the last ten years.
		29.	Describe in detail the nature of your practice and the extent of same, or the titles of the classes that you currently teach or have taught, including clinical program(s) for which you currently supervise or have supervised law students, at a law school listed above.
			SECTION VII MILITARY SERVICE
			SECTION VII. MILITARY SERVICE
numbe becaus	er at l se the	nttp://v registra	<b>Registration.</b> You can obtain information on the registration requirements and obtain your registration www.sss.gov. In brief, men born from March 29, 1957 to December 31, 1959 were never required to register ation program was not in operation at the time they turned 18. The requirement to register was reinstated in all men born on or after January 1, 1960.
Yes	No	30.	Have you registered under the Selective Service Act?
			If Yes, list registration number  If No, state reason
			Tribo, state reason
Yes	No	31.	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. Also complete Form M31 and submit it with your application.
Branc	h of se	rvice	Highest rank
Dates		rom	То
Type o	ot discl	narge	
Branc	h of so	rvice	Highest rank
Dates		om	To To
Type o			
Branc			Highest rank
Dates Type o		rom harge	To
Type	,, 01001	uuse	

### SECTION VIII. GENERAL QUESTIONS

Yes	No	32.	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 M2 and furnish documentation showing that taxes are current.						
Yes	No	33.	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 M2.						
Yes	No	34.	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 whom the application was made, the date granted or denied and the current status of that license or permit.						
Type	of licer	se/per	mit Name of authority						
Gran		Yes	No □ Date Current status						
Type	of licer	se/per	mit Name of authority						
Gran		Yes	□ No □ Date Current status						
Yes  Yes  —	No  No	35· 36.	Have you had any license or permit suspended or revoked because of unprofessional conduct? If so, explain on Form M2.  Have you ever been bonded?						
Yes  \[ \square \] NA	No	37.	If so, have you ever been refused a bond or has anyone ever sought to recover on or cancel such bond? If so, explain on Form M2.						
Yes	No	38.	Within the past five years, have you engaged in any conduct that: (1) resulted in an arrest, discipline, sanction or warning; (2) resulted in termination or suspension from school or employment; (3) resulted in loss or suspension of any license; (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules? If so, explain on Form M2 and include any asserted defense or claim in mitigation or as an explanation of your conduct and, if applicable to your explanation, Form M40A.						
Yes	No	39.	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? If so, explain on Form M2.						

Question 40 – 41 address mental health and chemical or psychological dependency matters. The Committee asks these questions because of its responsibility to protect the public by determining the current fitness of an applicant to practice law, and the purpose of these questions is to determine an applicant's current fitness to practice law. This information, along with all other information, is treated confidentially by the Committee and the Administrative Office. 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, and the Committee views such treatment as a positive factor in evaluating an application. 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 that indicates that the applicant is currently unfit to practice law at the time the licensing decision is made, or when the applicant demonstrates a lack of candor and/or credibility by his or her response. 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 Question 40, complete Forms M40A and M40B. Make as many copies of the forms as you need to describe the events.

Yes	No	40.	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 a material way affects your ability to practice law in a competent, ethical, and professional manner? "Currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer. If your answer is yes, continue to Question 41 and complete Forms M40A and M40B. If your answer is no, continue to Question 42.
Yes	No	41.	If your answer to Question 40 is yes, 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?
			SECTION IX. CREDIT
			Questions 42 and 43 are limited to the last ten years
Yes	No	42.	Are you presently in arrears or have you ever been in default in the performance of the 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.
Credi	tor		
Accou	ınt nun	ıber	Amount
Steps	to brin	g curre	nt
Credi	_		
	ınt nun		Amount
Steps	to brin	g curre	nt
Credi	tor		

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Account number

Steps to bring current

Yes	No	43.		ver entered again atisfaction of judgi		n favo	or of a	creditor? If so, submit a copy of the complaint, answer,
Cred	itor							
			Jud	gment satisfied	Yes		No	
Foru	m							
Cred	itor							
Amo	_		Jud	gment satisfied	Yes	П	No	П
Foru	m —			8				_
								CEEDINGS
				Questions 4	44 <b>-</b> 48	are lin	nited to	the last ten years
Yes	No	44.						y court ordered duty or obligation? If so, submit a copy
			of the order and	on Form M2 an e	xplanat	ion of	the ste	ps you have taken to remedy the arrearage or default.
Yes	No	45.						s or default in the performance of any court approved
								d support? If so, supply all documentation pertaining
			thereto and a sta default.	atement on Form	M2 out	lining	the ste	eps you are presently taking to remedy such arrearage or
			delauit.					
Yes	No □	46.	Have you ever fi	led a grievance ag	ainst ar	ı attor	ney or	a judge? If so, explain on Form M2.
	Ш							
Yes	No	47.						ling in which allegations of fraud, misrepresentation or
								, provide the information below and submit a copy of the
			complaint, answ	er, judgment and	any per	lanig	motion	is.
						EXA	MPLE	
A.	Title o			Jones v. Smith				
B.		of foru t numb		Hartford Superi	or Cou	rt		
C. D.	Docke Date f		ber	CV-02-001 01 Jan 02				
Б. Е.		neu e of cas	20	Personal injury				
F.			n in case	Defendant				
G.	_	ittorne		Jane Doe				
H.		sing att		Elizabeth Green	1			
I.			is or disposition	Verdict for plair				
<u> </u>			•	•				
	m'ıl	C		PH	ОТОС	OPY A	AS NE	CESSARY
A. B.	Title o	or case of foru	ım					
В. С.		t numb						
D.	Date f		,					
E.		e of cas	se	-				
F.			n in case					
G.		attorne						
H.		sing att						

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Current status or disposition

Α.	Title of case				
B.	Name of forum				
C.	Docket number  Docket number				
D.	Date filed				
E.	Nature of case				
F.	Your position in case				
G.	Your attorney				
H.	Tr · O·····				
I.	Current status or disposition				
Yes	No 48. Except as provided in Questions 44 and 47 above, have you ever been a party to any civil or administrative proceeding or has any civil or administrative 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, any other civil and administrative proceeding, or any proceeding before a government agency, professional organization, licensing authority, the Law School Admission Council (LSAC), the National Collegiate Athletic Association (NCAA) or similar entity, or through online dispute resolution?				
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				
Н.	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				
Н.	Opposing attorney				
I.	Current status or disposition				

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#### SECTION XI. CRIMINAL AND MOTOR VEHICLE PROCEEDINGS

The Connecticut Bar Examining Committee (CBEC) will conduct an extensive background check for all applicants and reserves the right to require applicants to submit fingerprints.

Yes	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. If you are uncertain as to whether a matter ought to be disclosed in accordance with this question, we advise you to disclose the matter fully.					
		SAMPLE				
A.	Title of case	State v. Smith				
В.	Name of forum	Hartford Superior Court				
C.	Docket number	CR-02-001				
D.	Date of conviction/dis	sposition 01 Jan 02				
E.	Conviction offense	Larceny 3				
F.	Initial charge (if diffe	rent) Grand theft auto				
A.	Title of case					
B.	Name of forum					
C.	Docket number					
D.	Date of conviction/dis	sposition				
E.	Conviction offense					
F.	Initial charge (if differ	rent)				
Yes	docum related	ere any criminal charges pending against you? If so, submit a copy of the arrest report and all other ents related to each pending charge. Submit an affidavit reciting in detail the facts and circumstances to each pending charge.  SAMPLE				
A.	Title of case	State v. Smith				
В.	Name of forum	Hartford Superior Court				
C.	Docket number	CR-02-001				
D.	Date of arrest	01 Jan 02				
E.	Date of trial	01 Feb 02				
F.	Offense charged	Grand theft auto				
A.	Title of case					
В.	Name of forum					
C.	Docket number					
D.	Date of arrest					
E.	Date of trial					
F.	Offense charged					
Yes	Yes No 51. 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 M2 submit a narrative of the events related to each charge.  SAMPLE					
A.	Jurisdiction	Connecticut				
B.	Date of charge	01 Jan 02				
C.	Docket number (if an	umber (if any) n/a				
D.	Initial charge	DWI				
E.	Current status or disp	position reckless driving				

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

- List every jurisdiction and submit a certified driving record (or "no record" or "clearance" letter) from the 52. Department of Motor Vehicles from each of the following:
  - 1. Every jurisdiction in which you hold a motor vehicle driver's license or operator's permit;
  - 2. Any jurisdiction during the past five years in which you have resided for sixty days or more, whether or not you ever held a driver's license or operator's permit in that jurisdiction; AND
  - 3. Any jurisdiction in which your driving privileges have ever been suspended or revoked.

Original certified driving records and no record or clearance letters must be received in the CBEC Administrative Office no later than sixty (60) days after issuance for jurisdictions in which you are currently licensed and/or currently reside (whether permanent or temporary).

On Form M2 provide a narrative for each suspension or revocation.

	SAMPLE						
A.	Jurisdiction	Connecticut					
В.	X License or permit held	☐ Resided for 60 days or more X Driving privileges suspended or revoked					
В.	Date held	01 Jan 80 – present					
C.	Type of license/permit	passenger car and motorcycle license					
D.	Current status	active					
E.	Ever revoked/suspended	Yes x No $\square$ Suspended from 9/1/01 To 12/1/01					
A.	Jurisdiction						
В.	☐ License or permit held	☐ Resided for 60 days or more ☐ Driving privileges suspended or revoked					
C.	Date held	From To					
D.	Type of license/permit						
E.	Current status						
F.	Driving privileges ever revoked/suspended	Yes No Suspended from To					
A.	Jurisdiction						
В.	☐ License or permit held	☐ Resided for 60 days or more ☐ Driving privileges suspended or revoked					
C.	Date held	From To					
D.	Type of license/permit						
E.	Current status						
F.	Driving privileges ever revoked/suspended	Yes No Suspended from To					

#### SECTION XII. ACKNOWLEDGEMENTS

	53.	Each applicant shall read and initial each acknowledgement below.  Please use BLUE ink.
	bligation <sup>·</sup>	knowledge that this application for admission to the Connecticut bar is a continuing application and that I have an to keep my responses to the questions current, complete and correct by filing timely amendments until the date of my to the bar of Connecticut.
	•	knowledge that an amendment is considered timely when made within thirty days of any occurrence that would render incomplete any answer on my bar application.
a	ınd candoı	knowledge that any false, misleading or evasive response on my bar application is inconsistent with the truthfulness required of a practicing attorney and may be grounds for a finding of a lack of the requisite good moral character for membership in the Connecticut bar.

#### SECTION XIII. 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, unless my file is referred to the Connecticut Bar Examining Committee for character and fitness investigation.

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 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.

#### SECTION XIV. ACKNOWLEDGEMENT OF APPLICATION and AUTHORIZATION AND RELEASE

Dated at	City			State		on	
Dated at	City			State		011	<u> </u>
						(Signatur	e of Applicant)
			Γ				
State of							
G							
County of							
On this the			day of		20	h	efore me
On this the		lay)	day or	(month)	, 20	D	efore me,(notary public/commissioner of the superior court)
personally	appeare	d				, kno	own 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 a	and that	his/her r	esponses are true to the b	est of his/her	knowledg	e.	
In witness whereof I hereunto set my hand.							
					(notary publi	c/commis	ssioner of the superior court)