

Template: VBBE Online Forms v2

WELCOME - UPDATES	
Welcome - Online Forms Updates	
CLARIFICATION OF "Leave This Page" ALERT: When you exit out of the online interview process or close the VBBE's HotDocs web page, you will receive the warning noted below.	
PLEASE NOTE: For your answers to be saved, you MUST click "Save Answers" on the taskbar before selecting "Leave This Page."	
When your answers are saved successfully you will see the "Answers saved" bubble.	
SPECIAL NOTE: Please Sign Out if you are going to walk away from your interview for more than 30 minutes. After 30 minutes of inactivity you will lose connection with the server and any future answers may be lost. Refresh your browser often to ensure that you are still connected to the server.	
Remember: Click "Save Answers"	
A reminder to save your answers is located at the top and bottom of each interview page. Upon exiting the system, all of your SAVED answers will be saved. Any UNSAVED answers will be lost.	
You may leave the online system and log back in as often as needed until all forms are complete and you have taken the required steps to submit your completed forms to the Virginia Board of Bar Examiners.	
If you need assistance with the online forms, select "Contact Us" at the bottom of the screen. Provide the information requested along with a detailed description of your issue. You will be contacted by tech support within 48 hours.	
Click OK to access the instructions for completing the online forms.	(X) OK

INSTRUCTIONS	
Virginia Board of Bar Examiners	
Overview	
The Virginia Board of Bar Examiners has attempted to make these forms as user-friendly as possible. Please take a few minutes to read the instructions below for IMPORTANT information and for helpful tips in using the forms.	
Taskbar	
Answer Summary:	
Shows all the Questions (and form instructions), along with the answers you have	

entered. You can click the "Answer Summary" button at any time to review the answers you have entered. Click "Back to Interview" in the top right corner to return to the online forms.

When all required forms are complete, you **MUST PRINT the Answer Summary** and review all answers. The printout shows all items on the interview, and your answers are located in the right-hand column. If you need to make any changes, go back to the online form and select the appropriate form/question to change the answer to any question.

Save Answers:

EXTREMELY IMPORTANT: Your answers are NOT automatically saved. You **MUST click the "Save Answers"** button on the top taskbar to ensure your answers are saved. If you exit out of the interview, you will receive a alert to "Stay on Page" or "Leave Page." Be sure you have saved your answers before selecting "Leave Page." Your answers will be saved and you can return to the forms later. A reminder to "Save Your Answers" will be located on the top and bottom of each page.

Submit:

You can ONLY submit completed forms. The Final Review screen is a "Submit Answers for Review" button. All your forms will be reviewed for completeness and you will be provided a list of any unanswered questions. When all questions have been answered and you are ready to submit, you should print and read a final version of the Answer Summary. Once your final answers are submitted, you CANNOT make any changes.

Interview Outline

After completing the items on the PRE-SELECTION screen, the forms required for you to apply to the Virginia Bar will be listed in the left panel titled **"Interview Outline."** As you answer questions, additional forms may show in the Interview Outline that will be required. Use the scroll bar to see all forms and their sections.

Required Questions

Some questions are required and must be answered before you can move to the next question or continue. Required questions will appear in **Red** text when unanswered.

Erasing Answers

Single Answer Only: To Change/Erase an answer for a particular question, hover your mouse over the answer and an "X" will appear to the right of the answer. Click the "X" to erase that answer.

All Answers in Section: - To Erase All Answers that appear in the section you are viewing, click the down arrow to the far right on the taskbar.

A pop-up box will show with "Erase All Answers." To erase all answers in this section, click on "Erase All Answers." ONLY the answers in this particular section will be erased.

Help/Reference

A light bulb is displayed at the end of various questions. If you click on the light

bulb, additional information or reference to the applicable Virginia Board of Bar Examiners' Rule will appear.

Submit Completed and Verified Forms

Final Review: When you have completed all required forms, printed and reviewed the Answer Summary, you are ready to submit your final forms to the Virginia Board of Bar Examiners. By clicking "Submit Answers for Review," all your forms will be reviewed for completeness and you will be provided a list of any unanswered questions. The list will indicate the Form, Section and Question Number that requires an answer. After you complete each unanswered question, you can click "Submit Answers for Review" until all questions have been answered and you receive a "Note: You may now go to the Ready to Submit screen located at the bottom of the Interview Outline.

Ready to Submit: When you reach this screen, follow the instructions below to Complete the process and Submit your forms.

Submit: After you click the "Submit" button, a pop-up box will appear showing the website where your forms will be uploaded. Click OK. Another pop-up box will appear asking "Are you Sure?" This is the last chance you have to cancel before submitting your forms. Click OK if you are ready to submit your forms. Click Cancel if you wish to return to your online forms. Once you click OK, you will receive a pop-up indicating that your document is being assembled. Please wait...

Interview Complete: A screen will appear indicating "Interview Complete" with a link at the bottom for you to download your application for submission to the Virginia Board of Bar Examiners.

PLEASE NOTE: It is **VERY IMPORTANT** that you download this file in order to print the required forms for submission to the Virginia Board of Bar Examiners. If you are applying to take the bar exam, you **MUST** submit the required forms in accordance with [§ 4.1-5](#) of the Code of Virginia.

Electronic submission of your application forms does NOT constitute receipt of an application by the Virginia Board of Bar Examiners.

Interview Review Acknowledgement

The instructions above are very important.

By clicking OK below, you are confirming you have read and understand the above instructions.

Click **OK** and choose

FORMS

SELECTION screen from the Interview Outline and begin your application forms.

(X) OK

FORMS SELECTION

Remember: Click "Save Answers"

Version 3.4

Are you now applying to take the Virginia Bar Examination? (X) Yes () No

Virginia Bar Examination Application Questions

Please read carefully each applicant type and choose the type of applicant you are.

New Applicant - Applicants who have **NEVER TAKEN** a Virginia Bar Exam.

Re-Applicant - Applicants who have **PREVIOUSLY TAKEN** the Virginia Bar Exam and **DID NOT PASS**.

Carry Forward Applicant - Applicants who submitted an application within the last year, did not sit for the most recent exam, received instructions and a password to update the application current on the

VSBS Reinstatement - Applicants seeking reinstatement to the Virginia State Bar (VSBS) in accordance with a Petition issued by the Supreme Court of Virginia.

Type of Applicant (Choose One) New Applicant

Please choose the exam you are applying for. February 2016

*****NOTE:** You selected **New Applicant** requesting permission to sit for the **February 2016** Virginia Bar Exam.

Prior Information

Have you ever completed a Virginia Character & Fitness Questionnaire? () Yes (X) No

*****NOTE: A Character & Fitness Questionnaire is required to be submitted with the application.**

Remember: Click "Save Answers"

PERSONAL INFORMATION

Remember: Click "Save Answers"

Section 1 - Personal Information

Full Legal* Name

*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 and/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.

A Photo ID bearing your full legal name will be required for admittance to the Virginia Bar Examination (unless you have prior written approval from the Board).

*****NOTE:** Please **DO NOT** type in **ALL CAPS**.

What is your full legal name?

Title	(X) Ms.
First Name	Jane
Middle Name	Smith
Last Name	Doe
Suffix	

*****NOTE:** Based upon the information provided above, this is your Full Legal Name.

Jane Smith Doe

Documentation verifying your **Full Legal Name** must be submitted with your application.

ALL applicants **must submit one document from Group A.**

Group A

I submit the following document as verification of my full legal name. (X) Valid Immigration Visa

And, if applicable to verify your **current Full Legal Name**, select **one document from Group B.**

Group B

I enclose the following document as verification of my **current** full legal name. (X) Divorce Decree

Valid Immigration Visa and Divorce Decree required

(X) I will enclose the required documentation

Photo ID

I understand that I am required to bring a Photo ID bearing my full legal name to the exam and that a photocopy of the same

Photo ID must be included with my application. (Valid Photo ID forms are: current driver's license, passport, school photo ID, government/state issued photo ID)	(X) Yes
Does your Photo ID bear your full legal name?	(X) Yes () No
Birth Details	
Date of Birth	Tue Jan 01 1985
Place of Birth	Richmond, Virginia
Were you born in a foreign country?	(X) Yes () No
Please state at what age you came to the USA.	15
Current Mailing Address	
Is this address in the United States?	(X) Yes () No
Street 1	123 Happy Street
Street 2	
Does this address have an apartment, unit, suite, floor, etc.?	() Yes (X) No
Apartment/Unit/Suite Type	(X) Apartment
Apartment Number ONLY	
City	Richmond
State	Virginia
ZIP	23120
County (not court)	Henrico
Daytime Phone	(888) 849-3928
Email Address	janesdoe@gmail.com
<p>* NOTE: 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 Address form on our website.</p>	
Personal Identification	
<p>Disclosure of 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.</p> <p>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.</p>	
Provide	(X) Social Security Number
Social Security Number	999-99-9999
Remember: Click "Save Answers"	

1. Additional Personal Information	
Remember: Click "Save Answers"	
Additional Personal Information	
NCBE Number	
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 .	
NCBE Number – required for ALL applicants.	12345678
NCBE Number Validity:	
N12345678 is Valid	
Current Employment	
Are you currently employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Jones, John & Sons
Is this address in the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street 1	123 Main
Street 2	
City	Hampton
State	<input checked="" type="checkbox"/> Virginia
ZIP	23226
Work Phone Number	(804) 555-1212
Fax Number	(804) 555-1213
Supervisor or Employer	Jones
Position	Associate
Remember: Click "Save Answers"	

APL PRIOR VA Exam Year TE	
APL PRIOR VA Exam Month MC [1]	
APL PRIOR VA Exam Year TE [1]	

FORM: APPLICATION FOR EXAMINATION
Remember: Click "Save Answers"
APPLICATION FOR EXAMINATION
***NOTE: I hereby apply to the Virginia Board of Bar Examiners for permission to sit for the February 2016 Virginia Bar Examination and for a license to practice

law in the Commonwealth of Virginia in conformity with the Rules of the Board and the laws of the Commonwealth of Virginia.

Remember: Click "Save Answers"

2. Non-Standard Testing

Remember: Click "Save Answers"

Section 2 - Non-Standard Testing

Do you require non-standard testing accommodations to enable you to sit for the examination?

(X) Yes () No

A Petition for Non-Standard Testing is required, including all required documentation.

(X) I will enclose the required Petition and all required documentation.

Remember: Click "Save Answers"

3. Education

Remember: Click "Save Answers"

Section 3 - Educational Information and Requirements

I comply with the academic requirements listed in Section II of the Rules of the Virginia Board of Bar Examiners as follows:

(X) I have received my juris doctor degree from an ABA approved law school

Select the ABA Law School you graduated from:

(X) Brooklyn Law School

School Code

Graduation Date

Sat Jan 15 2011

I enclose a Certificate of Graduation from such law school.

() Yes (X) No

I also, an examination required:

My Law School will send it to the Board

Remember: Click "Save Answers"

4. Prior Applications

Remember: Click "Save Answers"

Section 4 - Prior Applications

Bar Admissions

Are you currently or have you ever been admitted or licensed to practice law in any jurisdiction?

(X) Yes () No

(i.e., any state or territory of the United States, or the District of Columbia)?	
***NOTE: Please enter details on the Bar Admissions screens.	
Bar Admissions - Pending	
Are you pending admission in any jurisdiction (other than Virginia)?	(X) Yes () No
***NOTE: Please enter details on the Pending Admissions screens.	
Concurrent Bar Exam Application	
I have made or intend to make a contemporaneous application to take the February 2016 bar examination in another jurisdiction, and I wish to transfer my Multistate Bar Examination (MBE) score achieved in Virginia to a concurrent jurisdiction prior to the release of the results of the Virginia Bar Examination.	(X) Yes () No
Choose Concurrent Jurisdiction	New Jersey
I enclose a Concurrent Transfer Form and Fee	(X) Yes () No
REQUIRED: A separate check or money order is required. DO NOT Combine this fee with your bar examination fees.	
Remember: Click "Save Answers"	

1: New York	
Remember: Click "Save Answers"	
Bar Admissions	
List ALL jurisdictions where you are currently or have ever been <u>admitted</u> to practice law. Provide your current admission status for each jurisdiction. For each jurisdiction, a Certificate of Good Standing is required from the highest court to which you are/were admitted. If you are on inactive status, your Certificate of Good Standing may come from the State Bar and must indicate that you were in good standing at the time you went inactive and that no disciplinary proceedings are now pending against you.	
State	(X) New York
Admission Status	(X) Active
I will enclose a Certificate of Good Standing (CGS)?	(X) Yes () No

Remember: Click "Save Answers"

2: Massachusetts

Remember: Click "Save Answers"

Bar Admissions

List ALL jurisdictions where you are currently or have ever been admitted to practice law and provide your current admission status for each jurisdiction. For all jurisdictions, a Certificate of Good Standing is required from the highest court to which you are/were admitted. If you are on inactive status, your Certificate of Good Standing may come from the State Bar and must indicate that you were in good standing at the time you went inactive and that no disciplinary proceedings are now pending against you.

State	(X) Massachusetts
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Admission Status	(X) Inactive
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I will enclose a Certificate of Good Standing (CGS)?	(X) Yes () No
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Remember: Click "Save Answers"

1: New Jersey

Remember: Click "Save Answers"

Bar Admissions - Pending

List ALL jurisdictions (other than Virginia) with which your application or admission status is currently pending. Provide application type and the reason for the pending status.

State	(X) New Jersey
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Application Type	(X) Exam
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Provide an explanation on reasons for your pending application.	I am sitting concurrently in New Jersey. I submitted my application for the July 2015 bar exam.
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------------

****NOTE: You must submit a Certificate of Good Standing upon admission or a statement within 30 days post-exam, updating the status of your application and contact information for the Board's investigation.**

Remember: Click "Save Answers"

5. Additional Application Requirements

Remember: Click "Save Answers"

Section 5 - Additional Application Requirements

Multistate Professional Responsibility Exam (MPRE)

In accordance with Section I-4 of the Rules of the Board (Select	(X) I have already taken the MPRE
------------------------------------------------------------------	-----------------------------------

one):	
Month Taken	(X) April
Year Taken	2015
Choose One	(X) I enclose my original MPRE Score from the National Conference of Bar Examiners.
Fingerprints	
I will enclose one set of fingerprints, making certain that ALL personal history data has been completely filled in on the card.	(X) Yes () No
Character and Fitness	
In accordance with Section III of the Rules of the Board, I will enclose my fully completed Character & Fitness Questionnaire.	(X) Yes () No
Photo ID	
I will enclose my "Exam Identification Photos" page with passport-style photos attached. Please refer to the following link for additional information on proper passport photos: Acceptable Passport Photos	() No
Application Fee	
I will enclose the required Application Fee in accordance with the current fee schedule.	Yes () No
***NOTE: Such payment is payable to the Virginia Board of Bar Examiners by certified check, cashier's check or money order <u>ONLY</u> - NO PERSONAL OR COMPANY CHECKS ACCEPTED	
Remember: Click "Save Answers"	

I acknowledge	
Remember: Click "Save Answers"	
Section Acknowledgment	
All Questions Must Be Answered	
I understand that if all questions contained in this application are not answered fully and completely on its initial submission, the application may	(X) Yes () No

be considered as not timely filed.

Continuing Application Process

I understand that until I am licensed, admitted and registered as a member of the Virginia State Bar, I have a continuing duty to report immediately any change to my personal, educational or professional status, including anything that would modify any of my responses.

(X) Yes () No

Filing Deadline

*****NOTE:** The filing deadline for the **FEBRUARY EXAMINATION** is on or before **THE PRECEDING 15th OF DECEMBER**; and the filing deadline for the **JULY EXAMINATION** is on or before **THE PRECEDING 10th OF MAY**, a

I understand that if my application is not actually **received** in the Secretary's office by the filing deadline, it may be deemed to be timely filed only if it has been transmitted expense prepaid to the Office of the Secretary of the Board by

Priority, Express, Registered or

Certified mail via the

United States Postal Service, or

by a third party commercial

carrier for **Next-Day**

Delivery AND the official

receipt therefor is

the United States Postal Service

or such third party

commercial carrier, which shall

be produced on demand of the

Secretary, showing such

transmission of mailing to the

Secretary's office on or

before the prescribed deadline.

Yes () No

I understand that **Priority, Express, Registered or Certified** mail via the United States Postal Service or **Next-Day Delivery** by a

third party commercial carrier are the ONLY methods of transmission or mailing authorized by the statute. Thus, an application sent by any other form of mail, such as First Class mail, CANNOT be accepted if it is received after the filing deadline, even if it is postmarked before.	(X) Yes () No
I further understand that no part of the application form or required attachments may be transmitted by a facsimile machine.	(X) Yes () No
Laptop Program	
*** NOTE: Laptop registration begins the second Wednesday of January for the February exam and the second Wednesday of June for the July exam. The initial registration period extends for 10 days. Late registration, with increased fee, extends until the last day of the month that registration began. If you do not register in the time period allowed, you will be required to handwrite the bar exam.	
I acknowledge that I will be allowed to take the Virginia Essay portion of the bar exam on my laptop ONLY if I timely and properly register for the Laptop Program.	(X) Yes () No
Website Updates	
I acknowledge that the website posts the most current and accurate information regarding the upcoming bar exam. I understand that I should check the website regularly to ensure I have up-to-date and accurate information.	(X) Yes () No
Remember: Click "Save Answers"	

7. Authorizations	
Remember: Click "Save Answers"	
Section 7 - Authorizations and Agreements	
By filing this application, I hereby:	
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.

(X) Yes () No

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.

(X) Yes () No

Agree that all information provided by this application and all other information received by the Board and believed by it to have a bearing on my moral character and/or fitness to engage in the practice of law may be released by the Board at any time and with the ability to the Board, its members, agents, or other representatives to any judicial or legislative official or to an investigatory or regulatory body or agency, when the Board considers such release to be reasonably needed by such official, body, or agency in response to its inquiry relating to my moral character and/or fitness to engage in the practice of law.

(X) Yes () No

Agree that the foregoing shall

remain in effect for any future application that I may make to the Board.

(X) Yes () No

Remember: Click "Save Answers"

FORM: CHARACTER & FITNESS QUESTIONNAIRE

Remember: Click "Save Answers"

Character & Fitness Questionnaire

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 the Character & Fitness Questionnaire is the first step in the 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 contact the appropriate governmental agency, or other entity or person involved to obtain accurate and complete information.

If the space provided for your 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 admitted and registered as a member of the Virginia State Bar, you have a continuing duty to notify immediately the following, in writing, to the Virginia Board of Bar Examiners: any material 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.

Original Questionnaire with required attachments and bearing your original signature and oath of 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 on Application for Examination, Admission Without Examination, the Law Reader Program, Military Legal Assistance Attorney, or Military Spouse Provisional Admission. be filed simultaneously with this Character & Fitness Questionnaire. **You should keep a photocopy of your completed Character & Fitness Questionnaire for your personal records.**

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 (on printed version ONLY))

Remember: Click "Save Answers"

1. Additional Personal Information

Remember: Click "Save Answers"

Additional Personal Information

Social Security Number

Last 4 digits of Social Security Number	9999
-----------------------------------------	------

Name Changes

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

*****NOTE:** Provide ALL former names on the **Prior Names** screens.

Remember: Click "Save Answers"

1: Jane Ann Smith

Remember: Click "Save Answers"

Prior Name

Provide all prior names

Prior Name	Jane Ann Smith
From	Tue Jan 01 1985
To	Sat Dec 31 2005
Reason for Prior Name	(X) Marriage

Remember: Click "Save Answers"

2. Citizenship

Remember: Click "Save Answers"

Section 2 - Citizenship Details

U.S. Citizenship

Are you a citizen of the United States?	() Yes (X) No
-----------------------------------------	----------------

Immigration & Permanent Residency

Do you reside legally in the United States according to the United States Immigration Laws and Regulations by holding a valid Visa?	(X) Yes () No
Choose One	(X) I will complete and submit the "Affidavit of Immigration Status"
My visa type is:	(X) B-1
The following documents support my claim that I reside legally in the United States and I will provide a copy of all applicable documents with my "Affidavit of Immigration Status".	[X] Valid Immigration Visa [X] Current Passport [X] Current I-94 Arrival and Departure Record [X] Front and Back of Employment Authorization Card [X] Front and Back of my Social Security Card
Remember: Click "Save Answers"	

3. Address Details	
Remember: Click "Save Answers"	
Mailing Address and Residence	
Current Mailing Address	
NONE	<p>My current mailing Address is:</p> <p>123 Apple Street Apartment 105 Richmond, VA 23220</p> <p>Go to PERSONAL INFORMATION in the INTERVIEW OUTLINE to modify your Current Mailing Address</p>
Please state month and year you moved here.	
From month	(X) March
From year	(X) 2012
Do you reside at your current residence?	(X) Yes () No
** NOTE: 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 Address form on our website .	
Prior Address Details	
Since your 18th birthday or for the past ten (10) years, whichever period is shorter, have you lived at any other address other than your	(X) Yes () No

current mailing address?

*****NOTE:** Provide ALL prior address details on the **Prior Addresses** screens.

Emergency Contact Details

Please provide the name and daytime telephone number of a person who does not reside with you, but could assist the Board in contacting you.

Name	John Smith
Relationship	Father
Phone	(804) 555-9191

Remember: Click "Save Answers"

1: 999 Brooklyn Park Boulevard (Aug 2003 - Mar 2007)

Remember: Click "Save Answers"

Prior Address Details

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

From month	(X) August
From year	2003
To month	March
To year	(X) 2007

Address Details

Is this address in the United States? (X) Yes () No

Street 1 999 Brooklyn Park Boulevard

Street 2

Does this address have an apartment, unit, suite, floor, etc.? (X) Yes () No

Apartment/Unit/Suite type (X) Apartment

Apartment number **78**

City Brooklyn

State (X) New York

ZIP 11205

County (not country) Manchester

Remember: Click "Save Answers"

2: Foreign Address (Feb 1999 - Jun 2002)

Remember: Click "Save Answers"

Prior Address Details

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

From month	(X) February
------------	--------------

From year	(X) 1999
-----------	----------

To month	(X) June
----------	----------

To year	(X) 2002
---------	----------

Address Details

Is this address in the United States?	() Yes (X) No
---------------------------------------	----------------

Please use the following [link](#) for directions on entering and verifying a foreign address. Paste the results in the field below.

Foreign Address	10 Marina Boulevard #34-02 Marina Bay Financial Centre Singapore 018982 Singapore
-----------------	--------------------------------------------------------------------------------------------

Remember: Click "Save Answers"

3: 123 Main (Jan 2014 - Mar 2014)

Remember: Click "Save Answers"

Prior Address Details

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

From month	(X) January
------------	-------------

From year	(X) 2014
-----------	----------

To month	(X) March
----------	-----------

To year	(X) 2014
---------	----------

Address

Is this address in the United States?	(X) Yes () No
---------------------------------------	----------------

Street 1	123 Main
----------	----------

Street 2	
----------	--

Does this address have an apartment, unit, suite, floor, etc.?	(X) Yes () No
----------------------------------------------------------------	----------------

Apartment/Unit/Suite Type	(X) Unit
---------------------------	----------

Unit Number ONLY	15
-------------------------	----

City	Richmond
State	(X) Virginia
ZIP	23333
County (not country)	Richmond City
Remember: Click "Save Answers"	

4. Marital Status and Child Support Obligations	
Remember: Click "Save Answers"	
Section 4 - Marital Status and Child Support Obligations	
Indicate your current marital status	(X) Divorced
Marriages Terminated by Legal Means	
Have you had a marriage terminated by divorce, annulment, dissolution, or any other legal termination or separation?	(X) Yes () No
***NOTE: Provide ALL marriage termination details on the <i>Marriages Terminated by Legal Means</i> screen.	
Alimony Obligations	
Have you ever been or are you currently under any obligation to pay alimony?	() Yes (X) No
Child Support Obligations	
Have you ever been or are you currently under any obligation to pay child support?	Yes () No (X)
***NOTE: Provide ALL child support obligation details on the <i>Child Support Obligations</i> screen.	
Remember: Click "Save Answers"	

1. Prior Marriage	
Remember: Click "Save Answers"	
Marriages Terminated by Legal Means	
Because you answered "Yes" to Marriages Terminated by Legal Means, please provide the title and number of the case, the name and address of the court granting the decree, date of the decree, grounds for termination,	Jane Smith Doe v. James Alan Doe Case No. 38292 Circuit Court of City of Richmond, John Marshall Courts Bldg, Richmond, VA 23219 May 15, 2013 Irreconcilable Differences

and name and address of your legal counsel.	No Legal Counsel
Have you had any post-judgment actions filed with respect to this termination?	(X) Yes () No
Actions include but are not limited to: <ul style="list-style-type: none"> • motions • citations in contempt • child custody actions • child support • motions filed in any jurisdiction by any person or agency 	
Please provide 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.	John Doe v. Jane Doe Case #JD2321 Juvenile and Domestic Relations Court, City of Richmond, John Marshall Courts Bldg Richmond, VA 23219 No Legal Counsel I was ordered to pay child support and court proceedings have been closed.
Remember: Click "Save Answers"	

1: First Child Support Obligation	
Remember: Click "Save Answers"	
Child Support Obligation	
Because you answered "Yes" to Child Support Obligation, please state your compliance with such child support payments. List the name and last known address of your former spouse or the custodial parent of your child(ren) to whom child support is/was to be paid.	All child support payments are current. James Doe 4545 Dove Street Richmond, VA 23226
Remember: Click "Save Answers"	

5. Education	
Remember: Click "Save Answers"	
Section 5 - Education Details	
High School	
Did you attend and graduate from high school?	(X) Yes () No
Provide the name of the high school from which you graduated and the date of	

your graduation.

Name	Richmond City High School
Month	(X) June
Year	(X) 2003

Post-High School Education

Have you attended any colleges, universities, trade schools, or other post-high school educational facilities, other than law school?	(X) Yes () No
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*****NOTE:** Provide ALL post-high school education details on the **Post-High School Education** screens.

Law School Education

Have you attended law school?	(X) Yes () No
-------------------------------	----------------

*****NOTE:** Provide ALL law school education details on the **Law School Education** screens.

Law Reader Program

Have you completed the Law Reader Program?	() Yes () No
--------------------------------------------	----------------

Remember: Click "Save Answers"

1: Brooklyn University (Sep 2003 - May 2008)

Remember: Click "Save Answers"

Post-High School Education

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

School Address Details

School name	Brooklyn University
Is the address in the United States?	(X) Yes () No
Street 1	16 Registrar Drive
Suite	Suite 202
City	Brooklyn
State	(X) New York
ZIP	11205

Duration of Attendance

Start month	(X) September
Start year	(X) 2003
End month	(X) May
End year	(X) 2008

Did you receive a degree from this institution?	(X) Yes () No
Degree	Bachelor of Science
Degree date	Mon May 05 2008
Remember: Click "Save Answers"	

1: Brooklyn Law School (Aug 2008 - Jan 2011)
Remember: Click "Save Answers"

Law Schools	
List all law schools you have attended. Enter the name and complete administrative office address of the law school (including ZIP Code), the period of attendance (from and to dates), and degree type and date received.	
Is this an ABA approved law school?	(X) Yes () No

Law School Address Details	
Select ABA Law School (addresses will be automatically entered)	(X) Brooklyn Law School
School name	Brooklyn Law School
School Code	
Street 1	One Beekman Place
Street 2	
City	New York
State	(X) New York
ZIP	10038

Durations of Attendance	
Start month	(X) August
Start year	(X) 2008
End month	(X) January
End year	(X) 2011
Have you graduated from this law school?	(X) Yes () No
Degree	Juris Doctorate
Degree date	Sat Jan 15 2011
Remember: Click "Save Answers"	

6. Academic Conduct
Remember: Click "Save Answers"

Section 6 - Academic Conduct

Accusations, Charges and Disciplinary Actions

Have you ever been academically, administratively or otherwise disciplined, placed on probation, suspended, expelled or requested to terminate your enrollment, allowed to resign in lieu of disciplinary action at any college, university, law school, trade school or any other post-high school educational facility?

(X) Yes () No

Please 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.

I was on academic suspension for one semester while in college due to poor grades

Honor Code Violations

Have you ever been charged with violating the honor code of any educational facility (regardless of the disposition of the charge)?

(X) Yes () No

Please 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.

Violated Honor Code in school

Cheating Accusations & Investigations

Have you ever been accused or investigated for cheating on a standardized test, for impersonating or conducting alleged cheating on a standardized test?

(X) Yes () No

Please 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

Cheating in school

explanation of the reasons for such action.	
---------------------------------------------	--

Remember: Click "Save Answers"

7. Military

Remember: Click "Save Answers"

Section 7 - Military Service

Have you ever been rejected for service in any branch of the Armed Forces of the United States?	() Yes (X) No
-------------------------------------------------------------------------------------------------	----------------

Military Service - Past and Present

Are you currently or have you ever been a member of the Armed Forces of the United States, its Reserve components, or the National Guard?	(X) Yes () No
-------------------------------------------------------------------------------------------------------------------------------------------	----------------

*****NOTE:** Provide ALL military service details on the **Military Service** screen.

Military Courts-Martial

While serving in the Armed Forces of the United States, have you ever been a defendant in any courts-martial?	() Yes (X) No
---------------------------------------------------------------------------------------------------------------	----------------

Remember: Click "Save Answers"

1: Army National Guard (June 10, 2006 - July 14, 2015)

Remember: Click "Save Answers"

Military Service

Details of all military service:

Type of Service	(X) National Guard
-----------------	--------------------

Within the National Guard, I served in the:

Branch of Service	(X) Army
-------------------	----------

Date of commencement	Sat Jun 10 2006
----------------------	-----------------

Date of discharge	Tue Jul 14 2015
-------------------	-----------------

Your rank	E4
-----------	----

Is this your current service status?	() Yes (X) No
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Status of Military Service

Officially, my status with this service in the United States Armed Forces is:	(X) I received an Honorable Discharge
-------------------------------------------------------------------------------	---------------------------------------

REQUIRED: Copy of the NGB Form 22 (Report of Separation and Record of Service), or NGB Form 23 (Retirement Points Accounting), or it's equivalent.

Remember: Click "Save Answers"

2: Army National Guard - Active Duty (January 1, 1991 - Present)

Remember: Click "Save Answers"

Military Service

Details of all military service:

Type of Service ☒ (X) National Guard

Within the National Guard, I served in the:

Branch ☒ (X) Army

Date of commencement Tue Jan 01 1991

Your rank E-7

Is this your current service status? ☒ (X) Yes ☐ () No

Details of your Current Duty Station

Current Duty Station Ft. Lee

Phone number (504) 555-1211

Is this address in the United States? ☐ () No ☒ (X) Yes

Street 1 12 Main Street

Street 2

City Richmond

State ☒ (X) Virginia ☐ () Other

ZIP 23301

Your Commanding Officer's name Col. Potter

Commanding Officer's phone number (504) 555-1211

REQUIRED: Statement of service signed by an official of your unit or headquarters which identifies your current active duty.

Remember: Click "Save Answers"

8. Employment/Unemployment

Remember: Click "Save Answers"

Section 8 - Employment/Unemployment Details

Employment and Unemployment Details

Detailed information for each period of employment/unemployment is required. All information 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.**

For each employment, self-employment, internship, volunteer work or academic credit you must provide the following:

- Beginning and ending dates (month/year).
- The name of each employer, business, association or enterprise and your position.
- Employer's current mailing address (including ZIP Codes, phone and fax numbers).
- Department and/or Supervisor
- Reason for leaving

If you were self-employed or your employer is no longer in business, provide the following:

- A verifying reference (i.e., supervisor, owner, client, etc.) (not a relative) who can substantiate your employment or self-employment information.
- Verifying reference's current mailing address (including ZIP Codes, phone and fax numbers).
- How you know the verifying reference (i.e., co-worker, boss, client, owner, etc.).
- How long you have known the verifying reference.

For each period of unemployment, you must provide the following:

- Beginning and ending dates (month/year) of each period of unemployment.
- Reason for unemployment, (i.e., in school, studying for bar exam, etc.).

*****NOTE:** Provide ALL employment/unemployment details on the **Employment/Unemployment History** screen.

Remember: Click "Save Answers"

1 Jones & Jones (Jun 2012 - Present)

Remember: Click "Save Answers"

Employment/Unemployment History

Jones, J. & Jones

Employment/Unemployment type	(X) Internship
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Internship Details

Start month	(X) June
-------------	----------

Start year	(X) 2012
------------	----------

End month	(X) Present
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End year	(X) 2015
Position held	Associate
Supervisor or Department	Mr. Jones
Company Details	
Company Name	Jones, Jones & Jones
Is Jones, Jones & Jones still in business?	(X) Yes () No
Is this address in the United States?	(X) Yes () No
Street 1	123 Main Street
Street 2	
City	Richmond
State	(X) Virginia
ZIP	23220
Business phone number	(804) 555-1234
Business fax number	(804) 555-2134
Remember: Click "Save Answers"	

2: Unemployed (Jan 2003 - Jun 2012)	
Remember: Click "Save Answers"	
Employment/Unemployment History	
Unemployed	
Employment/Unemployment type	(X) Unemployed
Unemployed	
Start month	(X) January
Start year	(X) 2003
End month	(X) June
End year	(X) 2012
Reason for unemployment	
Why were you unemployed?	In School
Remember: Click "Save Answers"	

Additional Employment Details	
Remember: Click "Save Answers"	
Additional Employment Details	
Termination/Resignation from employment	
Have you ever been terminated	

by any employer?	(X) Yes () No
Please identify the employer's name, address, date of termination, and reason for termination.	Was terminated from employment at Hills Department Store, 100 State Street, Richmond, VA while in high school (summer of 2001) due to my car breaking down and not being able to arrive on time.
Have you ever been asked to resign or been given the choice of resigning in lieu of being terminated by any employer?	(X) Yes () No
Please identify the employer's name, address, date of resignation, and reason you resigned or were asked to resign.	Resign employment
Remember: Click "Save Answers"	

1: Alan Jones	
Remember: Click "Save Answers"	
Section 9 - References	
You must list three non-relative character references residing in the United States, who you know well. Your character references can be professors, co-workers/employers (not already listed as reference in the employment section), neighbors or friends. Do not list classmates.	
Current Progress: 1 of 3	
First Reference	
Name of Reference	Alan Jones
Occupation	Lawyer
How long has he or she known you?	10 years
Address Details	
Street address	123 Main Street
Street name	
City	Richmond
State	(X) Virginia
ZIP	23220
Phone number	(804) 555-1212
NONE	1
Remember: Click "Save Answers"	

2: Professor Plum

Remember: Click "Save Answers"

Section 9 - References

You must list three non-relative character references, residing in the United States, who you know well. Your character references can be professors, co-workers/employers (not previously listed as a reference in the employment section), neighbors or friends. Please do not list classmates.

Current Progress: 2 of 3

Second Reference

Name of Reference	Professor Plum
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Occupation	Professor
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How long has he or she known you?	8
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Address Details

Street 1	Brooklyn University, 161 Avenue
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Street 2	Suite 500
----------	-----------

City	Brooklyn
------	----------

State	(X) New York
-------	--------------

ZIP	11205
-----	-------

Phone number	718-555-2121
--------------	--------------

NONE	2
------	---

Remember: Click "Save Answers"

3: Judge Hope Carr

Remember: Click "Save Answers"

Section 9 - References

You must list three non-relative character references, residing in the United States, who you know well. Your character references can be professors, co-workers/employers (not previously listed as a reference in the employment section), neighbors or friends. Please do not list classmates.

Current Progress: 3 of 3

Third Reference

Name of Reference	Judge Hope Carr
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Occupation	Judge
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How long has he or she known you?	5
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Address Details

Street 1	100 Monumental Drive
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Street 2	
----------	--

City	Brooklyn
State	(X) New York
ZIP	11208
Phone number	(804) 555-4321
NONE	3
Remember: Click "Save Answers"	

10. Applications for Bar Admission	
Remember: Click "Save Answers"	
Section 10 - Applications for Bar Admission	
Applications to Clinical Education or Third-Year Practice Program	
As a law student, have you ever applied to be eligible to participate in clinical education or third-year-practice program(s)?	(X) Yes () No
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, sought character and fitness certification as a law student?	(X) Yes () No
Bar Jurisdictions - Admitted	
Are you currently, or have you ever been admitted, licensed to practice law in any jurisdiction (i.e., any state or territory of the United States, or the District of Columbia)?	(X) Yes () No
* NOTE: Provide All prior bar admission details on the Prior Bar Jurisdictions - Admitted.	
Bar Jurisdictions - Not Admitted	
Have you ever applied for admission to practice law in any jurisdiction (including Virginia) where the outcome resulted in your NOT being admitted (i.e. failed, denied, withdrawn, etc.) to the bar of such jurisdiction (even if you were later admitted)?	(X) Yes () No

*****NOTE:** Provide ALL bar application details which resulted in your not being admitted on the **Prior Bar Applications - Not Admitted** screens.

Bar Applications - Pending

Have you applied to practice law in any jurisdiction where the current status of your application is pending (i.e., application status unknown at this time)? (X) Yes () No

*****NOTE:** Provide ALL bar application details which are pending on the **Prior Bar Applications - Pending** screens.

Denial of Application

Have you ever been denied permission to take the bar examination in any jurisdiction? (X) Yes () No

Please provide the date, jurisdiction, decision or recommendation, include all reasons cited and any and all other pertinent information. Application denied

Have you ever been 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, recommendations, or any contingencies concerning licensure, whether final or otherwise. (X) Yes () No

Please provide the date, jurisdiction, decision or recommendation, include all reasons cited and any and all other pertinent information. admission denied

Other Applications Requiring Proof of Good Character

Have you ever submitted an application, applied for, or held a license or certificate (e.g., CPA, real estate broker, physician, patent practitioner, etc.) which required proof of good character, other than the applications for bar admissions? (X) Yes () No

For each license or certificate you have ever applied for, other than the bar admissions, 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, denied 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).

Please provide details here

Other apps needing CFQ

Remember: Click "Save Answers"

Clinical Education Program

Remember: Click "Save Answers"

Jurisdiction of registration [1] New York

Application Month [1] (X) January

Application Year [1] (X) 2011

Remember: Click "Save Answers"

Bar Exam Registrations

Remember: Click "Save Answers"

Jurisdiction of registration [1] New York

Application Month [1] (X) April

Application Year [1] (X) 2011

Remember: Click "Save Answers"

1: New York

Remember: Click "Save Answers"

Prior Bar Jurisdiction

Provide ALL jurisdictions where you have ever been admitted to practice law.

State (X) New York

Application Month (X) January

Application Year (X) 2011

Application Type (X) Exam

Admission Status (X) Active

Admission Date Tue Jun 21 2011

Was proof of good character required? (X) Yes () No

Remember: Click "Save Answers"

2: Massachusetts

Remember: Click "Save Answers"

Prior Bar Jurisdiction - Admitted

Provide ALL jurisdictions where you have ever been admitted to practice law.

State	(X) Massachusetts
Application Month	(X) January
Application Year	(X) 2011
Application Type	(X) Exam
Admission Status	(X) Inactive
Admission Date	Wed Jun 15 2011
Was proof of good character required?	(X) Yes () No

Remember: Click "Save Answers"

1: New Jersey

Remember: Click "Save Answers"

Prior Application - Not Admitted

List the dates, type and status of each and every application, including re-applications, you have ever filed for admission to practice law in any jurisdiction **(including Virginia)** where the outcome of said application resulted in your **not being admitted**.

State	(X) New Jersey
Application Month	(X) January
Application Year	(X) 2011
Application Type	(X) Exam
Admission Status	Pass - Never Admitted*
If Pass - Never Admitted, explain why you were not admitted:	Waiting for C&F issues to resolve.
Was proof of good character required?	(X) Yes () No

Remember: Click "Save Answers"

1: Ohio

Remember: Click "Save Answers"

Prior Application - Pending

List the jurisdiction, date, and type of **each and every pending** application.

State	(X) Ohio
Application Month	(X) March
Application Year	(X) 2014

Application Type	(X) Other*
If Other*, explain the type of application made:	Attorney at large
Was proof of good character required?	(X) Yes () No
Remember: Click "Save Answers"	

11. Professional Discipline	
Remember: Click "Save Answers"	
Section 11 - Professional Discipline	
Disqualification	
Have you ever been suspended, censured, reprimanded, disqualified or otherwise disciplined as a member of any profession?	(X) Yes () No
Please provide the facts and circumstances leading to the action, the professional agency and address, date, case or file number, and current status.	Pro DQ
Removal from Office	
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?	(X) Yes () No
Please provide the facts and circumstances leading to the action, the professional agency and address, date, case or file number, and current status.	Pro office removal
Allegations and Conduct	
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?	(X) Yes () No

Please provide the facts and circumstances leading to the action, the professional agency and address, date, case or file number, and current status.	Pro conduct
Unauthorized Practice	
To your knowledge, has your conduct ever been questioned with reference to the unauthorized practice of law?	(X) Yes () No
Please set forth all facts and circumstances.	Pro unauthorized practice
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?	(X) Yes () No
Please set forth all facts and circumstances.	James, John Jones was investigated for unauthorized practice of law in the District of Columbia. Allegations were unfounded and no Unauthorized Practice was found to have taken place.
Remember: Click "Save Answers"	

12. Motor Vehicle Reports & Records	
Remember: Click "Save Answers"	
Section 12 - Driving Record / Motor Vehicle Reports	
Are you currently licensed to operate a motor vehicle in any state?	(X) Yes () No
REQUIRED: ATTACH a transcript (issued within the past 60 days) of your driving record from each state you list.	
Other than your current state, have you held a license to operate a vehicle within the last five (5) years?	(X) Yes () No
REQUIRED: ATTACH a transcript (issued within the past 60 days) of your driving record from each state you list.	
Remember: Click "Save Answers"	

Remember: Click "Save Answers"

Section 3.1 Details of Licenses Held

State [1]	(X) Virginia
Operator's License Number [1]	T12345678
Year acquired [1]	2010

Remember: Click "Save Answers"

3.2 Prior Licenses Held (1 Listed)

Remember: Click "Save Answers"

3.2 Details of Previous Licenses Held

State [1]	(X) New York
Operator's License Number [1]	Y98765432
Year acquired [1]	2009

Remember: Click "Save Answers"

13. Legal Proceedings

Remember: Click "Save Answers"

Section 13 - Legal Proceedings (Criminal and Traffic Violations)

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

Expunged and Sealed Offenses: When an offense, arrest, or citation has been expunged or sealed, 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.

Criminal

Are you or have you ever been a party to or otherwise involved (except as a witness) in a civil or administrative action or legal proceeding?	(X) Yes () No
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Please set forth all details, facts	Jane Smith Doe v. James Alan Doe Case No. 38292 Circuit Court of City of Richmond, John Marshall Courts Bldg, Richmond, VA 23219 May 15, 2013
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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, and attorney's name and address.	Divorce Case - Irreconcilable Differences No Legal Counsel John Doe v. Jane Doe Case #JD2321 Juvenile and Domestic Relations Court, City of Richmond, John Marshall Courts Bldg Richmond, VA 23219 Action for Child Support No Legal Counsel I was ordered to pay child support and court proceedings have been closed.
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Juvenile Court Proceedings

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?	(X) Yes () No
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*****NOTE:** Provide ALL juvenile legal proceeding details on the **Juvenile Legal Proceedings** screens.

Criminal/Quasi-Criminal/Traffic Proceedings

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

*****NOTE:** Provide ALL criminal or quasi criminal proceeding details on the **Criminal/Quasi-Criminal/Traffic Proceedings** screens.

Remember to click "Save Answers"

1: Trespassing: April 2006	
Remember: Click "Save Answers"	
Juvenile Legal Proceeding	
Provide ALL juvenile legal proceeding details.	
Date of Incident Month	(X) April
Date of Incident Day	(X) Unknown

Date of Incident Year	(X) 2006
Offense initially charged	Trespassing
Facts and circumstances, in detail, leading up to charge	Entered school at night
Location of Offense (City)	Richmond
State	(X) Virginia
Was this charge a FELONY (even if reduced or otherwise amended)?	() Yes (X) No
Court Appearance	
Was a court appearance required?	() Yes (X) No
Penalties Imposed	
Final Disposition	Fine
Paid to	Richmond
Amount Paid	100
Date Paid	5/5/2006
Remember: Click "Save Answers"	

1: Speeding: June 2010	
Remember: Click "Save Answers"	
Criminal/Quasi-Criminal Traffic Proceeding	
Provide ALL criminal or quasi-criminal proceeding details.	
Date of incident Month	(X) 5
Date of incident Day	6
Date of incident Year	(X) 2010
Offense initially charged	Speeding
Facts and circumstances, in detail, leading up to charge	Speeding on Interstate 95 coming to New York from Richmond. Was charged with going 85 in a 70 MPH zone
Location of Offense (City)	Baltimore
State	(X) Maryland
Was the initial offense, arrest, citation, or charge a FELONY (even if reduced or otherwise amended)?	() Yes (X) No
Court Appearance	
Was a court appearance required?	() Yes (X) No
Penalties Imposed	

Final Disposition	Paid fine
Paid to	Baltimore County Court
Amount Paid	\$165
Date Paid	August 2010
Remember: Click "Save Answers"	

2: Possession of Marijuana with Intent to Distribute: April 2008

Remember: Click "Save Answers"

Criminal/Quasi-Criminal/Traffic Proceeding

Provide ALL criminal or quasi-criminal proceeding details.

Date of incident Month	(X) April
Date of incident Day	(X) Unknown
Date of incident Year	(X) 2008
Offense initially charged	Possession of Marijuana with Intent to Distribute
Facts and circumstances, in detail, leading up to charge	Was at a party in a house and the police were called due to noise. When they arrived, they entered the party house and found marijuana. The person who lived in the house were charged with possession of marijuana
Location of Offense (City)	New York City
State	(X) New York
Was the initial offense, citation, or charge a FELONY (even if reduced or otherwise amended)?	() Yes (X) No
REQUIRED: For a felony, you must obtain a copy of the original warrant of arrest, indictment, and sentencing orders and attach them to this Questionnaire.	
Court Appearance	
Was court appearance required?	(X) Yes () No
Defendant's	
Your name at the time of the charges	Jane Ann Smith
Initial Court Appearance Date	July 22, 2008
Final Conviction/Disposition Date	July 22, 2008
Court Details	
Name of Court	Brooklyn Circuit Court
Division of Court	Division I
Street 1	1900 Courts Drive
Street 2	

City	Brooklyn
State	(X) New York
ZIP	11209
Docket Details	
Docket Number	CD 43219
Plea entered	(X) Not Guilty
Final Disposition	NoI Prosed
Sentence	No Sentence - all charges dropped because the judge ruled that the search and seizure was illegal
Remember: Click "Save Answers"	

14. Additional Legal Proceedings	
Remember: Click "Save Answers"	
Section 14 - Additional Legal Proceedings	
Summonses and Outstanding Fines	
Other than provided in Section 13 - Legal Proceedings (Civil and Criminal), have you ever been summoned for a violation of any other statute, regulation or ordinance?	() Yes () No
Please set forth all facts and circumstances.	
Do you have any outstanding unpaid fines, court costs, or tickets, including traffic or past-due parking violations?	() Yes () No
Please provide type of fine, location of violation, and set forth all facts and circumstances.	I have disputed unpaid parking tickets in New York. I am working on resolving this issue with New York City
Fiduciary	
Have you ever been removed, resigned, or asked to resign as a guardian, executor, administrator, trustee, or other fiduciary?	(X) Yes () No
Please set forth all facts and circumstances.	Fiduciary
Immunity from Prosecution	
Have you ever been granted immunity from prosecution?	(X) Yes () No

Please set forth all facts and circumstances.	Immunity
Citations, Arrests and Contempt	
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?	(X) Yes () No
Please set forth all facts and circumstances.	I was cited for contempt of court because the day on my subpoena was inaccurate. Once I showed the court my subpoena, the court dropped the contempt of court charge.
Driver's License - Suspensions and Revocation	
Has your driver's license ever been revoked or suspended within the last ten (10) years?	(X) Yes () No
Please provide date(s) of each suspension and set forth all facts and circumstances.	Failed to provide proof of insurance to the DMV and the suspension of my license until I provided such proof.
Remember: Click "Save Answers"	

15. Credit Information	
Remember: Click "Save Answers"	
Section 15 - Credit Information	
ALL APPLICANTS: You must attach ONE (1) current credit report meeting the following criteria:	
<ul style="list-style-type: none"> • Obtained from Experian, Equifax OR TransUnion ONLY • Dated within thirty (30) days of the date of filing this Questionnaire • Credit summaries or profiles are NOT acceptable. A FULL credit report is required. 	
Credit Card Revoked	
Within the seven years, have you had a credit card revoked?	(X) Yes () No
Please set forth a detailed explanation of the facts. 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	credit revoked 7 years

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.

Debts, Judgments and Garnishments

Currently, do you have 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).

(X) Yes () No

Please set forth a detailed explanation of the facts. 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 and the names and addresses of the courts or agencies in which 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.

I was in dispute with a previous cell phone company and I have not paid the final bill. We are still in negotiation over this matter and no court action has been filed.

Unsatisfied Judgments

Do you have any unsatisfied judgments against you?

() Yes (X) No

Bankruptcy

Have you ever filed for or been the subject of a petition in bankruptcy?

(X) Yes () No

REQUIRED: A copy of your bankruptcy petition, including a copy of all schedules and discharge of debt, must be included with your questionnaire.

My ex-husband and I got into final difficulty while I was attending law school and with the birth of our first child. The expenses of everyday life became unbearable and we had to file bankruptcy to protect us from the outrageous amount of our medical bills because we did not

Provide in full detail all facts and circumstances leading to your insolvency.	have medical insurance.
Garnishments and Attachments	
Have you ever been the subject of a trusteeship, receivership, wage attachment, or garnishment proceeding?	(X) Yes () No
Please explain in full detail all facts and circumstances regarding the trusteeship, receivership, wage attachment or garnishment proceedings.	garnishments
Business Affiliations and Litigation	
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?	(X) Yes () No
List each business or enterprise, full address and dates of operation.	Business name and address
Have any of your businesses or enterprises ever been in liquidation or filed for protection from creditors?	(X) Yes () No
Please explain in full detail all facts and circumstances leading to the business entering into insolvency.	financial protection
Have any of your businesses or enterprises ever been involved in litigation?	(X) Yes () No
Please give a full description of each litigation, i.e., case name, case number, court, description of allegations, attorney name and address representing the business.	litigation
Remember: Click "Save Answers"	

16. Student Loans
Remember: Click "Save Answers"

Section 16 - Student Loans

Have you ever obtained a Student Loan?	(X) Yes () No
----------------------------------------	----------------

*****NOTE:** Provide ALL student loan details on the **Student Loans** screens.

Debts and Default

Have you defaulted on any student loan? (Answer yes even if the debt is now satisfied)	(X) Yes () No
----------------------------------------------------------------------------------------	----------------

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.	defaulted
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

Student Loans Judgments

Has a judgment ever been entered against you in favor of a student loan guarantor or lender?	() Yes (X) No
----------------------------------------------------------------------------------------------	----------------

Please list the names and current addresses of the holders, furnish certified copies of such judgments and, if satisfied, satisfaction of judgments.	
------------------------------------------------------------------------------------------------------------------------------------------------------	--

Remember: Click "Save Answers"

1: Student Loan Lender: Acct#: 999999999

Remember: Click "Save Answers"

Student Loan

Provide details for ALL student loans you have ever obtained. Include all student loans, whether guaranteed or not, from whatever source, whether paid in full, in repayment or not yet in repayment. Student loan information may be grouped and the total amount listed if the lender and account numbers are identical or if your loans have been consolidated. Note: Documentation regarding your student loans from other sources will not be accepted; you must provide the information in the format provided below.

Creditor	US Student Loan Lender
----------	------------------------

Address Details

Street 1	100 North Avenue
Street 2	
City	Washington
State	(X) District of Columbia
ZIP	20009
Details of Student Loan	
Account number	999999999
Loan amount	45,000.00
Commencement or first payment month	(X) June
Commencement or first payment year	(X) 2012
Repayment status	(X) In Repayment
Remember: Click "Save Answers"	

17. Security Clearance	
Remember: Click "Save Answers"	
Section 17 - Security Clearance	
To your knowledge, have you ever been denied a security clearance or has a security clearance previously granted to you ever been revoked?	(X) Yes No
Please explain fully, including the name of the issuing agency, the security department and the particulars of the revocation or denial of the clearance.	revoked security
Remember: Click "Save Answers"	

18. Health Matters	
Remember: Click "Save Answers"	
Section 18 - Health Matters	
<p>The following inquiries address recent health matters. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for health problems is not, in itself, a basis on which an applicant is denied admission in Virginia, and the Board of Bar Examiners regularly licenses individuals who have demonstrated personal responsibility and maturity in dealing with health issues. The Board encourages applicants who may benefit from treatment to seek it.</p> <p>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</p>	

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 relevant to the issue of whether an applicant is qualified to practice law.

Health Matters Conduct

Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

(X) Yes () No

Please provide full explanation.

Questionable Conduct...

Have you sought or been directed to seek treatment for your conduct or behavior?

(X) Yes () No

*****NOTE:** Provide ALL treating professional and treating facility details on the **Health Treatment Details** screens.

Current Condition

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

(X) Yes () No

Please provide full explanation.

Current Condition...

Are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or

(X) Yes () No

because you participate in a monitoring program?	
Please provide full explanation.	Limitations...
***NOTE: Provide ALL treating professional and treating facility details on the Health Treatment Details screens.	
Remember: Click "Save Answers"	

1: Dr, Hunt (Sep 2011 - Sep 2015)	
Remember: Click "Save Answers"	
Health Treatment Details	
Provide ALL treating professional and treating facility details.	
Name of Treating Professional	Dr, Hunt
Treating Professional's Title	Doctor
Treatment Facility	Hospital
Phone number	(804) 555-1234
Street 1	123 Main Street
Street 2	
City	Richmond
State	Virginia
ZIP	23222
Duration of Treatment	
Start month	(X) September
Start year	(X) 2011
End month	(X) September
End year	2015
Remember: Click "Save Answers"	

2: Dr. Stealth (Feb 2005 - Apr 2009)	
Remember: Click "Save Answers"	
Health Treatment Details	
Provide ALL treating professional and treating facility details.	
Name of Treating Professional	Dr. Stealth
Treating Professional's Title	Good guy
Treatment Facility	Somewhere
Phone number	(505) 487-5155
Street 1	321 South
Street 2	
City	Richmond

State	(X) Virginia
ZIP	23232
Duration of Treatment	
Start month	(X) February
Start year	(X) 2005
End month	(X) April
End year	(X) 2009
Remember: Click "Save Answers"	

19. Health Legal Issues	
Remember: Click "Save Answers"	
Section 19 - Health Legal Issues	
Defenses	
Within the past five (5) years, have you ever used 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:	
Administrative proceeding or investigation?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Judicial proceeding or investigation?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Probation, suspension, or other disciplinary action or educational institution?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Disciplinary Actions	
Within the past five (5) years, has the issue of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder/condition been a factor in your	

termination, proposed termination, request to resign, or in any disciplinary action against you by any of the following:

Educational institution?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	When our sorority was charged with possession of marijuana we were subject to school disciplinary action which the school delayed pending the outcome of the case. When the case was dropped, the school also dropped their disciplinary action against us.
Employer?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Government agency?	(X) Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Professional organization?	() No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Licensing authority?	() Yes () No
Please furnish a thorough explanation including pertinent names, addresses, dates, and references to records, as appropriate.	Yes
Remember: Click "Save Answers"	

FORM: PETITION FOR NON-STANDARD TESTING

Remember: Click "Save Answers"

Guidelines for Petition for Non-Standard Testing

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding the merits of petitions for accommodations by bar applicants, the Board relies upon the definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendments Act of 2008 (ADA/ADAAA),

and as interpreted by controlling case law.

The Board recognizes that other non-ADA medical conditions may necessitate a request for testing modifications. Petitions for Non-Standard Testing will be reviewed by the Board's expert(s) and should comply with the guidelines below.

PLEASE NOTE: ONLY those applicants requesting additional testing time should complete the Petition for Non-Standard Testing. Applicants who wish to request permission to bring an item into the exam, that is not on the Allowed Item list, or request special seating due to a medical condition (i.e., seated near a restroom or exit), should submit a [Medical Accommodation Request Form](#).

- Having an impairment does not make an individual disabled for purposes of the ADA/ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA/ADAAA, an applicant must also show that the limitation on the major life activity is "substantial." "Substantial" means "considerable" or "significant" and is not a large or small number.
- A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits one or more of the major life activities of an individual.
- The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether an applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken without, whether consciously or not, with the body's own systems.
- The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.
- Objective testing and diagnostic evaluations submitted by your healthcare professional to support your claimed disability must have been administered within four (4) calendar months of the filing deadline for any exam to which you apply.

IMPORTANT NOTE: Requests for accommodations will be considered only after all information has been received. Filing deadlines apply to receipt of all information, including documentation requested from third parties. All documentation submitted will be retained by the Board and may be reviewed by the Board's consultants as necessary. All accommodations granted to you by the Board will be provided at no cost. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the Virginia Bar Examination nor do accommodations previously granted on a past Virginia Bar Examination necessarily entitle applicants to accommodations on a future exam.

FILING DEADLINE: The applicable items specified in the Petition Checklist must be completed and postmarked or received by the Board on or before the filing deadline of the exam you wish to take.

APPLICANTS REQUESTING ADDITIONAL TESTING TIME: Submit documentation from your physicians or other licensed professionals that details the

basis for the requested additional time and the amount of additional time recommended. **If a specific amount of additional time is not indicated, your request will not be processed.**

1. Applicants with disabilities are entitled to and have the responsibility to meet the same application filing deadline as individuals without disabilities. Because some of the forms require input from third parties, it is suggested that you request the appropriate individuals to complete the forms well in advance of the filing deadline.
2. Forms must be typed and, where applicable, must be sworn to before a notary public.
3. Inquiries regarding your Petition or other substantive matters must be in writing.
4. If a timely filed Petition is illegible, incomplete or if the Board or the Board's expert finds the applicant or the applicant's healthcare professional has not adequately substantiated the claimed disability, the applicant will be so notified.
5. If a disability occurs after the filing deadline, the Board will review an applicant's late Petition if it is received in the Office of the Secretary on February 1 for the February exam or July 1 for the July exam. However, such applicants must recognize that there may not be enough time to process a Petition and accompanying documentation to permit the Board to reach a determination on the Petition and to make necessary arrangements at the examination site. If the Petition is complete and the claimed disability is substantiated, the Board will accommodate the applicant on an available basis, or the applicant may carry forward his or her application in accordance with Section VI of the Rules of the Board.
6. You may be required to submit to repeat diagnostic testing **AT YOUR EXPENSE** by a healthcare professional at the Board's choice. You will be informed if this will be required.
7. You will receive a written notice of the disposition of your Petition as soon as it has been acted upon by the Board, approximately one month prior to the exam.

Remember: Click "Save Answers"

Petition Checklist	
Remember: Click "Save Answers"	
PETITION CHECKLIST FOR TEST ACCOMMODATIONS	
The accompanying Petition Checklist has been prepared to facilitate your completion of each required step in the process. Carefully review the guideline information provided and use this Petition Checklist to complete all information listed below that pertains to the SPECIFIC TEST ACCOMMODATION you are seeking. Choose Yes or No to all that apply. Also check Yes or No for the specific physical disability that applies to each Form as they relate to you.	
Form A	
APPLICANT DISABILITY INFORMATION	
Required by ALL applicants who seek testing modifications.	(X) Yes () No

Form B**PHYSICAL DISABILITY VERIFICATION FORM**

Required if you claim a **physical disability**.
(Visually Impaired, Blind, Hearing Impaired, Deaf, Orthopedic Disability, Neurological Disability, Other Physical Disability/Impairment not mentioned)

(X) Yes () No

Check all that apply

Visually Impaired

() Yes (X) No

Blind

() Yes (X) No

Hearing Impaired

() Yes (X) No

Deaf

() Yes (X) No

Specific Orthopedic Disability

(X) Yes () No

Explain

Enlarged Vertebrae

Specific Neurological Disability

() Yes (X) No

Other physical disability/impairment not mentioned above

() Yes (X) No

*****NOTE:** For each "Yes" above, complete page **C1 of the PHYSICAL DISABILITY VERIFICATION FORM**, sign and notarize. Request that your licensed healthcare professional who diagnosed and/or treated your disability complete the rest of Form C and return it to you for submission to the Board. Your licensed healthcare professional can access a PDF version of FORM B from our website at barexam.virginia.gov/pdf/NSTFormB.pdf

Form C**LEARNING DISABILITY VERIFICATION FORM**

Required if you claim a **learning disability**.

(X) Yes () No

Learning Disability (Specify all)

Dyslexia

***NOTE:** Complete page **C1 of the LEARNING DISABILITY VERIFICATION FORM**, sign and notarize. Request that your licensed healthcare professional who diagnosed and/or treated your disability complete the rest of Form C and return it to you for submission to the Board.

• **Submit copies** of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition. Your licensed healthcare professional can access a PDF version of FORM C from our website at barexam.virginia.gov/pdf/NSTFormC.pdf

Form D**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION FORM**Required if you claim **ADHD**.

(X) Yes () No

*****NOTE:** Complete page **D1** of the **ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM**, sign and notarize. Request that your licensed healthcare professional who diagnosed and/or treated your disability complete the rest of Form D and return it to you for submission to the Board.

• **Submit copies** of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition. Your licensed healthcare professional can access a PDF version of FORM D from our website at barexam.virginia.gov/pdf/NSTFormD.pdf

Form E

PSYCHOLOGICAL DISABILITY VERIFICATION FORM

Required if you claim a psychological/psychiatric disability .	(X) Yes () No
-----------------------------------------------------------------------	----------------

Psychological Disability (specify all)	Bipolar
----------------------------------------	---------

*****NOTE:** Complete page **E1** of the **PSYCHOLOGICAL DISABILITY VERIFICATION FORM**, sign and notarize. Request that your licensed healthcare professional who diagnosed and/or treated your disability complete the rest of Form E and return it to you for submission to the Board.

• **NOTE:** Test anxiety is excluded, as it is not considered a disability.
• **Submit copies** of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition. Your licensed healthcare professional can access a PDF version of FORM E from our website at barexam.virginia.gov/pdf/NSTFormE.pdf

Form F

LAW SCHOOL OFFICIAL FORM

Required if you had accommodations while attending law school.	(X) Yes () No
----------------------------------------------------------------	----------------

*****NOTE:** Complete page **F1** of the **LAW SCHOOL OFFICIAL FORM**, sign and notarize. Request that the school administrator or professor responsible for authorizing test accommodations complete the form, stating all the test accommodations granted.

You can access a PDF version of FORM B from our website at barexam.virginia.gov/pdf/NSTFormF.pdf

Form G

STATEMENT OF BAR ADMISSION ACCOMMODATIONS FORM

Required if you had accommodations granted for another Bar Admission Authority jurisdiction's bar exam.	(X) Yes () No
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*****NOTE:** Complete page **G1** of the **STATEMENT OF BAR ADMISSION ACCOMMODATIONS FORM**, sign and notarize. Request that the responsible official in each jurisdiction complete the rest of the form, stating all the test accommodations granted.

You can access a PDF version of FORM B from our website at barexam.virginia.gov/pdf/NSTFormG.pdf

Remember: Click "Save Answers"

Form A

Remember: Click "Save Answers"

Form A - Applicant Disability Information

(To be completed by ALL Applicants claiming a disability)

Note: The Virginia Board of Bar Examiners reserves the right to exercise its judgment concerning testing accommodations and may have this documentation reviewed by a healthcare professional.

Description of Disabilities

Provide, in your own words, a detailed narrative describing your specific disability(ies). Include in your description full details in regard to all accommodation requests made.	I have always struggled with learning and reading. I was diagnosed in elementary school with ADHD and dyslexia. I am a very slow reader and require extra time for reading. My troubles with reading have been life long. I am very easily distracted even with my medication, so I have to re-read everything many times and it takes me a considerable time to process, especially when I am reading. I also have trouble with my back due to herniated vertebrae and have trouble sitting for long periods of time.
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Remember: Click "Save Answers"

Testing Modification Request Chart

Remember: Click "Save Answers"

Testing Modifications Request Chart

Standard testing of the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay Question administered in two 3-hour sessions. The second day is the Multistate Bar Examination (MBE), which is a standardized test, also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART details each session. The typical physical testing environment consists of a large room in which 600 – 900 applicants are seated in assigned seats, two per 6' table or three per 9' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program. If an applicant with a claimed disability requests the use of a computer to type the answers to the essay questions and if the Board or its expert in the claimed disability concurs that the use of a computer

is medically necessary, then the Board will guarantee the applicant a seat in one of the laptop testing rooms provided the applicant properly registers and pays the appropriate fee.

For all Testing Modifications you are requesting, answer Yes and provide an explanation.

I request the following test accommodation modifications:

Additional testing time	(X) Yes () No
To receive additional time, you must provide the amount of time per session you are requesting and an explanation for such request on the ADDITIONAL TIME REQUEST CHART .	
Large Print Testing Materials	() Yes (X) No
Braille version of exam	() Yes (X) No
Use of magnifying glass or special visual aid/apparatus	() Yes (X) No
Assistance in filling in MBE grid	() Yes (X) No
Use of sign language interpreter	() Yes (X) No
Use of a reader	() Yes (X) No
Transcriptionist/Court Reporter/Typist	() Yes (X) No
Audio CD version of exam	() Yes (X) No
Separate testing area (like accommodated applicants)	(X) Yes () No
Explanation	I get distracted easily and need a room with a limited number of people and minimal distraction.
Private testing room	() Yes (X) No
When access to facility	() Yes (X) No
Other requests not listed above	() Yes (X) No
Remember: Click "Save Answers"	

Additional Time Request Chart
Remember: Click "Save Answers"
Additional Time Request Chart
DAY 1 - ESSAY & MULTIPLE CHOICE
Consists of 9 Essay Questions and 10 Multiple-Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes)

each. Applicants can choose to handwrite or type their answers on their laptop computer. Applicants who choose to handwrite their answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type their exam using their laptop, must register, pay and download the required software.

I request additional time for each session as set forth below:

Morning Session - consisting of 5 Essay Questions in various subject matters.

Additional Requested Time (Minutes)

NONE 90

Standard Time (3 hrs = 180 minutes)

Total Time Requested for Essay Morning Session:

180 Minutes

270 Minutes (4.5 Hours)

Afternoon Session - consisting of 4 Essay Questions and 10 Multiple-Choice Questions in various subject matters.

Additional Requested Time (Minutes)

NONE

Standard Time (3 hrs = 180 minutes)

Total Time Requested for Essay Afternoon Session:

180 Minutes

270 Minutes (4.5 Hours)

Provide an explanation of how I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. I also have trouble organizing my thoughts on paper and it takes me multiple times of writing and re-writing before I am able to compose a sufficient answer.

Daytime Multistate Bar Exam

Consists of 200 Multiple-choice Multistate Bar Exam (MBE) questions which must be answered using a pencil and bubbling in circles on a computer-graded grid sheet.

I request additional time for each session as set forth below:

Morning Session - consisting of 100 multiple-choice questions.

Additional Requested Time (Minutes)

NONE 90

Standard Time (3 hrs = 180 minutes)

Total Time Requested for MBE Morning Session:

180 Minutes

270 Minutes (4.5 Hours)

Afternoon Session - consisting of 100 multiple-choice questions

Additional Requested Time (Minutes)

NONE

90

Standard Time (3 hrs = 180 minutes)

Total Time Requested for MBE Afternoon Session:

180 Minutes

270 Minutes (4.5 Hours)

Provide an explanation as to how the specific aspect(s) of your claimed disability affects your ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. With multiple choice answers, I have to read them many times before I am able to discern which is the correct response.

Remember: Click "Save" at the bottom of the screen.

Exam/Testing History

Remember: Click "Save" at the bottom of the screen.

Exam/Testing History

Standardized Test

Have you ever taken the **ACT**

Standardized Test?

() Yes (X) No

Have you ever taken the **SAT**

Standardized Test?

(X) Yes () No

*****NOTE: Please enter details on the SAT Standardized Tests screens.**

Have you ever taken the **GMAT**

Standardized Test?

() Yes (X) No

Have you ever taken the **GRE**

Standardized Test?

() Yes (X) No

Have you ever taken

the **LSAT Standardized**

Test?

(X) Yes () No

*****NOTE:** Please enter details on the **LSAT Standardized Tests** screens.

Have you ever taken the MPRE Standardized Test ?	(X) Yes () No
---------------------------------------------------------	----------------

*****NOTE:** Please enter details on the **MPRE Standardized Tests** screens.

Colleges Accommodations

Did you request accommodations while in college?	(X) Yes
--------------------------------------------------	---------

*****NOTE:** Please enter details on the **College Accommodations** screens.

Law Schools Accommodations

Did you request accommodations while in law school?	(X) Yes
-----------------------------------------------------	---------

*****NOTE:** Please enter details on the **Law School Accommodations** screens.

Bar Exams Accommodations (other than Virginia)

Have you requested accommodations on another jurisdiction's bar exam?	(X) Yes
-----------------------------------------------------------------------	---------

*****NOTE:** Please enter details on the **Other Bar Exam Accommodations** screens.

Laptop Registration

Do you expect to register for the Laptop Program to type the essay sections of the examination?	(X) Yes () No
-------------------------------------------------------------------------------------------------	----------------

Authorization

By filing this petition and required forms, I hereby:

Authorize the Virginia Board of Bar Examiners (Board) to provide, at the Board's discretion, a copy of and all documents which I submit in connection with this petition to such personnel or consultants as the Board may deem necessary to evaluate my Petition	(X) Yes
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Release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided, pursuant to this Authorization and Release, from any and all liability of every	(X) Yes
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nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

Remember: Click "Save Answers"

1: Richmond, VA - Jun 2002

Remember: Click "Save Answers"

SAT Standardized Tests

Provide all SAT Standardized Tests you have taken and whether you requested accommodations on each such test. If you did not request accommodations or such accommodations were denied, provide required explanation.

Location Richmond, VA

Month test taken (X) June

Year test taken (X) 2002

REQUIRED: Attach a copy of the official score report for this standardized test.

Did you request an accommodation? () Yes () No

Explain why you did not request an accommodation. My teacher suggested I attempt the SAT for the first time without accommodations.

Remember: Click "Save Answers"

2: Richmond, VA - Oct 2002

Remember: Click "Save Answers"

SAT Standardized Tests

Provide all SAT Standardized Tests you have taken and whether you requested accommodations on each such test. If you did not request accommodations or such accommodations were denied, provide required explanation.

Location Richmond, VA

Month test taken (X) October

Year test taken (X) 2002

REQUIRED: Attach a copy of the official score report for this standardized test.

Did you request an accommodation? (X) Yes () No

Were the accommodations granted? (X) Yes () No

REQUIRED: Attach a copy of the notice of approved accommodations.

Remember: Click "Save Answers"

1: Brooklyn, New York - Jan 2008

Remember: Click "Save Answers"

LSAT Standardized Tests

Provide all LSAT Standardized Tests you have taken and whether you requested accommodations on each such test. If you did not request accommodations or such accommodations were denied, provide required explanation.

Location	Brooklyn, New York
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Month test taken	(X) January
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Year test taken	(X) 2008
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REQUIRED: Attach a copy of the official score report for this standardized test.

Did you request an accommodation?	(X) Yes () No
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Were the accommodations granted?	(X) Yes () No
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REQUIRED: Attach a copy of the notice of approved accommodations.

Remember: Click "Save Answers"

1: Brooklyn, New York - Jan 2008

Remember: Click "Save Answers"

MPRE Standardized Tests

Provide all MPRE Tests you have taken and whether you requested accommodations on each such test. If you did not request accommodations or such accommodations were denied, provide required explanation.

Location	Brooklyn, New York
----------	--------------------

Month test taken	(X) January
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Year test taken	(X) 2008
-----------------	----------

REQUIRED: Attach a copy of the official score report for this standardized test.

Did you request an accommodation?	(X) Yes () No
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Were the accommodations granted?	(X) Yes () No
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REQUIRED: Attach a copy of the notice of approved accommodations.

Remember: Click "Save Answers"

1: Brooklyn University

Remember: Click "Save Answers"

Requested College Accommodations

College	Brooklyn University
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Type accommodation requested	Time and a half on all exams, separate room
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Was your requested	
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accommodation granted?	(X) Yes () No
REQUIRED: Attach a copy of the notice of approved accommodations.	
Remember: Click "Save Answers"	

1: Brooklyn Law School	
Remember: Click "Save Answers"	
Requested Law Schools Accommodations	
Law School	Brooklyn Law School
Type accommodation requested	Time and a half on all exams, separate room
Was the accommodation granted?	(X) Yes () No
REQUIRED: Complete page F1 of the LAW SCHOOL OFFICIAL FORM , sign and notarize. Request that the law school administrator or professor responsible for authorizing test accommodations complete the statement all the test accommodations granted.	
REQUIRED: Attach a copy of the notice of approved accommodations, if applicable.	
Remember: Click "Save Answers"	

1: New York	
Remember: Click "Save Answers"	
Other Bar Exam Accommodations	
Jurisdiction	New York
Type accommodation requested	Time and a half on all portions, separate room
Was the accommodation granted?	(X) Yes () No
REQUIRED: Complete page G1 of the STATEMENT OF JURISDICTION FORM , sign and notarize. Request that the responsible official in each jurisdiction complete the rest of the form, stating the test accommodations granted.	
REQUIRED: Attach a copy of the notice of approved accommodations.	
Remember: Click "Save Answers"	

Physical Disability - Orthopedic	
Physical Disability - Orthopedic	
Initial Diagnosis	
Provide date of initial diagnosis and all diagnosing healthcare professional contact information.	
Month	(X) March
Year	2012

Diagnosing Healthcare Professional	Dr. Curvature
Type of Healthcare Provider	Orthopedist
Street	1 Spinal Drive
Street 2	
City	Richmond
State	(X) Virginia
ZIP	23220
Current Phone Number	(804) 555-2121
I will send Form B to:	
Form B is required to be completed by your current diagnosing or licensed healthcare professional for your Physical Disability. Form B will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.	() Yes () No
Is your diagnosing healthcare professional listed above, or your current treating healthcare professional who will complete the required form regarding your disability?	
Current Treatment	
This diagnosis was most recently confirmed or reassessed on	
Month	(X) January
Year	2014
Is the disability	(X) Permanent
After consultation with my treating professional, my specific concern is	Pain after sitting for long periods of time
What treatment plan is currently being prescribed?	Pain medication, yoga, physical therapy
Does your current treatment plan help ameliorate your disability?	() Yes (X) No
Explanation required	It helps somewhat, but not for long periods of sitting.

Learning Disability	
Learning Disability	
Initial Diagnosis	
Provide date of initial diagnosis and all diagnosing healthcare professional contact information.	
Month	(X) September
Year	1995
Diagnosing Healthcare Professional	Dr. Noread
Type of Healthcare Provider	Psychologist
Street	15 Locale Avenue
Street 2	
City	Richmond
State	(X) Virginia
ZIP	23226
Current Phone Number	(840) 512-2885
I will send Form C to:	
<p>Form C is required to be completed by your current diagnosing or licensed healthcare professional for Learning Disability. Form C will print at the end of your Non-Standard Testing Petition Application and will be sent to your listed healthcare professional for completion. (X) Yes () No</p> <p>submitted to the Board when you apply the material.</p> <p>If your diagnosing healthcare professional is above your current treating healthcare professional who will complete the required forms regarding your disability?</p>	
Current Treatment	
This diagnosis was most recently confirmed or reassessed on	
Month	(X) September
Year	2012
This disability is	(X) Permanent

At my last consultation with my treating professional, my specific concern was:	I met with my doctor to update my records to provide to Brooklyn University for accommodated testing time during college
What treatment plan is currently being prescribed?	Medication
Does your current treatment plan help ameliorate your disability?	() Yes (X) No
Explanation required	I will always be dyslexic, but I have been taught skills to help with reading. In a quiet setting, where there is so much to read, I have to concentrate so hard that it slows my reading and processing time down.

Attention Deficit	
Attention Deficit Hyperactivity Disorder	
Initial Diagnosis	
Provide date of initial diagnosis and all diagnosing healthcare professional contact information.	
Month	December
Year	2020
Diagnosing Healthcare Professional	James Johnson, PhD
Type of Healthcare Provider	Psychiatrist
Street	100 Brooklyn Way
Street 2	
City	Brooklyn
State	(X) New York
ZIP	11209
Current Phone Number	(999) 999-9999
I will send Form D to:	
Form D is sent to the diagnosing or licensed healthcare professional for your Attention Deficit Hyperactivity Disorder. Form D will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application	() Yes (X) No

materials.	
Is your diagnosing healthcare professional listed above your current treating healthcare professional who will complete the required forms regarding your disability?	
Current Healthcare Professional	
Current Healthcare Professional	Dr. Noread
Type of Healthcare Provider	Psychologist
Street	15 Locale Avenue
Street 2	
City	Richmond
State	(X) Virginia
ZIP	23226
Current Phone Number	(840) 555-8888
Current Treatment	
This diagnosis was most recently confirmed and assessed on	
Month	September
Year	
This disability is	(X) Permanent
At my last consultation with my treating professional, my special concern was:	I relocated back to Richmond and I needed a doctor to prescribe my medication for my reading disability and ADHD disabilities. I went back to the doctor who tested and treated me in my youth.
What treatment are you currently being prescribed?	ADHD medication, anxiety medication, meditation and yoga
Does your current treatment plan help to ameliorate your disability?	(X) Yes () No
Explanation requested	The medication helps somewhat, but does not help over extended period of time of constant testing and reading. In short spurts of reading for comprehension, I am good, but need extra time for long reading days as I lose concentration when I have lots and lots to read.

Psychological Disability
Psychological Disability

Initial Diagnosis

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Month (X) January

Year 2011

Diagnosing Healthcare Professional Dr. Helpme

Type of Healthcare Provider Mayo Clinic

Street 2345 Morehouse Road

Street 2

City St. Paul

State (X) Minnesota

ZIP 55333

Current Phone Number (804) 555-2121

I will send Form E to:

Form E is required to be completed by your current diagnosing or licensed healthcare professional for your Psychological Disability. Form E will print at the end of your Non-Standard Testing Petition Application and must be signed by your listed healthcare professional for completion. () No submitted to the Board with your application materials.

Is your diagnosing healthcare professional listed above your current treating healthcare professional who will complete the required forms regarding your disability?

Current Treatment

This diagnosis was most recently confirmed or reassessed on

Month (X) January

Year 2011

This disability is (X) Permanent

At my last consultation with my treating professional, my specific concern was: Depression and mood swings

What treatment plan is currently Medication once a day

being prescribed?	
Does your current treatment plan help ameliorate your disability?	(X) Yes () No
Explanation required	Yes, I can maintain a normal mood.

FINAL REVIEW	
Remember: Click "Save Answers"	
Final Review	
<p>***NOTE: Before you can submit your final answers, you will be required to certify that you have reviewed the Answer Summary (located at the taskbar above) and that the answers you are submitting are true and accurate to the best of your ability. Once your final answers have been submitted, you cannot make any changes. Printing and reviewing the Answer Summary will ensure the accuracy of your submission.</p> <p>Please click "Save Answers" to ensure that all your answers have been saved.</p> <p>You must click the "SUBMIT ANSWERS FOR REVIEW" button below. After you answer any unanswered questions, click the "SUBMIT ANSWERS FOR REVIEW" button At Least Once to ensure they have been answered.</p>	
SUBMIT ANSWERS FOR REVIEW	
Remember: Click "Save Answers"	
All questions have been answered.	() Yes () No
NONE	
NONE	