

Virginia Board of Bar Examiners

Admission Without Examination

COVER PAGE

**Please review the checklist
for instructions and required documentation.**

SAMPLE

VIRGINIA BOARD OF BAR EXAMINERS
2201 West Broad Street
Suite 101
Richmond, Virginia 23220-2022
804-367-0412

NCBE - 12345678	Processor:
OFFICE USE ONLY Version 4.2 - Submitted December 6, 2018 - 19991	

APPLICATION FOR
ADMISSION WITHOUT EXAMINATION

For Admission to Practice in the Commonwealth Without Examination
Pursuant to Rule 1A:1 of the Supreme Court of Virginia

I hereby apply for a certificate to practice law in the Commonwealth of Virginia, under the Regulations governing Applications for Admission to the Virginia Bar pursuant to the Supreme Court of Virginia Rule 1A:1, and I acknowledge I have read the following Notice:

Notice: Upon receipt of your completed application, the Board will determine, in accordance with the Regulations issued by the Supreme Court of Virginia, whether you have met the minimum Threshold Requirements and established by satisfactory evidence that you:

- Are a proper person to practice law; and
- Pursuant to Virginia Code §54.1-3931, have been admitted to practice law before the court of last resort of any state or territory of the United States or of the District of Columbia for at least five years; and
- Have practiced law for at least three of the immediately preceding five years **and have made such progress in the practice of law** that it would be unreasonable to require you to take an examination.

The Board may require you to appear personally before the Board, the Character and Fitness Committee of the Board, or a member of either the Board or the Committee, and furnish any such additional information as may be required. If your license to practice law in any other jurisdiction is subject to any restriction or condition, the Board shall determine whether the nature of such restriction or condition is inconsistent with the practice of law and, if so, shall deny the application. If the Board determines you are qualified to be admitted to the practice of law in this Commonwealth without examination, the Board shall approve your application and shall notify you of its decision.

YES I acknowledge I have read the above Notice.

Section 1 - Personal Information

You must apply in your **FULL LEGAL NAME***.

- *Your full legal name must be the **EXACT name and spelling** as listed on your birth certificate, name change order, adoption decree, naturalization or immigration documentation. **Initials are not acceptable unless** initials are part of your full legal name.
- If you are married and have not changed your name with the Social Security Administration or never assumed your spouse's last name on any educational, financial or legal documents, your full legal name would be your maiden name. If you have assumed your spouse's last name, your middle name may be your middle name as shown on your birth certificate, your maiden name, or both.
- Although your Social Security card, passport, or driver's license may be issued in a name **other** than your full legal name, you **must** apply to and be licensed by the Virginia Board of Bar Examiners in your **full legal name**.

1.1 Full legal* name

Ms. Jane

Smith

Doe

Title First name

Middle name

Last name

Suffix

- 1.2 Provide your current mailing address, email address, daytime telephone number, and date of birth.

Street **PO Box 123**
 City **Richmond** State **VA** ZIP **23226**
 Daytime phone **(804) 555-3928** County **Henrico**
 Email address **janesdoe@gmail.com**
 Date of birth **January 1, 1985**

Any change in mailing address, telephone number or email address must be reported immediately to the Secretary of the Board of Bar Examiners via a Change of Address form on our website.

- 1.3 Social Security Number: **999-99-9999**
 or Virginia Department of Motor Vehicles Control Number:

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.

- 1.4 NCBE Number – required for ALL applicants: **N12345678**

All applicants must obtain an NCBE Number and provide the Board an NCBE Number Confirmation printout as verification of your NCBE Number. The NCBE Number is an 8-digit number preceded by the letter N (e.g. N10002416). If you do not have an NCBE number or need to obtain the NCBE Number Confirmation printout, go to www.ncbex.org.

- YES 1.5 Are you currently employed?

Position **Attorney**
 Employer **Jones, Jones & Jones**
 Street **123 West Street**
 City **Richmond** State **VA** ZIP **23220**
 Phone number **(804) 555-1212** Fax number **(804) 555-1213**
 Supervisor or Department **Mr. Jones** Email address **jonesIII@jones.com**

Send all correspondence to **Business address**

Section 2 – Minimum Threshold Requirements

If you answer **NO** or **FALSE** in Section 2 - Minimum Threshold Requirements, you **do NOT qualify** for admission without examination in Virginia.

- YES I understand that the filing fee is **non-refundable** and that it is my responsibility to determine that I satisfy all threshold requirements before submitting my application.

I hereby represent as a part of my Application for admission without examination to the Virginia Bar and licensure to practice law in Virginia (i) that I have read the Regulations governing Applications for Admission to the Virginia Bar pursuant to Supreme Court of Virginia Rule 1A:1, and (ii) that I satisfy every threshold requirement for eligibility to apply for admission without examination, including without limitation the following:

- 2.1 I received a Juris Doctor degree from:
 Law school **Brooklyn Law School**
 Degree date **January 15, 2012**
 School code **6**

YES At the time of my graduation, such law school was approved by the American Bar Association.

- YES (A) I attach hereto an official transcript from such law school which shows all course work completed, grades received, the type of degree awarded. Your official transcript must be under school seal and signed by the law school dean or registrar.

- True 2.2 Within the five (5) years immediately prior to submitting this application, I have not failed **any** bar examination.

- True** **2.3** I have not failed more than two (2) bar examinations **ever**.
- 2.4** My Reciprocal Jurisdiction is **New York**, which is a state or territory of the United States or the District of Columbia, and
- YES** **(A)** I am a member in good standing of the court of last resort of **New York**.
- YES** **(B)** I have independently determined that **New York** permits lawyers licensed in Virginia to be admitted to practice in such jurisdiction without examination.
- YES** **(C)** I will attach a properly signed Verification of Reciprocity Form, confirming my admission to practice law before the court of last resort of **New York**.
- YES** **2.5** I have been admitted to practice law **before the court of last resort** for at least five (5) years in the following state(s), territories of the United States, or the District of Columbia.
- Jurisdiction(s): **New York, Massachusetts**
- YES** **2.6** I have been engaged in the lawful practice of law on a full-time* basis for at least three (3) years (36 calendar months) out of the past five (5) years immediately prior to submitting this application. During each month for which I claim credit for the full-time practice of law, I have been licensed to engage in the practice of law in the jurisdiction where the practice occurred; or, I am authorized by statute, rule, court order, or by written confirmation from the admitting or disciplinary authority of the jurisdiction to practice law in the jurisdiction where the practice occurred.
*Full-time shall mean practicing law for a minimum of 32 hours per week.
- YES** **2.7** During each month for which I claim credit for the full-time practice of law*, my qualifying law practice involved an attorney–client relationship as described in [Threshold Requirement 4](#) [exception for employment as a state or federal judge or judicial law clerk (answer Yes)].
**"Practice of law" ordinarily shall not mean document review work.
- YES** **2.8** I have completed Rule 1A:1 Reciprocity Course approved by the Virginia Mandatory Continuing Legal Education (MCLE) Board within the preceding six-month period.
- YES** **2.9** I will attach the Virginia MCLE Board Certification of Attendance certifying completion of the Rule 1A:1 approved course.
- YES** **2.10** I have read and am familiar with the Virginia Rules of Professional Conduct, and I will complete and submit the VIRGINIA RULES OF PROFESSIONAL CONDUCT AFFIDAVIT (Affidavit will print as part of the application forms).

Section 3 – Prior Applications

- NO** **3.1** Have you ever made a prior application for admission to the Virginia Bar?

- 3.2** Other than Virginia, list each and every bar application or re-application **ever** submitted to any jurisdiction (including your reciprocal jurisdiction). For each application submitted, state whether you were admitted, passed, failed, withdrew, etc.

Jurisdiction	Application date	Application type	Application status	Admission status
New York	Jan 2012	Exam	Pass	Retired

Jurisdiction	Application date	Application type	Application status	Admission status
Massachusetts	Jan 2012	Exam	Pass	Suspended*

Explanation for Suspended* admission status:

My license was administratively suspended in October 2015 for failure to complete all Mandatory Continuing Legal Education requirement hours. I have completed the required MCLE hours and my administrative suspension status should be updated within 30 days.

Jurisdiction	Application date	Application type	Application status	Admission status
Maine	Apr 2014	Exam	Pass	Active

- YES 3.3** Have you ever held a Virginia Corporate Counsel Certificate under Part I of Rule 1A:5? If yes, state date admitted, name of corporate employer, and current admission status.

Admission date	Corporate employer	Admission status
May 1, 2017	A to W AllWorks	No longer hold a Va Corp. Counsel Certificate

- YES 3.4** For each jurisdiction where I have ever been admitted (including Virginia Corporate Counsel), I attach an original **Certificate of Good Standing** (electronic copy not acceptable), dated within 90 calendar days prior to submission, from the court of last resort for each such jurisdiction, in accordance with Rule 1A:1(b)2.

(A Certificate Of Good Standing is required even if you are on inactive status).

- YES 3.5** For each jurisdiction where I have ever been admitted (including Virginia Corporate Counsel), I attach an original **Certificate of Discipline** (electronic copy not acceptable), dated within 90 calendar days prior to submission, from the disciplinary authority that handles complaints against lawyers. Such certificate must provide all relevant information, reports, findings, documents and correspondence of any kind concerning my performance as a lawyer.

(A Certificate of Discipline is required even if you are on inactive status).

- NO 3.6** I understand that if I have any **pending** disciplinary matters, investigations or charges in any jurisdiction, my application will not be processed and my application fee is non-refundable.

Section 4 – Current Office Location

YES 4.1 Are you currently practicing law?
The physical address of the office from which I currently practice law is:

Street **123 West Street**
City **Richmond** State **VA** ZIP **23220**

NO 4.2 Are you licensed to practice law in the jurisdiction where your physical office is located?

Provide a detailed description of your current practice and submit to the Board any authority (statute, rule, court order, or written confirmation) that permits the practice of law without a law license in the jurisdiction where your office is physically located.

My practice involves only federal immigration law work. See Virginia State Bar UPL OPINION 158.

Section 5 – Acknowledgments

YES 5.1 I understand that if all information requested in this Application, including the Character & Fitness Questionnaire and ALL required attachments, is not full and complete on its initial submission, the application will not be processed and the filing fee is non-refundable.

YES 5.2 I acknowledge that this is a continuing application process and if any answer in this Application or in my Character & Fitness Questionnaire changes prior to my admission to the Virginia Bar, I am required to notify the Board immediately, in writing, of such change(s). Failure to do so may be grounds for denying my application.

YES 5.3 I acknowledge that each of the facts, certifications, and representations provided in this Application or in my Character & Fitness Questionnaire is material to my application for admission to the Virginia Bar and licensure to practice law in Virginia; I have read Virginia Code §54.1-111, and I understand the penalty for willfully misrepresenting a fact in an application for licensure.

SAMPLE

Section 6 – Additional Required Regulation Attachments

The following documents **are required to be filed** as part of every **Application for Admission Without Examination**.

Current and Past Practice of Law

- YES 6.1** I will submit a detailed Resume of all employment positions held within the past 15 years, or since graduation from law school, whichever period is shorter. All current and past practice of law positions must include the following:
- Position
 - Employer name*
 - Employer's address (physical office location)**
 - Employer's phone and fax number
 - Supervisor's name
 - Precise Month/Year of Employment
 - Hours worked per week for each employer
 - Detailed description of legal practice

*If you are a firm owner or partner (and not considered self-employed), you must submit wage documentation, such as a W-2 or K-1, to substantiate your full-time employment for the past five (5) years.

**If employer is no longer at the physical office where you were employed, provide current address, phone and fax numbers. If employer no longer exists, submit name of verifying reference, reference's current address, phone and fax numbers. Such employer/reference must be able to verify the employment dates and all other information you have submitted.

Self-Employment

- YES 6.2** Within the **past five years**, has any of your practice of law included periods of self-employment?

- YES (A)** I will submit all applicable documents to substantiate my full-time practice of law during all periods of self-employment in the past five (5) years.
- W2s, 1099s, K-1s and Federal Income Tax Return Forms, including all Schedules which substantiate your full-time practice of law.
 - List of three (3) client references you have represented during the past five (5) years. All client references must include:
 - Client name
 - Address
 - Phone number and fax number
 - Email address
 - Time period of representation
 - Original notarized Affidavit (self-generated) under oath certifying that your self-employment was the full-time practice of law.

Assessment of Fitness and Progress

- YES 6.3** I enclose my Character & Fitness Questionnaire with two originally signed and notarized Authorization and Release Forms and ALL required attachments.

Fees

YES 6.4 I enclose a **cashier's check, certified check or money order** made payable to "Virginia Board of Bar Examiners" in the amount of \$2,500. **Personal, firm or company checks are NOT accepted.** This filing fee covers the cost of processing the Application and investigation of matters contained in the Character & Fitness Questionnaire. I understand that this fee is **non-refundable** and that it is my responsibility to determine that I satisfy all threshold requirements before submitting my application. In the event my Admission Without Examination application is denied, and I decide to sit for the Virginia Bar Examination, I acknowledge that a separate bar exam application and fee are required to be filed in accordance with Virginia Code §54.1-3925.

Authorized Person

Due to confidentiality limitations, the Board cannot discuss, without prior written authorization, any aspect of an application with anyone other than the applicant.

YES 6.5 I would like to designate an Authorized Person who, in addition to myself, can communicate with the Board in regard to my application. (Authorized Person Form will print as part of the application forms).

I authorize the Board to discuss my application with the following Authorized Person:

Mary Wilson

Last 4 digits of Mary Wilson's Social Security Number (for verification purposes only):

9871

Authorization and Release

7.1 By filing this application, I hereby:

YES Affirm that all of the information provided herein is true, correct, and complete to the best of my knowledge and belief, and that I have a duty to promptly inform the Virginia Board of Bar Examiners of any circumstances occurring after the date of this application that would affect my responses herein.

YES Authorize and request every person, firm, corporation, association, and agency having control of any documents, records, or other writing, or having other information pertaining to me, to furnish to the Board any such writings and information the Board believes will relate to my moral character 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.

YES 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 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 judicial, executive, or legislative official, or to any investigatory or regulatory body or agency, when the Board considers such release to be reasonably needed by such official, body, agency, or bar admissions authority in response to its inquiry relating to my moral character and/or fitness to engage in the practice of law.

YES Agree that the foregoing shall remain in effect for any future application that I may make to the Board.

Signature of Applicant

===== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =====

Commonwealth/State/District of _____

County/City of _____

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

Jane Smith Doe _____

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 _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

VERIFICATION OF RECIPROCITY FORM

ALL Verification of Reciprocity Forms must be submitted to the **Court of Last Resort** in your Reciprocal Jurisdiction for completion by a Justice/Judge of said Court **EXCEPT** as authorized by the Reciprocal Jurisdictions listed below.

Reciprocal Jurisdictions which allow Verification Forms to be completed by Proper Official instead of Justice/Judge	Proper Official designated to sign Verification Forms for the jurisdiction listed
Indiana	Office of Admissions and Continuing Ed. - Attn: Exec. Director, Bradley W. Skolnik
Kentucky	Board of Bar Admissions - Attn: Elizabeth Feamster
Minnesota	Minnesota Board of Law Examiners - Attn: Director
Montana	State Bar of Montana - Attn: Kathie Lynch, Montana Admissions Administrator
New Jersey	New Jersey Board of Bar Examiners - Attn: Clerk
North Carolina	North Carolina Board of Bar Examiners - Attn: Nikki Leach, Comity Analyst
Ohio	Office of Attorney Services - Attn: Gina White Palmer
West Virginia	West Virginia Board of Law Examiners - Attn: Madeleine Jaeck

VERIFICATION OF RECIPROCITY FORM

STATE of _____ /DISTRICT OF COLUMBIA:

I, _____, (Justice/Judge or Proper Official as listed above),

_____ (title) of the State of _____ /District of Columbia, do

hereby certify that _____ was admitted to

practice law before the Court of last resort in said State/District on _____ (m/d/yyyy).

I further certify that attorneys from the Commonwealth of Virginia are; are not (Check one) admitted to practice law on motion or reciprocity in this State/District without requiring a written bar examination, provided other requirements of this jurisdiction are met.

Given under my hand this _____ day of _____, 20_____

Signature: _____

VIRGINIA RULES OF PROFESSIONAL CONDUCT AFFIDAVIT

I, Jane Smith Doe, after first being duly sworn, certify I have read and I am familiar with the Virginia Rules of Professional Conduct.

Signature of Applicant

SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC

Commonwealth/State/District of

County/City of

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

Jane Smith Doe

who thereupon made oath that all statements contained in the foregoing affidavit are true and complete.

Given under my hand this day of

My commission expires on

Notary Public

Registration Number (if applicable)

NOTARY SEAL (must be affixed)

Revised December 2018

AUTHORIZED PERSON FORM

I, **Jane Smith Doe**, authorize the Virginia Board of Bar Examiners to discuss my application for Admission Without Examination with the person named below.

PLEASE NOTE:

- Your Admission Without Examination application will take 4 to 6 months from receipt to approval.
- Please **DO NOT call or have your Authorized Person call** to see if we have received your application or any additional submissions.
- To ensure your application or additional submissions have been received, you should use a delivery method that can be tracked or you may include a self-addressed stamped envelope or postcard, which we will date-stamp and return to you.
- In addition, **DO NOT call or have your Authorized Person call** to request progress updates **prior to the 4-month timeline** from receipt of your completed application.

Person Authorized to discuss my application with the Virginia Board of Bar Examiners:

Mary Wilson

Last 4 digits of Authorized Person's SSN: 9871

I have read and acknowledge the information above.

Signature of Authorized Person

I have read and acknowledge the information above.

Signature of Applicant

Revised December 2018