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VIRGINIA BOARD OF BAR EXAMINERS
CHARACTER & FITNESS QUESTIONNAIRE

Type of Applicant:

○ I am applying for the Law Reader Program.

○ I am applying as Military Legal Assistance Attorney.

In the Matter of the Application of

_____

(Enter your Full Legal Name - No initials)
Candidate for Admission to the Practice of Law in Virginia

EXPLANATION AND INSTRUCTIONS

Before being issued a license to practice law in Virginia, each applicant is required by statute to produce to the Virginia Board of Bar Examiners evidence sufficient to satisfy the Board that the applicant is a person of honest demeanor and good moral character and possesses the requisite fitness to perform the obligations and responsibilities of a practicing attorney at law. *Va. Code Ann.* § 54.1-3925.1. The standards for making such evaluation are set forth in the Board's Rules and Supreme Court Regulations. Completion of this Applicant's Character and Fitness Questionnaire is the first step in this process.

You must answer each question on this Questionnaire fully and truthfully. Any omission, untruthful answer, or incomplete answer may result in your being denied the privilege of taking the bar examination and/or practicing law in Virginia. If you have any doubts about whether any matter should be reported on this Questionnaire, **YOU SHOULD** report it. Any advice you seek or receive does not absolve you of responsibility for your response. If an omission is deemed material, such omission may result in the denial of licensure.

If you are not sure of dates, times, places, or other information requested, it is your responsibility to consult the court, governmental agency, or other entity or person involved to obtain the accurate and complete information.

If the space provided for any answer is inadequate, complete your answer on a separate sheet, referencing the question to which it relates. Affix your signature to each additional sheet you submit with the Questionnaire. Your answers to the completed Questionnaire must be verified before a Notary Public.

Until you are licensed, admitted and registered as a member of the Virginia State Bar, you have a continuing duty to report immediately the following, in writing, to the Virginia Board of Bar Examiners: any change in your personal, educational or professional status that may affect your standing relative to your character and fitness to practice law, including anything that would modify any of the responses on this Questionnaire or subsequent updates.

Two (2) completed TYPED copies of this Questionnaire (the original and one photocopy), both with required attachments and both bearing *your original signature* under oath or affirmation, must be submitted to the Secretary of the Virginia Board of Bar Examiners along with the appropriate fee, in accordance with the fee schedule currently in effect. An Application for Examination, Admission Without Examination, the Law Reader Program, or Military Legal Assistance Attorney **must be** filed **simultaneously** with this Character & Fitness Questionnaire. **You should keep a photocopy of your completed Character & Fitness Questionnaire for your personal records.**

The following paragraphs do not pertain to those applying for Admission Without Examination or the Law Reader Program. It pertains ONLY to those applicants taking the Virginia Bar Exam:

- The filing deadline for the February Bar Exam is December 15 and for the July Bar Exam is May 10. Applications for Examination and Character & Fitness Questionnaires should be filed **no more than** 90 days prior to the filing deadline, but must be filed by the statutory filing deadline in accordance with § 54.1-3925.1 of the Code of Virginia.

- **I understand that this Questionnaire is NOT the application to take the Virginia Bar Examination and that I must file simultaneously an Application for Examination on the form prescribed by the Board of Bar Examiners, by the statutory filing deadline, IN ADDITION TO this Character & Fitness Questionnaire. _____ (Initial Here)**

Your completed Application, Questionnaire, fee, **and all required attachments** should be filed with:

Secretary, Virginia Board of Bar Examiners
2201 West Broad Street, Suite 101
Richmond, Virginia 23220-2022

1. (a) Your full legal name

Title	First	Middle	Last	Suffix

(b) Have you ever used or been known by any other name (other than a nickname), including but not limited to a maiden name or former married name? ☐ **Yes** ☐ **No**

If yes, state in full each name used or by which you have been known, the dates during which the name was used, and the reasons for using the name.

Name	Dates	Reason

(c) Has your name ever been changed legally (does not include name changes via marriage)? ☐ **Yes** ☐ **No**

If yes, attach a certified copy of the name change order.

(d) Social Security number: _____

Your Social Security number may be used by the Board of Bar Examiners and the National Conference of Bar Examiners to obtain background information on you from law enforcement, credit, and other agencies or entities. Disclosure of your Social Security number or Virginia Dept. of Motor Vehicles control number is required by § 54.1-116 of the Code of Virginia and assists in expediting the character review process. If you requested your MPRE scores be sent to Virginia, your Social Security number is the only means used to match the MPRE score to your application.

(e) Date of birth _____
mm/dd/yyyy

(f) Place of birth _____ City _____ State _____ Country

(g) If you were born in a foreign country, state at what age you came to the USA. Age _____ (yrs).

2. Are you a citizen of the United States? ☐ **Yes** ☐ **No** If Yes, answer 2(a). If No, answer 2(b).

(a) If yes to question 2, answer either (i) or (ii).

(i) I claim citizenship by birth and attach a certified copy or legible photocopy of my birth certificate.
☐ **Yes** ☐ **No** ☐ **N/A**

(ii) I claim citizenship other than by birth and attach a certified copy or legible photocopy of my naturalization papers. ☐ **Yes** ☐ **No** ☐ **N/A**

If yes to question 2(a)(ii), provide the following information.
Date of Certificate: _____
Court: _____

(b) If no to question 2, I will complete and submit the "Affidavit of Immigration Status".
☐ **Yes** ☐ **No** ☐ **N/A**

3. (a) List all state(s) in which you are currently licensed to operate a motor vehicle and your operator's license number for each state. **ATTACH a current transcript (issued within the past 60 days) of your driving record from each state you list below.** If none, state "NONE."

State	Operator's License Number	Year acquired

(b) List all states in the last five (5) years where you have previously held a license to operate a motor vehicle. **ATTACH a transcript (issued within the past 60 days) of your driving record from each state you list below.** If none, state "NONE."

State	Operator's License Number	Held from (Mo/Yr) to (Mo/Yr)

4. (a) Provide your **current mailing address**, including your telephone number.

Street _____ Apt _____

City _____ State _____ ZIP _____ County _____

Daytime Phone _____

Current mailing address from _____ _____ to present
month year

Email address _____

(b) Do you reside at your current mailing address? ○ **Yes** ○ **No**
If no, please provide your current residence address, including your telephone number.

Street _____ Apt _____

City _____ State _____ ZIP _____ County _____

Phone _____ How long at this address? _____

Any change in your mailing address must be reported immediately to the Secretary of the Board of Bar Examiners. Change of Address Forms are available here.

4. (c) List on page 4 all addresses (permanent and temporary) where you have lived since your 18th birthday or for the past ten (10) years, whichever period is shorter. Give the exact address, together with the month and year of the beginning and ending dates, of each residence.

1. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

2. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

3. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

4. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

5. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

6. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

7. Prior Address Street _____ Apt _____

City _____ County _____

State _____ ZIP _____

from _____ _____ (Mo/Yr) to _____ _____ (Mo/Yr)

---

4. (d) List below the name and daytime telephone number of a person who does not reside with you, but could assist the Board in contacting you.

Name	Relationship	Phone

5. (a) Indicate your marital status.

Single (never married) **Separated but not divorced** **Widowed**
Married **Divorced**

(b) If you are married, state the date of your marriage and your spouse's full name (include a maiden name, if applicable).

Date of Marriage: _____

Spouse's Full Name: _____

(c) Have you had a marriage terminated by divorce, annulment, dissolution, or any other legal termination or separation?

Yes **No**

(i) If yes, give the title and number of the case, the name and address of the court granting the decree, date of the decree, grounds for termination, and name and address of your legal counsel.

(d) Have you had any post-judgment actions filed in any of the matters listed in 5(c) above, **including but not limited to** motions, citations in contempt, child custody actions, child support, or motions filed in any jurisdiction by any person or agency?

Yes **No**

(i) If yes, list all post-judgment actions: give title; case number; date; court name and address; your legal counsel's name and address; and disposition or current status. If none, so state.

5. (e) Have you ever been under any court-ordered obligation to pay alimony or child support payments?

Yes **No**

If yes, state your compliance with such support payments and list the name and last known address of your former spouse(s) or the custodial parent of your child(ren) to whom support is/was to be paid.

6. (a) Provide the name of the high school from which you graduated and the date of your graduation.

Name of High School | Month | Year

(b) List all colleges, universities, trade schools, or other post-high school educational facilities (except **law school**) you have attended, **beginning with most recent**. Give the name and **complete address of the registration office for each facility (including ZIP Code)**, the **period of attendance** (from and to dates), **degree** and **date received**.

1. School Name

The information you provide must be accurate.

Address | From: Month | Year | Degree

City | State | ZIP | To: Month | Year | Date (mo/yr)

2. School Name

The information you provide must be accurate.

Address | From: Month | Year | Degree

City | State | ZIP | To: Month | Year | Date (mo/yr)

3. School Name

The information you provide must be accurate.

Address | From: Month | Year | Degree

City | State | ZIP | To: Month | Year | Date (mo/yr)

4. School Name

The information you provide must be accurate.

Address | From: Month | Year | Degree

City | State | ZIP | To: Month | Year | Date (mo/yr)

5. School Name

The information you provide must be accurate.

Address | From: Month | Year | Degree

City | State | ZIP | To: Month | Year | Date (mo/yr)

6. (c) List all law schools you have attended, beginning with most recent. Enter the name and **complete registrar's office address** of the law school (including ZIP Code), the **period of attendance** (from and to dates), and **degree** and **date received**. If you did not receive a degree, enter "N/A". If your law school is not listed, double click the field and enter the law school name and complete address.

1
School Name _____ _____ _____
Address _____ From: Month Year Degree
City _____ State _____ ZIP _____ To: Month Year Date (mo/yr)

2
School Name _____ _____ _____
Address _____ From: Month Year Degree
City _____ State _____ Zip _____ To: Month Year Date (mo/yr)

3
School Name _____ _____ _____
Address _____ From: Month Year Degree
City _____ State _____ Zip _____ To: Month Year Date (mo/yr)

(d) Have you received a degree from an ABA approved law school? ○ **Yes** ○ **No**
If yes, enter degree date. _____

(e) Are you currently attending an ABA approved law school? ○ **Yes** ○ **No**
If yes, enter the date you expect to graduate. _____

(f) Are you "applying" for or have you "completed" the Law Reader Program?

○ **Applying** ○ **Completed** ○ **N/A**

If you chose "applying" or "completed" above, list below the name and complete mailing address of your Supervising Attorney and the dates of your law reader study:

1
Attorney _____ _____ _____
Address _____ From: Month Year
City _____ State _____ Zip _____ To: Month Year

2
Attorney _____ _____ _____
Address _____ From: Month Year
City _____ State _____ Zip _____ To: Month Year

7. (a) Have you ever been academically, administratively or otherwise disciplined, placed on probation, suspended, expelled or requested to terminate your enrollment, or allowed to resign in lieu of disciplinary action at any college, university, law school, trade school or any other post-high school educational facility? ○ **Yes** ○ **No**
If yes, give the name and address of the institution, a description of the alleged violation and any action by the institution, the date of the action and a full explanation of the reasons for such action.

(b) Have you ever been charged with violating the honor code of any educational facility (regardless of the disposition of the charge)? ○ **Yes** ○ **No**

If yes, give the name and address of the institution, a description of the alleged violation and any action by the institution, the date of the action and a full explanation of the reasons for such action.

(c) Have you ever been accused or investigated, or are you currently under investigation, for improper conduct or alleged cheating on a standardized test? ○ **Yes** ○ **No**

If yes, give the name and address of the entity administering the test, the test type and administration date, a description of the alleged violation and any action taken, the date of the action, and a full explanation of the reasons for such action.

8. (a) Indicate whether you are or have ever been a member of the Armed Forces of the United States, its Reserve components, or the National Guard and provide the additional information requested.

I have never been a member of the Armed Forces.

I am/have been a member of the Armed Forces. Indicate branch(es) below:

Regular Armed Forces **Air Force** **Coast Guard** **Navy** **Army** **Marine Corps**

Reserve Component **Air Force** **Coast Guard** **Navy** **Army** **Marine Corps**

National Guard **Air Force** **Army**

Rank is/was _____

Dates of Service:

(b) Have you ever been rejected for service in any branch of the Armed Forces of the United States?

Yes **No**

If yes, so state the reason for the rejection, the date and other pertinent facts related to the rejection.

(c) If you are currently a member of the Armed Forces, provide the following information.

Active **Reserve** **N/A**

Present duty station _____

Address _____
(Street, City, State, ZIP)

Telephone Number _____

Commanding Officer's Name _____

Commanding Officer's Telephone Number _____

8. (d) If you were formerly a member of the Armed Forces, provide the following information and **attach a copy of REPORT OF SEPARATION, FORM DD214, to your completed Questionnaire.**

I received an Honorable Discharge.

I have not received a discharge. I am still in the military.

I did not receive an Honorable Discharge. If you marked this choice, indicate:

Type of discharge _____

Circumstances surrounding your discharge:

_____

(e) If you have ever served in the Armed Forces of the United States, were you ever a defendant in any courts-martial? **Yes** **No**

If yes, give the date, the nature of the charge, the facts pertaining to the case, and the disposition thereof.

_____

9. (a) **Employment** – **The information you list below must be accurate and complete or your character and fitness investigation will be delayed.**

Beginning with your current or most recent employment and going back ten (10) years, or since the age of 18, whichever is less, provide a complete list of your employment. **All periods of time must be accounted for**. If you were unemployed, so state and give the reason for unemployment, (i.e., in school, studying for bar exam, etc.). Please note whether the position was *(P) Paid, (V) Volunteer or (C) Academic Credit.

For each position or period of time you must provide the following:

- Beginning and ending dates (month/year) of each employment, self-employment or association.
- The name of each employer, business, association or enterprise and your position.
- The current mailing address (including ZIP Codes) for each employer. (If your employer has moved, give the current mailing address – not the address where you were employed.)
- If a former employer is no longer in business, so state, and list the name, current address and telephone number of a verifying reference.
- If you were self-employed, complete the section below as well as 9(b).

The information you list below must be accurate.

1 ◯ **Employed** ◯ **Unemployed**

Employed/Unemployed | *P, V, C | Position | Phone

Employer | Supervisor or Department | Fax

City | From Month | Year

Address | State | ZIP | To Month | Year

Reason for Leaving/Unemployment (please attach explanation on separate sheet of paper if longer than the 3 lines)

The information you list below must be accurate.

2 ◯ **Employed** ◯ **Unemployed**

Employed/Unemployed | *P, V, C | Position | Phone

Employer | Supervisor or Department | Fax

City | From Month | Year

Address | State | ZIP | To Month | Year

Reason for Leaving/Unemployment (please attach explanation on separate sheet of paper if longer than the 3 lines)

The information you list below must be accurate.

3 ◯ **Employed** ◯ **Unemployed**

Employed/Unemployed | *P, V, C | Position | Phone

Employer | Supervisor or Department | Fax

City | From Month | Year

Address | State | ZIP | To Month | Year

Reason for Leaving/Unemployment (please attach explanation on separate sheet of paper if longer than the 3 lines)

9. (b) Were you self-employed in any of your employments listed in 9(a)? ◯ **Yes** ◯ **No**

If yes, complete the following verifying reference information. Do not list a personal reference or person related to you by blood or marriage.

1

Company/Job Title of Self-Employment | From Month | Year | To Month | Year

Name of Verifying Reference | Occupation of Verifying Reference

Address of Verifying Reference | City | State | ZIP

Telephone Number of Verifying Reference | Length of Time Known

2

Company/Job Title of Self-Employment | From Month | Year | To Month | Year

Name of Verifying Reference | Occupation of Verifying Reference

Address of Verifying Reference | City | State | ZIP

Telephone Number of Verifying Reference | Length of Time Known

3

Company/Job Title of Self-Employment | From Month | Year | To Month | Year

Name of Verifying Reference | Occupation of Verifying Reference

Address of Verifying Reference | City | State | ZIP

Telephone Number of Verifying Reference | Length of Time Known

(c) Have you ever been discharged by any employer? ◯ **Yes** ◯ **No**
If your answer to this question is "yes," identify the employer and give the full particulars as to the reason you were discharged or asked to resign.

9. (d) Have you ever been asked to resign or been given the choice of resigning in lieu of being terminated by any employer? ◯ **Yes** ◯ **No**

If your answer to this question is "yes," identify the employer and give the full particulars as to the reason you were discharged or asked to resign.

10. (a) In the table below you must disclose each **BAR EXAM** application that you have **ever** submitted to any United States jurisdiction (i.e., state, District of Columbia, or territory), either as a first-time applicant or as a repeat applicant. Be sure to list every exam for which you applied or which you took. Enter your responses in chronological order. If you have never previously applied for a bar exam, state "NONE". *If you applied but did not take an exam, or your application status is pending, was withdrawn or other, please provide a detailed explanation.

	Jurisdiction	Exam Date Month	Exam Date Year	Type	Result*	Status*	Was Proof of Good Character Required
1.							
*Explanation							
2.							
*Explanation							
3.							
*Explanation							
4.							
*Explanation							
5.							
*Explanation							

(b) Other than your bar exam applications listed in question 10(a), you must disclose ALL jurisdictions to which you have **ever** applied for admission (e.g, license, registration, certification) to practice law, specifying the date of **every** application and the results of each. If none, state "NONE."
*If your application status is pending, was withdrawn or other, please provide a detailed explanation.

	Jurisdiction	Exam Date Month	Exam Date Year	Type	Status*	Was Proof of Good Character Required
1.						
*Explanation						
2.						
*Explanation						
3.						
*Explanation						
4.						
*Explanation						
5.						
*Explanation						

(c) For any jurisdiction listed in 10 (a) and (b) above in which you were ever admitted, give the following information: If none, so state.

Jurisdiction	Exact Date of Admission	Admission Status	Admitting Licensing Authority (Supreme Court, State Bar etc. Specify Division or Department if applicable)

10. (d) Have you ever been:

i. Denied permission to take the bar examination in any jurisdiction? ○ **Yes** ○ **No**
If yes, provide the date, jurisdiction, decision or recommendation, include all reasons cited and any other pertinent information.

ii. Denied admission to the practice of law in any jurisdiction, other than for failure to pass the bar examination? This should include any adverse decisions, negative recommendations, or any contingencies concerning licensure, whether final or otherwise. ○ **Yes** ○ **No**
If yes, provide the date, jurisdiction, decision or recommendation, include all reasons cited and any other pertinent information.

(e) Some states require law students to pre-register to take their bar exam and/or to seek character and fitness certification. Have you ever registered as a law student or sought character and fitness certification as a law student? ○ **Yes** ○ **No**
If yes, list the jurisdiction(s) and date (mm/yyyy) of such submission or registration.

(f) As a law student, have you ever applied to be eligible to participate in clinical education or third-year-practice program(s)? ○ **Yes** ○ **No**
If yes, list the jurisdiction(s) and date (mm/yyyy).

10. (g) **Other than the applications for law admissions disclosed in questions 10(a) and 10(b)**, have you ever submitted an application, applied for, or held a license or certificate which required proof of good character? ○ **Yes** ○ **No**

If yes, for each license or certificate you have ever applied for, **other than the law admissions disclosed in Question 10 (a) and (b)**, identify the type of license or certificate and state the date it was granted, the name and complete current mailing address of the authority issuing it, whether the license or certificate is active, inactive, pending, refused or revoked, and whether you have been reprimanded, censured, or otherwise disciplined as the holder of the license or certificate. **You MUST include in your response a description of the application(s) or other submission(s).** ***Do NOT send a copy of your application(s).***

11. (a) To your knowledge, has your conduct ever been questioned with reference to the unauthorized practice of law? ○ **Yes** ○ **No**
If yes, explain all facts in detail below.

(b) To your knowledge, have you ever been employed or otherwise connected with any person, firm or corporation whose conduct was questioned on the subject of unauthorized practice of law while you were so employed or connected? ○ **Yes** ○ **No**
If yes, explain all facts in detail below.

12. (a) Have you ever been suspended, censured, reprimanded, disqualified or otherwise disciplined as a member of any profession? ○ **Yes** ○ **No**

If yes, provide the facts and circumstances leading to the action; the professional agency and address; date; case or file number; and current status.

(b) Have you ever been removed from any office, public or private, because of conduct reflecting upon your character, or have any charges been made or filed, or proceedings instituted against you because of conduct reflecting on your character? ○ **Yes** ○ **No**

If yes, provide the facts and circumstances leading to the action; the professional agency and address; date; case or file number; and current status.

(c) Have there ever been or are there now pending any charges, complaints or grievances (formal or informal) concerning your conduct as a member of any profession or as a holder of public office?
○ **Yes** ○ **No**

If yes, provide the facts and circumstances leading to the action; the professional agency and address; date; case or file number; and current status.

Legal Proceedings - The following questions must be answered fully, regardless of bond forfeitures, dismissals or similar termination, including charges that were not prosecuted. Nondisclosure of a criminal charge is allowable only when the charge has been expunged or sealed in accordance with applicable state law.

Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, or citation has, in fact, been expunged or sealed. It is highly recommended that you obtain a copy of the Court Order expunging or sealing the record in question. Failure to reveal an offense, arrest, or citation that has not, in fact, been expunged or sealed, raises questions related to truthfulness in addition to questions regarding the offense itself.

This link may assist you in obtaining any criminal record information that may be required.
http://www.ncsconline.org/wc/CourTopics/statelinks.asp?id=62&topic=PriPub

13. (a) Are you presently or have you ever been a party to or otherwise involved (except as a witness) in any civil or administrative action or legal proceeding? ⊙ **Yes** ○ **No**

If yes, **set forth all details, facts and circumstances** of such proceeding. Regardless of the final outcome of any such proceeding, give the case name, case number, court name and address, description of the allegations, outcome, attorney's name and address.

(b) Are you presently or have you ever been a party to or otherwise involved (except as a witness) in a criminal or quasi-criminal action or legal proceeding (whether involving a felony, misdemeanor, minor misdemeanor, or **any traffic offense or infraction, including charges which did not require your appearance in court**); ○ **Yes** ○ **No**

(c) Are you presently or have you ever been a party to or otherwise involved (except as a witness) in any action or legal proceeding in a juvenile court? ○ **Yes** ○ **No**

(d) If yes for questions 13 (b) and/or 13 (c), was the initial offense, arrest, citation, or charge a FELONY (even if reduced or otherwise amended)? ○ **Yes** ○ **No**

If yes, you must obtain a copy of the original warrant of arrest, indictment and all final sentencing orders and attach them to this Questionnaire.

(e) For **every** offense, arrest, or citation related to Questions 13 (b) and (c) above, provide the information requested below.

1

Date of Incident or time period _____

Offense initially charged _____

Facts and circumstances leading up to charge _____

Law Enforcement Agency _____

Law Enforcement Address _____

Did you appear in Court? ◯ **No** ◯ **Yes** *If No, answer *Section A.* *If Yes, answer **Section B.*

***Section A: Disposition - No Court Appearance:**

Disposition _____

Amount Paid _____

Date Paid _____

****Section B: Disposition - Court Appearance:**

Your name at time of charges _____

First court appearance _____ *Final conviction/disposition date* _____

Name of Court _____

Division of Court _____

Court Address _____

Case/Docket Number _____

Plea _____

Disposition _____

Sentence

2

Date of Incident or time period _____

Offense initially charged _____

Facts and circumstances leading up to charge _____

Law Enforcement Agency _____

Law Enforcement Address _____

Did you appear in Court? ◯ **No** ◯ **Yes** *If No, answer *Section A.* *If Yes, answer **Section B.*

***Section A: Disposition - No Court Appearance:**

Disposition _____

Amount Paid _____

Date Paid _____

****Section B: Disposition - Court Appearance:**

Your name at time of charges _____

First court appearance _____ *Final conviction/disposition date* _____

Name of Court _____

Division of Court _____

Court Address _____

Case/Docket Number _____

Plea _____

Disposition _____

Sentence

3

Date of Incident or time period _____

Offense initially charged _____

Facts and circumstances leading up to charge

Law Enforcement Agency _____

Law Enforcement Address _____

Did you appear in Court? ◯ **No** ◯ **Yes** *If No, answer *Section A.* *If Yes, answer **Section B.*

***Section A: Disposition - No Court Appearance:**

Disposition _____

Amount Paid _____

Date Paid _____

****Section B: Disposition - Court Appearance:**

Your name at time of charges _____

First court appearance _____ *Final conviction/disposition date* _____

Name of Court _____

Division of Court _____

Court Address _____

Case/Docket Number _____

Plea _____

Disposition _____

Sentence

4

Date of Incident or time period _____

Offense initially charged _____

Facts and circumstances leading up to charge

Law Enforcement Agency _____

Law Enforcement Address _____

Did you appear in Court? ◯ **No** ◯ **Yes** *If No, answer *Section A.* *If Yes, answer **Section B.*

***Section A: Disposition - No Court Appearance:**

Disposition _____

Amount Paid _____

Date Paid _____

****Section B: Disposition - Court Appearance:**

Your name at time of charges _____

First court appearance _____ *Final conviction/disposition date* _____

Name of Court _____

Division of Court _____

Court Address _____

Case/Docket Number _____

Plea _____

Disposition _____

Sentence

14. (a) Other than provided in question 13(a), (b), (c), and (d), have you ever been summoned for a violation of any other statute, regulation or ordinance?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

(b) Do you have any outstanding or unpaid fines, court costs, or tickets, including those for traffic or **past-due** parking violations?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

(c) Have you ever been removed, resigned, or asked to resign as a guardian, executor, administrator, trustee, or other fiduciary?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

(d) Have you ever been granted immunity from prosecution?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

(e) Have you ever been cited or arrested for contempt of court for any reason, including, but not limited to, failure to appear as a witness or answer a subpoena or jury summons?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

(f) Has your driver's license ever been revoked or suspended within the last ten (10) years?

Yes **No**

If you answered yes, please set forth all facts and circumstances below.

15. (a) **ALL APPLICANTS: You must attach to this questionnaire your current Credit Report (dated within sixty (60) days of the date you file this questionnaire). Your credit report must come from one of the three national credit reporting agencies (Experian, Equifax or TransUnion). You may obtain your credit report online.**
Note: Profiles or summaries are NOT acceptable – you must provide a full credit report.

(b) Within the last seven years, have you had a credit card revoked?
Yes **No**
If yes, set forth a narrative explanation of the facts in detail below. **List the Creditor's Name, Current Address and your Account Number**. If any court or agency proceedings were involved, state the names, case numbers and dates of all court or agency proceedings; the dispositions made thereof; the names and addresses of the courts or agencies in which the records may be found; and the name and address of your legal counsel in each proceeding(s). Where applicable, a copy of the court order should be submitted.

(c) Have you any debts more than 90 days past due, including student loans? This should include current claims, settlement offers, payment plans in effect with any creditor or taxing authority (local, state, or federal).
Yes **No**
If yes, set forth a narrative explanation of the facts in detail below. **List the Creditor's Name, Current Address and your Account Number**. If any court or agency proceedings were involved, state the names, case numbers and dates of all court or agency proceedings; the dispositions made thereof; the names and addresses of the courts or agencies in which the records may be found; and the name and address of your legal counsel in each proceeding(s). Where applicable, a copy of the court order should be submitted.

(d) Have you any unsatisfied judgments against you?
Yes **No**
If yes, set forth a narrative explanation of the facts in detail below. **List the Creditor's Name, Current Address and your Account Number**. If any court or agency proceedings were involved, state the names, case numbers and dates of all court or agency proceedings; the dispositions made thereof; the names and addresses of the courts or agencies in which the records may be found; and the name and address of your legal counsel in each proceeding(s). Where applicable, a copy of the court order should be submitted.

15. (e) Have you ever filed or been the subject of a petition in bankruptcy? ○ **Yes** ○ **No**

If yes, attach a copy of your bankruptcy petition, including a copy of all schedules and all orders entered in the case. Explain in full detail all facts and circumstances leading to your insolvency.

(f) Have you ever been the subject of a trusteeship, receivership, wage attachment, or garnishment proceeding? ○ **Yes** ○ **No**

If yes, explain in full detail all facts and circumstances regarding the trusteeship, receivership, wage attachment or garnishment proceedings.

(g) Have you ever been engaged in business as an owner or been a director, an officer, a partner, a more than five percent shareholder, or a joint venturer in any business enterprise? ○ **Yes** ○ **No**

If yes to 15 (g), answer the following:

i) List each business or enterprise.

ii) Has any of the businesses or enterprises ever been insolvent or filed for protection from its creditors? ○ **Yes** ○ **No**

If yes, explain in full detail all facts and circumstances leading to the business or enterprise insolvency.

iii) Has any of the businesses or enterprises ever been involved in litigation? ○ **Yes** ○ **No**

If yes, give a detailed explanation of all litigation, i.e., case name, case number, court, description of the allegations, attorney's name and address representing the business.

16. (a) Have you ever applied for or obtained a Student Loan? ◯ **Yes** ◯ **No**

If yes, list below every student loan you have obtained. Include all student loans, whether guaranteed or not, from whatever source, whether **paid in full *(PIF), in repayment (IR) or not yet in repayment (NIR)**. Student loan information may be grouped and the total amount listed if the lender and account numbers are identical. Note: Documentation regarding your student loans from other sources will not be accepted; you must provide the information in the format provided below.

1

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

2

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

3

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

4

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

5

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

6

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

7

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

8

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

9

Creditor's Name | Account Number | Original Loan Amount | *PIF, IR, NIR

Complete Mailing Address | City | State | ZIP | Date Began/To Begin Payment (mm/yyyy)

16. (b) Have you ever defaulted on any student loan? (Answer yes even if the debt is now satisfied)

Yes **No**

If yes, please give the (1) name and current address of the creditor, (2) the loan account number, (3) the amount owed, and, (4) if still in default, what steps have been taken to bring the account current. **Attach a current copy of any documentation from your lender or servicer showing the status of each defaulted student loan.**

(c) Has a judgment ever been entered against you in favor of a student loan guarantor or lender?

Yes **No**

If yes, list the names and current addresses of the holders, furnish certified copies of such judgments and, if satisfied, satisfactions of judgments.

17. (a) List below three character references residing in the United States, none of whom may be a relative or an in-law, who have known you well.

Name	Occupation			How Long Known?
Address		City	State	Zip

Name	Occupation			How Long Known?
Address		City	State	Zip

Name	Occupation			How Long Known?
Address		City	State	Zip

18. (a) To your knowledge, have you ever been denied a security clearance, or has a security clearance previously granted to you ever been revoked?

Yes **No**

If yes, explain fully, including the name of the issuing agency, the security designation and the particulars of the revocation or denial of the clearance.

The following inquiries address recent mental health and chemical or psychological dependency matters. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for mental health problems or chemical or psychological dependency is not, in itself, a basis on which an applicant is ordinarily denied admission in Virginia, and the Board of Bar Examiners regularly licenses individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical or psychological dependency issues. The Board encourages applicants who may benefit from treatment to seek it.

On occasion a license is denied or deferred when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by his or her responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board of Bar Examiners further, each applicant is responsible for demonstrating that he or she possesses all the qualifications to practice law.

The Board does not, by its questions, seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders. Generally, the Board does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

19. (a) Have you been chemically or psychologically dependent upon or treated for the use of any drug, including alcohol?

Yes **No**

If yes, please provide full explanation.

(b) Within the past five (5) years, have you been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, or any other condition which impaired your behavior, judgment, understanding, capacity to recognize reality, or ability to function in school, work, or other important life activities? **If you are uncertain of a diagnosis, it is your responsibility to check with your licensed healthcare professional.**

Yes **No**

If yes, please provide full explanation.

(c) Do you currently have any condition or impairment, including, but not limited to, (1) any related to substance or alcohol abuse or (2) a mental, emotional, or nervous disorder or condition not reported above, which in any way affects, or if untreated could affect, your ability to perform any of the obligations and responsibilities of a practicing lawyer in a competent and professional manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing lawyer.

Yes **No**

If yes, please provide full explanation.

(i) If yes, are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?

Yes **No** **N/A**

If yes, please provide full explanation.

If you answered yes to Question 19 (a), (b) or (c), list below the name and address of your licensed healthcare professional(s). All licensed healthcare professionals must complete the Character and Fitness Healthcare Form and you must attach to this Character & Fitness Questionnaire the completed Character and Fitness Healthcare Form(s).

From		To		Facility Name	Attending Physician	Address	City	State	ZIP	Phone
Mo	Yr	Mo	Yr							

20. (a) Within the past ten (10) years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous or behavioral disorder/condition as a defense, mitigation, or explanation for your actions in the course of any of the following:

If yes to Question 20(a)(i)-20(a)(iii), furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.

○ **Yes** ○ **No** i. Administrative proceeding or investigation?

○ **Yes** ○ **No** ii. Judicial proceeding or investigation?

○ **Yes** ○ **No** iii. Probation, suspension or dismissal by an educational institution?

20. (b) Within the past ten (10) years, has the issue of drugs or alcohol or the issue of a mental, emotional, nervous or behavioral disorder/condition brought about a termination, proposed termination, request to resign, or any other disciplinary action by any of the following:

If yes Question 20(b)(i)-20(b)(v), furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.

○ **Yes** ○ **No** i. Educational institution?

○ **Yes** ○ **No** ii. Employer?

○ **Yes** ○ **No** iii. Government agency?

○ **Yes** ○ **No** iv. Professional organization?

○ **Yes** ○ **No** v. Licensing authority?

21. ***In your own handwriting***, write the following:

I understand and acknowledge that my application for admission to the Bar of Virginia is a continuing process and that I have an obligation to inform the Board of Bar Examiners, promptly and in writing, of any change in any of the information I have provided in this Questionnaire and in any attachment hereto. I agree to cooperate fully by furnishing any supplemental information requested by the Board or the Character & Fitness Committee (and the agents thereof) so that the Board and the Committee will have all information relevant to my character and fitness to practice law when making a decision on my application.

Failure to respond promptly to requests for information violates Section III, 2(C) of the Rules of the Virginia Board of Bar Examiners and could delay the processing of my Character & Fitness application. Any delay without cause may affect the consideration of my Character & Fitness.

Until I am licensed, admitted and registered as a member of the Virginia State Bar, I must immediately report the following, in writing, to the Virginia Board of Bar Examiners: any change in my personal, educational, or professional status that may affect my standing relative to my character and fitness to practice law. This includes anything that would modify any of the responses on this Questionnaire or subsequent updates.

_____

Signature of Applicant

Commonwealth/State/District of_____

City/County of_____, to-wit:

I, _____ , born at _____
(Full Legal Name) (City)

_____, _____, _____ , on _____
(County (State) (Country) (Date of Birth)

In furtherance of my application for admission to the Bar of Virginia, I do hereby swear or affirm that I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true of my own knowledge. I hereby (a) authorize and request every person, firm, corporation, association, court, school, college, university, other educational institution, governmental and law enforcement and other agencies, including healthcare professionals and institutions, having control of any documents, records or other writing, or having other information pertaining to me (including but not limited to educational records as defined in 20 USC § 1232g; confidential records; medical records and records concerning advice, care or treatment provided to me; files of bar associations or disciplinary agencies regarding charges or complaints filed against me, formal or informal, pending or closed, or other pertinent data) to furnish to the Virginia Board of Bar Examiners and its agents or representatives, including the Virginia Board of Bar Examiners, any such writings and information the Board believes may relate to my moral character, professional reputation, and/or fitness to engage in the practice of law, and to permit the Board and any of its agents or representatives to inspect and make copies of such documents, records, and other writings; (b) agree that all information provided by this application, and all other information received by the Board and believed by it to have a bearing upon my moral character, professional reputation, and/or fitness to engage in the practice of law, may be released by the Board at any time, and without liability to the Board, its members, agents, or other representatives, to any investigatory or regulatory body or agency having jurisdiction over admission to the bar or the discipline of lawyers, when such release is considered to be reasonably needed by such body or agency in response to its inquiry relating to my moral character, professional reputation, and/or fitness to engage in the practice of law; and (c) agree that the foregoing shall remain in effect for any future examination for which I may make application to the Virginia Bar. I release the National Conference of Bar Examiners and any person furnishing information in the course of the investigation of my character, professional reputation, and/or fitness to engage in the practice of law from all liability of any kind arising out of the furnishing of such information and documents. **Since this is a continuing Questionnaire**, I will submit such additional affidavits, documentation, or information as may be requested or as may be required by any change in my situation up to the date of my appearance before the Supreme Court of Virginia to be administered the oath of an attorney and counselor at law. I recognize and acknowledge that making a materially false statement in, or failing to disclose a material fact requested in connection with an application for admission to the bar is a violation of Rule 8.1, Virginia Rules of Professional Conduct. **A photocopy of the foregoing authorization shall be as valid as an original.**

_____
Signature of Applicant

Commonwealth/State/District of_____

County/City_____

I, a Notary Public of such County/City, certify that this day personally appeared before me _____

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this ____ day of _____, _____.

My commission expires on _____, _____ _____

Registration Number (if applicable) _____ Notary Public

NOTARY SEAL (must be affixed)

November 2009

To be used with Questions 19(a), (b), (c), and (d)

CHARACTER & FITNESS HEALTHCARE FORM: TO BE COMPLETED BY A LICENSED HEALTHCARE PROFESSIONAL - DESCRIPTION OF MENTAL HEALTH OR SUBSTANCE ABUSE CONDITION OR IMPAIRMENT

Patient's Full Name _____ DOB _____ SSN (Last 4) _____

Date of treatment: From _____ _____ To _____ _____
From Month Year To Month Year

Healthcare Professional's Facility Name _____

Name and title of licensed healthcare professional _____

Healthcare professional's
Current address: _____ _____ _____ _____
Address City State ZIP

Telephone: _____

Describe the condition/diagnosis and any treatment or monitoring program for which you are or have treated the above-named Applicant:

Prognosis: Is it your opinion this condition will affect this person's fitness or ability to perform the duties of an attorney in a professional and competent manner?

Yes **No**

i) If yes, please explain

_____
Licensed Healthcare Professional – Print Name

_____
Licensed Healthcare Professional Signature

_____
Date