

APPLICATION FOR READMISSION
TO THE WASHINGTON STATE BAR ASSOCIATION
VOLUNTARY RESIGNATION (LESS THAN 4 YEARS)

To the Washington State Supreme Court and the Washington State Bar Association Board of Governors:

I, _____, hereby apply for readmission to the practice of law in the State of Washington under Article III Section M of the WSBA Bylaws

Application Checklist

(Incomplete applications will not be processed)

- Application fee:**
 - \$585 - for readmission as lawyer; OR
 - \$200 - for readmission as LPO
- One (1) Completed Application**
- One (1) Personal Statement** detailing the reasons you resigned and the reasons you are seeking readmission
- Two (2) Good Moral Character Certificates** signed and dated within six months prior to the date the application is submitted
 - **Readmission as Lawyer:** must be signed by lawyers
 - **Readmission as LPO:** must be signed by lawyers, LPOs or LLLTs
- One (1) Authorization and Release form** signed and notarized within six months prior to the date the application is submitted.
- Certificate(s) of Admission to Practice and Standing** in all jurisdictions where you are admitted or have ever been admitted, dated within six months prior to the date the application is submitted.

Mail Completed Application Packet to:

Washington State Bar Association
Attn: Status Changes
1325 4th Ave. Ste 600
Seattle, WA 98101-2539

Phone: 206-239-2131
Email: statuschanges@wsba.org

APPLICANT INFORMATION

- **Full legal name. You must provide your full legal name including middle name(s) if any.**

First _____ Middle _____ Last _____ Suffix _____

- **Previous Names**

Have you ever used or been known by any other name?

Yes No

Note: Your name(s) will be used as identification in correspondence sent to schools, employers, courts, references, etc. You must provide the full legal name including middle name(s) if applicable.

If Yes (the following information is required for every name):

NOTE: Make additional copies of this page as necessary

Include information for all other names (e.g., legal names, nicknames, or aliases) using separate entries.

First _____ Middle _____ Last _____ Suffix _____

- **From Date**

Month _____ Day _____ Year _____

- **To Date**

Month _____ Day _____ Year _____

- **Reason for use or change**

- **Social Security Number**

I do not have a social security number

- **Birth Date**

Month _____ Day _____ Year _____

- **Place of Birth (City, State/Province, County)**

City _____ State _____ County _____

CONTACT INFORMATION

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

Email Address

Home/Mobile Phone

Office Telephone Number

Mailing Address

Firm Name (optional) _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

1. *Law Student Registration*

Have you ever submitted an application to register with a bar authority as a law student?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

- **Name and address of bar or licensing authority**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

- **Date application submitted**

Month _____ Day _____ Year _____

2. Bar Exam

Have you ever applied to take a bar exam or other exam to be admitted/licensed/registered to practice law, in any jurisdiction?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

- **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

- **Name and address of bar or licensing authority**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Date application submitted**

Month _____ Day _____ Year _____

- **Date examination taken**

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

- **Admission or readmission date**

Month _____ Day _____ Year _____

- **Bar Number** _____

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered**

Failed Exam Withdrew Application Pending Denied

Exam Misconduct

Other Reason _____

3. UBE Score Transfer

Have you ever previously applied for admission/registration/licensing by transferred UBE score in any jurisdiction?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

- Name of U.S. jurisdiction

- Date application submitted

Month _____ Day _____ Year _____

- Were you admitted to this Jurisdiction?

Yes No

If Yes:

- Admission or readmission date

Month _____ Day _____ Year _____

- Bar Number _____

- Admitted/licensed/registered as

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- Reason not admitted/licensed/registered

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

- Explanation

4. Motion

Have you ever previously applied for admission on motion or by reciprocity in any jurisdiction?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

- Name of U.S. jurisdiction, tribal court, or foreign jurisdiction

- Name and address of bar or licensing authority

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

• **Date application submitted**

Month _____ Day _____ Year _____

• **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

○ **Admission or readmission date**

Month _____ Day _____ Year _____

○ **Bar Number** _____

○ **Admitted/licensed/registered as**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

○ **Reason not admitted/licensed/registered**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

○ **Explanation**

5. ***Diploma Privilege***

Have you ever applied for admission/licensing/registration by diploma privilege in any jurisdiction?

Yes No

If Yes (the following information is required for every time you applied for such admission):

NOTE: Make additional copies of this page as necessary

• **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

• **Name and address of bar or licensing authority**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

• **Date application submitted**

Month _____ Day _____ Year _____

• **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

○ **Admission or readmission date**

Month _____ Day _____ Year _____

○ **Bar Number** _____

○ **Admitted/licensed/registered as**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

○ **Reason not admitted/licensed/registered**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

○ **Explanation**

6. **Foreign Legal Consultant**

Have you ever previously applied for admission, registration, or licensing as a foreign legal consultant in any jurisdiction?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

• **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

• **Name and address of bar or licensing authority**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

• **Date application submitted**

Month _____ Day _____ Year _____

• **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

○ **Admission or readmission date**

Month _____ Day _____ Year _____

○ **Bar Number** _____

○ **Admitted/licensed/registered as**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

○ **Reason not admitted/licensed/registered**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

○ **Explanation**

7. **House Counsel**

Have you ever previously applied for admission, registration, or licensing as in-house counsel in any jurisdiction?

Yes No

If Yes (the following information is required for every such application):

NOTE: Make additional copies of this page as necessary

• **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

• **Name and address of bar or licensing authority**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

• **Date application submitted**

Month _____ Day _____ Year _____

• **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

○ **Admission or readmission date**

Month _____ Day _____ Year _____

○ **Bar Number** _____

○ **Admitted/licensed/registered as**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

○ **Reason not admitted/licensed/registered**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

○ **Explanation**

8. **Other Applications**

Have you ever otherwise submitted an application to, or been authorized or licensed to practice law in any U.S. or foreign jurisdiction or tribal court?

Yes No

If Yes (the following information is required for every application or authorization):

NOTE: Make additional copies of this page as necessary

• **Name of U.S. jurisdiction, tribal court, or foreign jurisdiction**

• **Name and address of bar or licensing authority**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____
City _____
State/Province _____
Postal Code _____
County _____

- **Date application submitted**

Month _____ Day _____ Year _____

- **Date examination**

Month _____ Day _____ Year _____

- **Were you admitted to this Jurisdiction?**

Yes No

If Yes:

- **Admission or readmission date**

Month _____ Day _____ Year _____

- **Bar Number** _____

- **Admitted/licensed/registered as**

Attorney House Counsel Foreign legal Consultant

Other _____

If No:

- **Reason not admitted/licensed/registered**

Withdrew Application Pending Denied Exam Misconduct

Other Reason _____

- **Explanation**

9. Bar Association Membership

Have you ever been or are you currently a member of any mandatory bar association? **If yes**, list the full name and address of each mandatory bar association of which you have been or are currently a member. **NOTE** - You do not need to report membership if you were a law student at the time you were a member of the bar association.

Yes No

If Yes (the following information is required for every mandatory bar association of which you are or have been a member):

NOTE: Make additional copies of this page as necessary

- **Name and address of the bar association**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

• **Are you a current member of this bar association?**

Yes No

If Yes, member:

○ **From**

Month _____ Day _____ Year _____

If No, member:

○ **From**

Month _____ Day _____ Year _____

○ **To**

Month _____ Day _____ Year _____

10. Licensed Legal Professional Discipline

Have you ever been disbarred, suspended, censured, or otherwise disciplined, sanctioned, or disqualified as a lawyer or other licensed legal professional? **If yes**, include a copy of relevant documentation from the regulatory agency.

Yes No

If Yes (the following information is required for every such incident):

Make additional copies of this page as necessary in order to submit the below information for each incident separately:

- **Name and address of the Regulatory Agency**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Case Number (if applicable)**

- **Date**

Month _____ Day _____ Year _____

- **Action Taken**

- **Explanation**

11. Licensed Legal Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a lawyer or other licensed legal professional, including any dismissed or now pending? **If yes**, include a copy of relevant documentation from the regulatory agency.

Yes No

If Yes (the following information is required for every such matter):

Make additional copies of this page as necessary in order to submit the below information for each incident separately:

- **Name and address of the Regulatory Agency**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Case Number (if applicable)**

- **Date**

Month _____ Day _____ Year _____

- **Action Taken**

- **Explanation**

12. Unauthorized Practice of Law

Have you ever been the subject of any formal or informal charges, complaints, or grievances alleging that you engaged in the unauthorized practice of law, including any dismissed or now pending? **If yes**, include a copy of relevant documentation from the regulatory or law enforcement agency.

Yes No

If Yes (the following information is require for each action):

Make additional copies of this page as necessary in order to submit the below information for each incident separately:

- **Name and address of the Regulatory or Law Enforcement Agency**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Case Number (if applicable)**

- **Date**

Month _____ Day _____ Year _____

- **Action Taken**

- **Explanation**

13. Court Sanction or Disqualification

Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? **If yes**, include a copy of the order of sanction or disqualification and any documentation demonstrating compliance with the order.

Yes No

If Yes (the following information is required for every court sanction or disqualification):

Make additional copies of this page as necessary in order to submit the below information for each incident separately:

- **Name and address of the Court**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Case Number**

- **Case Name**

- **From Date**

Month _____ Day _____ Year _____

- **To Date**

Month _____ Day _____ Year _____

- **Action Taken**

- **Explanation**

EDUCATION

14. Law Office Study/Washington Supreme Court APR 6 Law Clerk program

Did you engage in law office study or complete Washington's APR 6 Law Clerk Program in lieu of receiving a J.D.?

Yes No

If Yes (the following information is required for every such study or program):

NOTE: Make additional copies of this page as necessary

- **Name of Tutor/Proctor**

- **Name and address of firm**

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- **Date Started**

Month _____ Day _____ Year _____

- **Date Finished or Expect To Be Finished**

Month _____ Day _____ Year _____

15. Law School Attendance

List all law schools that you attended, including any schools outside the U.S. where you received or will receive a law degree, even if not considered a law school. Add an entry for each law school and each law degree received.

Have you attended law school or received a law degree in the United States, and/or outside the United States?

Yes No

If Yes (the following information is required for every law school attended):

NOTE: Make additional copies of this page as necessary

- **Attended From**

Month _____ Day _____ Year _____

- **Attended To**

Month _____ Day _____ Year _____

Check here if your enrollment at this institution was entirely through an online degree or program.

- **Enrollment Status**

Full Time Part Time

- **Degree received or expected to be received**

None J.D. LL.M.
 LL.M. for the Practice of Law LLLT Practice Certificate
 Other _____

- **Did you/will you receive this degree from an ABA approved Law School?**

Yes No

If Yes:

Law School

If No:

Provide the name and mailing address of the non-ABA law school/institution you attended

Name _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

16. Law School Actions

Have you ever taken a leave of absence from any law school, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, or otherwise subjected to discipline or investigation, or requested to discontinue your studies by any law school?

Yes No

If Yes (the following information is required for every applicable action):

NOTE: Make additional copies of this page as necessary

- Name of Institution

- Action taken

- Date action taken

Month _____ Day _____ Year _____

- Explanation

17. College/University Attendance

List complete information regarding all college/university attendance. Multiple degrees received from the same school require separate entries.

ATTENTION - Report all law school education, including any LL.M. degrees awarded by a law school and any LL.M. for the Practice of Law degrees, under Law School Attendance question.

I have attended College or University.

Yes No

If Yes (the following information is required for every college/university attended):

NOTE: Make additional copies of this page as necessary

- Name and mailing address of college/university

College/University Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- Attended From Mo/Yr _____ To Mo/Yr _____

- **Degree received**

- No Degree
- Associates
- Bachelors
- Masters
- Ph.D.
- LL.M. Not Awarded by Law School
- Other _____

- **Field(s) of Study**

18. College/University Actions

Have you ever taken a leave of absence from any college or university, or been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to withdraw, allowed to withdraw in lieu of discipline, or otherwise subjected to discipline or investigation, or requested to discontinue your studies by any college/university?

Note: You must include applicable college/university in question College/University Attendance.

- Yes
- No

If Yes (the following information is required for every applicable actions):

NOTE: Make additional copies of this page as necessary

- **Name of Institution** _____
- **Action taken** _____
- **Date action taken: Month** _____ **Day** _____ **Year** _____
- **Explanation** _____

RESIDENCES

19. Residence History

List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since age 18, whichever period of time is shorter.

Residence address (the following information is required for all addresses during relevant time period)

NOTE: Make additional copies of this page as necessary:

- From Mo/Yr _____ To Mo/Yr _____
Country _____
Address Line 1 _____
Address Line 2 _____
City _____
State/Province _____
Postal Code _____
County _____
- From Mo/Yr _____ To Mo/Yr _____
Country _____
Address Line 1 _____
Address Line 2 _____
City _____
State/Province _____
Postal Code _____
County _____
- From Mo/Yr _____ To Mo/Yr _____
Country _____
Address Line 1 _____
Address Line 2 _____
City _____
State/Province _____
Postal Code _____
County _____

- From Mo/Yr _____ To Mo/Yr _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- From Mo/Yr _____ To Mo/Yr _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- From Mo/Yr _____ To Mo/Yr _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

- From Mo/Yr _____ To Mo/Yr _____

Country _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Postal Code _____

County _____

EMPLOYMENT

20. Employment History

List your employment and unemployment information for the last ten years or since age 18, whichever period of time is shorter.

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

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

Employment References – A valid email address is required. If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. Do not list yourself or your own contact information or a relative as a verifying reference; doing so will delay processing of your application.

■ **Make additional copies as necessary**

- From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employer Position/Description of Unemployment _____

Employer or Firm _____

Reason for Leaving _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address

Address Line 1 _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer Telephone () _____ Employer E-Mail _____

- If you were self-employed, or employed by a relative, or if the firm is out of business, or the employer's/firm's name or address has changed, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

Name(s) _____

Telephone () _____ E-Mail _____

■

- From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employer Position/Description of Unemployment _____

Employer or Firm _____

Reason for Leaving _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address

Address Line 1 _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer Telephone () _____ Employer E-Mail _____

- If you were self-employed, or employed by a relative, or if the firm is out of business, or the employer's/firm's name or address has changed, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

Name(s) _____

Telephone () _____ E-Mail _____



- From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employer Position/Description of Unemployment _____

Employer or Firm _____

Reason for Leaving _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address

Address Line 1 _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer Telephone () _____ Employer E-Mail _____

- If you were self-employed, or employed by a relative, or if the firm is out of business, or the employer's/firm's name or address has changed, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.

Name(s) _____

Telephone () _____ E-Mail _____

21. Employment Actions

Have you ever been:

- investigated,
- warned,
- terminated,
- suspended,
- disciplined,
- laid off for misconduct or dishonesty, or
- permitted to resign in lieu of termination

from any job? Yes No

If Yes (the following information is required for every relevant action. IF employment was not previously listed in the Employment History question, please add it to the Employment History question.):

NOTE: Make additional copies of this page as necessary



Employer _____

Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

Disposition

- Terminated Suspended Disciplines
- Laid Off for Misconduct or Dishonesty Permitted to resign in lieu of termination
- Other _____

Date of disposition (Mo/Yr) _____

Explanation of circumstances _____



Employer _____

▪ Dates of Employment: From Mo/Yr _____ To Mo/Yr _____

• Disposition

- Terminated Suspended Disciplines
- Laid Off for Misconduct or Dishonesty Permitted to resign in lieu of termination
- Other _____

• Date of disposition (Mo/Yr) _____

• Explanation of circumstances _____

22. Judicial Office

Have you ever held judicial office?

Yes No

If Yes (the following information is required for every judicial office held):

NOTE: Make additional copies of this page as necessary

- **Office Held** _____
- **From Date**
Month _____ Day _____ Year _____
- **To Date**
Month _____ Day _____ Year _____
- **Name and Address of the court**
Name _____
Address Line 1 _____
Address Line 2 _____
City _____
State/Province _____
Postal Code _____
County _____
- **Reason for leaving/termination**

23. Military Service

Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?

If yes and you have separated from service, include a copy of your military separation papers (DD 214 or equivalent). Forms must indicate character of service.

Yes No

If Yes, complete a separate [FORM 1](#) for each period of service)

24. Licenses

Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as a lawyer or other licensed legal professional?

Yes No

If Yes (the following information is required for every license applied for and/or held):

NOTE: Make additional copies of this page as necessary

- **License Type**

- **Issued to (include business name, if applicable)**

- **Current Status**

- **Application Date**

Month _____ Day _____ Year _____

- **License number (if applicable)**

- **Expiration/Inactive Date**

Month _____ Day _____ Year _____

- **Name and address of issuing authority**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____ Postal Code _____ Country _____

25. License Denial/Revocation

Have you ever been denied, or had revoked, a license for a business, trade, or profession?

NOTE - Do not include denials or revocations for a license as a lawyer or other licensed legal professional here.

Yes No

If Yes (the following information is required for every time a license was denied or revoked):

NOTE: Make additional copies of this page as necessary

- **Action Taken**

Denial Revocation Suspension

Other _____

- **Date**

Month _____ Day _____ Year _____

- **License (Type, application date, license number)**

- **Name and address of Regulatory Agency**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____ Postal Code _____ Country _____

- **Explanation**

PROFESSIONAL DISCIPLINE AND BONDS

26. Professional Discipline

Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office?

Yes No

If Yes, complete [FORM 2](#) for every action

27. Professional Complaint

Have you ever been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a member of any other profession, or as a holder of public office, including any dismissed or now pending?

Yes No

If Yes, complete [FORM 2](#) for every charge, complaint, or grievance

28. Bond

Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Yes No

If Yes, complete [FORM 2](#) for each such bond

LEGAL PROCEEDINGS

29. Civil Action

Have you ever been a named party (of any kind) to any civil action?

NOTE: Family law matters (including divorce, child support, parenting plans, etc.) and protection orders should be included here.

Yes No

If Yes, complete a separate [FORM 3](#) for each action

30. Administrative Action

Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?

If yes, include a copy of the relevant portions of the associated administrative record.

Yes No

If Yes, complete a separate [FORM 3A](#) for every administrative action

31. Criminal Action

Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any case that was resolved in juvenile court?

NOTE - Include matters that have been sealed or dismissed, expunged, pardoned, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

Yes No

If Yes, complete a separate [FORM 5](#) for every incident

32. Alcohol or Drug Related Traffic Violation

Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation including any violation that was resolved in juvenile court?

NOTE: Include matters that are currently pending, and matters that have been sealed, dismissed, expunged, pardoned, reduced to a lesser charge, subject to a diversion or deferred prosecution program, or otherwise set aside.

Yes No

If Yes, complete a separate [FORM 5](#) for every incident

33. Traffic Violation

Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years?

NOTE: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit parking violations.

Yes No

If Yes, complete a separate [FORM 5T](#) for every moving violation

34. Driver's License

Have you held a driver's license during the last ten years?

Yes No

If Yes (the following information is required for each driver's license):

- Driver's License state, province, or country

-
- Driver's License number (if unavailable, enter "unknown")

-
- Check here if this is your current driver's license Yes No

FINANCIAL RESPONSIBILITY

35. *Revocation*

Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?

Yes No

If Yes, complete a separate [FORM 6](#) for each applicable every revocation

36. *Defaulted Student Loan*

Have you ever defaulted on a student loan?

Yes No

If Yes, complete a separate [FORM 6](#) for each applicable defaulted loan

37. *Other Defaulted Debt*

Have you ever defaulted on any debt other than a student loan that was not resolved in bankruptcy?

Yes No

If Yes, complete a separate [FORM 6](#) for each defaulted debt

38. *Past Due Debt*

Have you had a debt of \$500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy?

Yes No

If Yes, complete a separate [FORM 6](#) for each applicable past due debt

39. *Tax Debt*

Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; employment taxes; or real estate assessment taxes?

Yes No

If Yes, complete a separate [FORM 6](#) for every such failure

40. *Bankruptcy*

Have you ever filed a petition for bankruptcy?

If yes, include a copy of the petition, schedule of creditors, and order of discharge.

Yes No

If Yes, complete a separate [FORM 4](#) for every petition filed

OTHER CONDUCT AND BEHAVIOR

41. Other Conduct and Behavior

Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:

Your truthfulness

Yes No

Your excessive absences

Yes No

The manner in which you handled or preserved the money or property of others

Yes No

A serious or repeated failure to submit your work in a timely manner

Yes No

Your competence or diligence in the performance of job or academic duties

Yes No

Your ability to maintain the confidentiality of information

Yes No

Your endangering the safety of others

Yes No

If you answered yes to any of the above, complete the following section. Provide information for each separate occurrence; if one occurrence covered more than one type of behavior, you may include the information about each type of behavior covered during that one occurrence in one record below. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.

For Each Yes, the following information is required:

- **Entity before which the issues were raised (i.e., employer, school, etc.)**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____ Postal Code _____ Country _____

Phone Number _____

- **Nature of the issue** _____

- **Relevant Dates** _____

- **Disposition, if any** _____

- **Detailed explanation** _____

CERTIFICATION OF APPLICANT

I, _____, hereby certify as follows:
(Print full name)

- I am the above-named applicant;
- I have read the Rules of Professional Conduct adopted by the Washington Supreme Court applicable to the license type for which I am applying and agree to abide by them;
- I have read the foregoing application, and the statements contained in the application are full, true and correct; and
- I understand that I have a duty to inform the Admissions staff at the Washington State Bar Association in writing of any changes to the information in the application that occur at any time between the date signed and the date I am licensed to practice law in Washington State.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is complete, true and correct.

Dated this _____ day of _____, 20 _____,

at _____.
(City, State where certifying)

(Signature of Applicant)

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE

WSBA Bar/License No.: _____

The Washington Supreme Court Admission and Practice Rules (APRs) require that “[e]very person desiring to be admitted to the Bar and the practice of law in Washington must be of good moral character, and possess the requisite fitness to practice law....” APR 3(a).

Good moral character is defined in APR 20(c) as “a record of conduct manifesting the qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibilities, adherence to the law, and a respect for the rights of other persons and the judicial process.”

Fitness to practice law is defined in APR 20(d) “a record of conduct that establishes that the applicant meets the essential eligibility requirements for the practice of law.”

The **essential eligibility requirements** for the practice of law include the following five abilities:

- (1) the ability to exercise good judgment and to conduct oneself with a high degree of honesty, integrity, and trustworthiness in financial dealings, legal obligations, professional relationships and in one's professional business.
- (2) the ability to conduct oneself in a manner that engenders respect for the law and adheres to the Washington Rules of Professional Conduct.
- (3) the ability to diligently, reliably, and timely perform legal tasks and fulfill professional obligations to clients, lawyers, LLLTs, or LPOs, courts, and others.
- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
- (5) the ability to communicate comprehensibly with clients, lawyers, LLLTs, LPOs, courts, and others, with or without the use of aids or devices.

APR 20(e).

This is to certify that I, _____, am a member in good standing of the
(please print name)
Bar of _____; that I am and have been well acquainted
with _____, an applicant for admission/licensing to the Bar of the
State of Washington, since _____; and that I believe this applicant is of good moral character
and possesses the requisite fitness to practice law as defined above and that I recommend this applicant's admission.

Certified on this ____ day of _____, 20_____

Signature Bar/License No.

Street Address

City, State, Zip

Email Phone

GOOD MORAL CHARACTER AND FITNESS CERTIFICATE

WSBA Bar/License No.: _____

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- (4) the ability to competently undertake fundamental legal skills commensurate with the lawyer, LLLT, or LPO license applied for, such as legal reasoning and analysis, recollection of complex factual information and integration of such information with complex legal theories, problem solving, and recognition and resolution of ethical dilemmas and;
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Bar of _____; that I am and have been well acquainted
with _____, an applicant for admission/licensing to the Bar of the
State of Washington, since _____; and that I believe this applicant is of good moral character
and possesses the requisite fitness to practice law as defined above and that I recommend this applicant's admission.

Certified on this ____ day of _____, 20_____

Signature Bar/License No.

Street Address

City, State, Zip

Email Phone

DO NOT ALTER THESE FORMS
Corrections/Erasures VOID this form
Execute Three Original Copies
Please Use Black or Blue Ink

AUTHORIZATION AND RELEASE

I, (Name) _____

born at (City) _____, (State) _____

(COUNTRY) _____, on (Date of Birth) _____

having filed an application with the Washington State Bar Association, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA). I further consent to allow the WSBA to conduct an investigation as to my moral character, professional reputation, and fitness for the practice of law. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by WSBA that the contents of the report are used only for the purpose of making a determination regarding my character and fitness to practice law.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the WSBA information or photocopies from my military record.

I hereby release, discharge and exonerate the Washington State Bar Association, its agents and representatives, and any person furnishing information 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 Washington State Bar Association.

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix

- I am presently a member of the armed forces.
I was a member of the armed forces.

- A. Regular armed forces: Air Force, Army, Coast Guard, Marine Corps, Navy
Reserve components: Air Force, Army, Coast Guard, Marine Corps, Navy
National Guard: Air Force, Army, State

My serial number was/is _____ My rank was/is _____
Dates of service: Active Duty - From Mo/Yr _____ To Mo/Yr _____
Reserve Duty - From Mo/Yr _____ To Mo/Yr _____
National Guard - From Mo/Yr _____ To Mo/Yr _____

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active, Reserve, National Guard
Present duty station _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Telephone number () _____
Name of commanding officer _____

- C. As a member of the armed forces of the United States:
1. Were you ever court-martialed? *Yes, No
2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) *Yes, No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

- 3. Did you receive an honorable discharge? Yes, *No
4. Were you allowed to resign in lieu of court-martial? *Yes, No
5. Were you administratively discharged? *Yes, No

*If you checked a box followed by an asterisk, provide an explanation for each answer:

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____
Explanation of circumstances _____

Result, including any punishment _____

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____
Explanation of circumstances _____

Result, including any punishment _____

To be used with Question 26-28
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Brief explanation _____

To be used with Question 29
FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
 First Middle Last Suffix

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Trial date _____

Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes No Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Brief explanation of suit _____

Attach a copy of the pleadings, judgments, and/or final orders.

Form 3

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
 First Middle Last Suffix

Date action/complaint initiated _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and complete address of investigative agency (body, board, commission, committee, etc.):

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

Brief explanation _____

Attach a copy of the administrative record.

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
 First Middle Last Suffix

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

 Name of court _____

 Address _____

 City _____ State _____ Zip _____

 Country _____ Province _____

Debts discharged:

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition _____

Disposition _____

- Were any adversary proceedings instituted? Yes No
- Were there any allegations of fraud? Yes No
- Were any debts not discharged? Yes No

Brief description of circumstances surrounding filing petition for bankruptcy:

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

FORM 5 / RECORD OF CRIMINAL CASES

Name _____
 First Middle Last Suffix

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Brief description of incident _____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.

To be used with Questions 35-39
FORM 6 / FINANCIAL RESPONSIBILITY

Name _____
First Middle Last Suffix

Type of debt: Revocation Defaulted Student Loan
 Tax Debt Past Due Debt
 Other Defaulted Debt

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form

Full account number _____

Original amount of debt _____

Current balance _____

Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Name and address of current creditor or collection agency if different from above:

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Full account number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect and any defenses:

