

NATIONAL CONFERENCE OF BAR EXAMINERS (NCBE)

Request for Preparation of a Character Report

All Attorney Applicants: Complete this form and submit it directly to the NCBE with separate payment made payable to the NCBE.

DATE: _____

APPLICANT NAME: _____
First Middle Last

Fee Schedule

FEE CATEGORY	DESCRIPTION
<input type="checkbox"/> III: ATTORNEY/BAR ADMISSION * \$375	→ Presently a member of a bar; OR → Not a member of a bar, but the application is received at NCBE more than one year after the J.D. was awarded.
<input type="checkbox"/> IV: FOREIGN-EDUCATED OR FOREIGN-LICENSED ATTORNEY \$750	→ Applicant's first law degree was not obtained in the United States, whether or not a subsequent U.S. law degree was conferred; OR → Current or former member of a bar of a foreign country; OR → Otherwise authorized to practice law in a foreign country.
V: SUPPLEMENTAL (see fees below) If NCBE has previously completed a character report, the applicant may be eligible for a reduced supplemental fee. An applicant is eligible for a supplemental fee only if the conditions in the right-hand column are satisfied. Completion of a new application (by answering all questions again) is required.	CONDITIONS → The original jurisdiction releases the original report; AND → The jurisdiction to which application is being made is willing to accept a copy of the original NCBE character report together with a supplemental report with the understanding that no additional work will be undertaken to verify the original report; AND → The original NCBE report was completed less than four years before the date this request for a supplemental report is received at NCBE.
<input type="checkbox"/> V(a): SUPPLEMENTAL * \$175	→ This report is prepared when the original NCBE report was completed for a different jurisdiction.
<input type="checkbox"/> V(b): SUPPLEMENTAL * \$75	→ This report is prepared when the original NCBE report was completed for the same jurisdiction.
<input type="checkbox"/> V(c): SUPPLEMENTAL \$300	→ This report is prepared when the original NCBE report was completed as a Category IV Foreign report.

** Applicants with foreign credentials (education or bar admission) are processed under Category IV or Category V(c) — see Fee Categories and Descriptions above.*

Check with the jurisdiction to which you are applying to determine if you should remit the fee directly to NCBE.

METHOD OF PAYMENT

Payment (check or money order payable to NCBE) is enclosed. A returned check is subject to a \$25 fee.

Charge fee to my:  

Name on card _____

Billing address _____

City _____ State _____ Zip _____ Telephone (____) _____

Country _____ Province _____

Credit Card# - - - Expiration Date -

Signature _____

(required for credit card payment)

Note that if you withdraw your application prior to the generation of correspondence, a processing fee will be retained. Once correspondence is generated, the entire fee is nonrefundable. In addition to the processing fee, NCBE reserves the right to pass along the cost of obtaining records in conjunction with this application.

Mail this form with check or money order, if applicable, to:

**NCBE, Intake Department
302 S Bedford St
Madison, WI 53703-3622**

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

NCBE Number _____

WSBA Applicant ID No. _____

AUTHORIZATION AND RELEASE

I, (Name) _____

born at (City) _____, (State) _____,

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

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and 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 and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities 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 and NCBE 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 and NCBE 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 and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, 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 National Conference of Bar Examiners or by the Washington State Bar Association.

A photocopy or electronic copy of this completed form may be considered an original.

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.

**Return two completed original forms to: NCBE, Intake Department, 302 S Bedford St, Madison, WI 53703-3622
Upload image or PDF of this form to your online application at <https://admissions.wsba.org/>. Retain one original.**

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

NCBE Number _____

WSBA Applicant ID No. _____

AUTHORIZATION AND RELEASE

I, (Name) _____

born at (City) _____, (State) _____,

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

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and 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 and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities 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 and NCBE 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 and NCBE 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 and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, 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 National Conference of Bar Examiners or by the Washington State Bar Association.

A photocopy or electronic copy of this completed form may be considered an original.

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.

**Return two completed original forms to: NCBE, Intake Department, 302 S Bedford St, Madison, WI 53703-3622
Upload image or PDF of this form to your online application at <https://admissions.wsba.org/>. Retain one original.**

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

NCBE Number _____

WSBA Applicant ID No. _____

AUTHORIZATION AND RELEASE

I, (Name) _____

born at (City) _____, (State) _____,

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

having filed an application with the admission authority of Washington State, hereby apply for a character report to be prepared by the Washington State Bar Association (WSBA) and the National Conference of Bar Examiners (NCBE). I further consent to allow NCBE and 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 and NCBE, and, that NCBE reports the contents of the report only to bar admission authorities 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 and NCBE 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 and NCBE 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 and NCBE information or photocopies from my military record.

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, 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 National Conference of Bar Examiners or by the Washington State Bar Association.

A photocopy or electronic copy of this completed form may be considered an original.

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.

**Return two completed original forms to: NCBE, Intake Department, 302 S Bedford St, Madison, WI 53703-3622
Upload image or PDF of this form to your online application at <https://admissions.wsba.org/>. Retain one original.**