

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT  
CARVEL STATE OFFICE BUILDING  
820 NORTH FRENCH STREET  
11TH FLOOR  
WILMINGTON, DELAWARE 19801  
(302) 577-7038  
FAX: (302) 577-7037**

**MEMORANDUM**

**TO: DELAWARE BAR APPLICANT**  
**FROM: SARAH E. ARNOLD, EXECUTIVE DIRECTOR**  
**RE: APPLICATION TO TAKE THE DELAWARE BAR EXAMINATION**

*Enclosed is an Application for Admission to the Delaware Bar together with a copy of the Rules of the Board of Bar Examiners and clerkship schedule.*

*The Application and all documents required to be submitted in connection with it must be filed with the Board, accompanied by the non-refundable filing fee, on or before April 15. If your completed application and all required documents are submitted on or before March 15, the filing fee is \$500.00. If your application and required documents are submitted after March 15<sup>th</sup> but on or before April 15<sup>th</sup> the filing fee is \$600.00. **The filing fee for both deadlines must be paid by certified check or other form of guaranteed payment or your application may be declined.** The filing fees are not refundable or transferable to future years.*

*Be sure to comply with page 4 and submit the required documents as instructed. If you are having any documents sent directly to the Board from various institutions, please follow the instructions on the Certificate of Completeness by indicating which documents are not enclosed, the reason for the omission and the expected date that you will forward them to the Board.*

*If you fail to submit your application with the required documents (including photos, transcripts, law school applications, certificates of good standing, etc.), the Board may determine that you have failed to submit a completed application. If the Board accepts your application but is required to photocopy portions of the application or required documents, you will be charged a \$3.00 per page copying and processing fee.*

*Please complete a self addressed return postcard to enable the Board to provide you with an immediate confirmation acknowledging the receipt of your application. If you do not complete a postcard, the Board will send an email confirmation to you within two weeks after the filing deadline. We are unable to confirm the receipt of your application over the telephone.*

*Character & Fitness Investigations will only be conducted for those applicants who pass the bar examination. If you achieve a passing score on the exam, you will be contacted in October or November directly by a member of the Character and Fitness Committee of the Board of Bar Examiners to schedule an appointment for your interview. Please note that each member conducts interviews according to the member's own schedule: therefore, please do not be alarmed if other applicants have interviews before or after you. The Board will attempt to complete the investigations in enough time for you to be included in the December Admission Ceremony. However, in order for your investigation to be conducted, your application must be complete. Therefore, you must take all necessary steps to ensure that your application is complete by July 1<sup>st</sup>. If your application is not complete by this date, it will delay your investigation. All hearings relating to character and fitness issues will be held after the examination results are posted. Please refer to Board Rule 7 which outlines your responsibility to update your application up until the time of your admission.*

*Any requests for special accommodations must be made in accordance with Rule 15.*

*For an additional \$100 fee, we will be offering the use of ExamSoft . This will allow applicants to take the exam on their own personal laptop computers. Payment for this service is made directly to ExamSoft. The deadline for signing up is June 1<sup>st</sup>. To signup, please visit [examsoft.com/debar](http://examsoft.com/debar)*

***Hand deliveries can be made Monday-Friday between the hours of 9:00 a.m. and 4:30 p.m., including the filing of your application. If you need assistance and I am not in the office or unavailable, please leave a message on my voice mail. I will return your call as soon as possible. You may also email me at [sarah.arnold@state.de.us](mailto:sarah.arnold@state.de.us)***

# **Board of Bar Examiners of the Delaware Supreme Court**

## **2009 Information Sheet**

**Dates and location of examination** - The 2009 July Bar Examination will be administered at Widener University School of Law on Monday, Tuesday and Wednesday, July 27, 28 and 29, 2009.

**Typing the Bar Exam on your laptop** – For an additional \$100 fee, the Board will be offering the use of ExamSoft to type your answers to the essay portions of the Bar Examination on your own personal laptop. Sign-up will be from May 1 until June 30 [www.examsoft.com/debar](http://www.examsoft.com/debar).

**Receipt of Application** - To receive an immediate confirmation, you must complete a self-addressed return postcard. If you do not submit a return postcard, you will receive an email confirmation within two weeks of the filing deadline.

**Transcripts and other Documents** - You must follow the directions for submitting and organizing your application as outlined in the Bar Application. You may send transcripts directly to the Board's office prior to filing your application.

**Changes Subsequent to Filing Application** - You are required to keep your Bar Application accurate and up-to-date until the time of your admission. Any changes or updates to your application must be made in writing and mailed to the Board's Administrative Office at: Carvel State Office Building, 820 North French Street, Wilmington DE 19801. All Telephone inquiries should be made to (302) 577-7038.

**Character & Fitness Investigation** – Investigations will only be conducted on those applicants passing the Bar Examination. Therefore, the investigations will not begin until after the results are posted in October. However, all applications must be complete including the final law school transcript and preceptor's certificate on or before July 1. If your file is not complete, it will delay your Character and Fitness investigation and preclude you from participating in the December admission ceremony. The investigation is ongoing until you are admitted to the Delaware Bar therefore you must keep your application accurate at all times. Character and Fitness hearings will not be scheduled until after the results are announced in October and will not be held for unsuccessful applicants.

**Personal Interview** – Interviews are part of the Character and Fitness Investigation process. Therefore, only passing applicants will have an interview. Those passing applicants will be contacted directly by your assigned Bar Examiner who will schedule an interview to discuss your application. These interviews will be conducted during the month of October or November. (Interviews are not always conducted on Re-applicants.)

**2009**  
**BOARD OF BAR EXAMINERS**  
**OF THE DELAWARE SUPREME COURT**

Carvel State Office Building  
820 N. French Street, 11<sup>th</sup> Floor  
Wilmington, DE 19801  
(302) 577-7038 • (302) 577-7037 Fax

**Attach**  
**2 Passport**  
**Photos**  
**Here**  
(Print your name)

**APPLICATION FOR ADMISSION**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (w) \_\_\_\_\_ (h) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Law School Attending or Graduated From \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Name and Address of Preceptor \_\_\_\_\_ Bar ID# \_\_\_\_\_

Check if Preceptor certificate is enclosed.

MPRE Status \_\_\_\_\_ Date Taken \_\_\_\_\_ Score \_\_\_\_\_ Date will take \_\_\_\_\_

\*Please see Board Rule 8 for specific time in which MPRE must be taken.

Check if you will sign up to use ExamSoft. (Sign up is from May 1 to June 30 at [www.examssoft.com/debar](http://www.examssoft.com/debar).)

Request for Special Accommodations:  Yes  No

(See Rule 15 – A separate Application for Special Accommodations must be filed together with this application.)

Check if you have applied and/or taken the Delaware Bar \_\_\_\_\_  
(You must attach a complete copy of your previous application.) Year(s)

## ***DIRECTIONS***

This application has two parts: Application and Blank Forms. Answer all the questions. Complete a blank form only after you have answered the question that relates to that form.

**You may be required to make copies of some of the application pages and blank forms. Therefore, do not mark on a page or form until you have made the requisite number of copies.**

Your application will be processed only after you provide all the necessary information within the time set by the Board's rules. **Be sure to:**

- Type your answers or print legibly.
  - Answer every question and complete all the forms required.
  - Sign all the forms requiring your signature and obtain original notarizations where applicable.
  - Enclose a separate sheet of paper identified with your name and the question number if you need more space to answer a question.
  - Legibly fill out a reference form for each personal, employment, and scholastic reference required by the application.
  - **Include one executed original of this application including original signed copies of each form that requires your signature. Provide one original certified transcript from each college or law school listed in your application. When including court documents, uncertified copies are acceptable. Provide two photographs.**
1. Addresses are essential for a thorough and timely character report. Where addresses are requested, you must provide complete and accurate numbers, street names, cities, states, and zip codes.
  2. Use the two-letter code to indicate state names.
  3. Indicate dates by noting the number of the month/day/year. For example: October 5, 2009 should be written 10/5/09.
  4. If you are not sure of the dates, places, or other information requested, **it is your responsibility** to consult with the court, agency, or other entity involved to obtain accurate and complete information.
  5. Avoid the use of abbreviations, particularly those that are not self-explanatory, or provide proper explanation where they are used

6. Whenever the names of clients, references, employers, associates, and/or partners are used, identify them as such.
7. Where indicated, check the box in front of the word “yes” or “no” to designate your answer.
8. Keep a copy of your completed application for your personal records.
9. The provision of your social security number is voluntary pursuant to the Federal Privacy Act of 1974. Provision of your social security number assists in expediting the character review process. Your social security number will be used for purposes of investigation and verification to avoid errors of identity which might introduce problems and delays into the certification and licensure process.
10. **You have a continuing obligation to notify the Board in writing of any change to any information contained in the application from the date of submission until such time as you are admitted to practice in the State. Oral or e-mail supplementation will not be accepted.**

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

**INSTRUCTIONS TO THE APPLICANT**

- A. All inquiries relating to admission to the Bar of the Supreme Court of the State of Delaware, this application, or related matters should be addressed to: The Board of Bar Examiners of the Delaware Supreme Court, 820 N. French Street, 11<sup>th</sup> Floor, Wilmington, DE 19801.
- B. This application and all documents required to be submitted in connection herewith must be filed with the Board of Bar Examiners, accompanied by the non-refundable application fee, on or before 4:30 p.m. on April 15th. No waivers of this filing date will be granted except as provided in BR-5(a). Failure to meet the deadline may preclude the applicant from taking the July Bar Examination.
- C. If your application (including those documents which are required to be filed with it) is submitted on or before 4:30 p.m. on March 15, the filing fee is \$500.00, but if your application is submitted after March 15 but on or before 4:30 p.m. on April 15, the filing fee will be \$600.00. The filing fee must be paid by certified check or other similar form of guaranteed funds. Checks should be made payable to "Board of Bar Examiners of the Delaware Supreme Court."

**SUBMISSION OF APPLICATION TO THE BOARD**

**Do not place any documents within the body of the application. All required documents, including reference letters, must be attached by binder clip to the back of this application, indexed and tabbed as follows:**

- A. Official College Transcript(s)
- B. Law School Application
- C. Official Final Law School Transcript
- D. Bar Applications to Other Jurisdictions
- E. Official Good Standing Certificate
- F. Divorce Proceeding Documents
- G. Litigation Document(s)
- H. Release
- I. Preceptor's Certificate
- J. Reference Letter Chart

**Applications that fail to comply with this format may be rejected and may be returned as improperly filed.**

**RETAIN A COPY OF THE APPLICATION FOR YOUR RECORDS**

## *CANDOR*

Delaware Supreme Court Rule 52(a)(1) relating to admission to the Bar provides that no person shall be admitted to the Bar unless the applicant shall have qualified by producing evidence satisfactory to the Board that the applicant is a person of good moral character and reputation and that the applicant possesses such qualities, aptitudes and disposition as fit the applicant for the practice of law. In considering good moral character, the Board attempts to view an applicant as a whole person and to take into account the applicant's entire life history, rather than limit its view to isolated events in the applicant's life. It is the practice of the Board in this regard to require each applicant to appear, typically in October or November, for a personal interview with a member of the Board, and you will be contacted to set up such an interview. The Board's inquiry into an applicant's moral character emphasizes honesty, fairness, candor, and respect for the rights of others, for the laws of Delaware and the United States.

Board of Bar Examiners Rule 7 states:

Consistent with the requirements of Rule 8.1 of the Delaware Lawyers' Rules of Professional Conduct, each applicant for admission to the Bar has a duty to be candid and to make full, careful, and accurate responses and disclosures in all phases of the application and admission process. The Board requires that each applicant respond fully to its inquiries, and it relies on the applicant's responses and disclosures in making its assessment of the applicant's fitness for admission to the Bar. The Board's investigation of the applicant's fitness for admission to the Bar is a continuing one and, accordingly, until the applicant's admission to the Bar, the applicant must continue to provide any information or material not previously disclosed that relates to the Board's fitness investigation.

**CERTIFICATION OF COMPLETENESS**

I, \_\_\_\_\_, in connection with my application for admission to the Bar of the Supreme Court of the State of Delaware and for permission to take the July 20\_\_\_\_\_ Delaware Bar Examination, hereby certify that:

1. I have studied carefully the Rules of the Delaware Supreme Court and the Rules of the Board of Bar Examiners of the Delaware Supreme Court, and in my opinion I will be qualified under such Rules to take the Examination.

2. (a) All questions in the application have been answered fully.

Yes  No

(b) If the answer to Question 2(a) is anything other than an unqualified "YES," identify the unanswered questions, provide the reasons for not answering the questions fully and state when you expect to provide a complete answer. (Additional sheets of paper may be attached to this Certification to provide additional information when necessary.)

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3. (a) All documents required by the application (including the application itself) have been submitted, including but not limited to:

Please check whether each item applies to you or not and if it is enclosed. **If any item applies but is not enclosed, you must identify the reason for its omission, when you requested it, and when the Board should receive it.**

Does not Apply	Applies and is Enclosed	Applies and is Not Enclosed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Passport Photographs taken in the last six months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce Proceeding Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official College Transcript(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law School Application (to schools attended only)

Does not Apply	Applies and is Enclosed	Applies and is Not Enclosed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Litigation Document(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official Final Law School Transcripts (supply interim transcripts if you have not yet graduated)*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bar Applications to Other Jurisdiction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official Good Standing Certificates (from other jurisdictions where you are admitted)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Executed Authorization and Release Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of _____, my Preceptor, as required by Board Rule 10(e) (Due on or before July 1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of Mailed Reference Letters and Forms and chart

(b) If you have not provided all documents required by the application (including the application itself), identify which documents have not been provided, provide the reasons for their omission from the application, state whether and when you requested them from an appropriate source and state when you expect the Board will receive them. Additional sheets of paper may be attached to this Certification to provide additional information when necessary.

4. I have enclosed a check payment of the non-refundable application fee.\*\*
5. I will promptly notify the Board in writing as to any change with respect to any matter about which information is sought in my application including changes in address and telephone numbers.

\* **Final Law School Transcripts and Preceptor’s Certificates must be submitted to the Board on or before July 1. However, your Preceptor’s name should be identified as soon as possible.**

\*\* **The non-refundable application fee is \$500.00 for completed applications filed on or before 4:30 p.m. on March 15, and \$600.00 for completed applications filed after March 15 but on or before 4:30 p.m. on April 15. Payment must be made by certified check or other form of guaranteed payment. Checks must be made payable to “Board of Bar Examiners of the Delaware Supreme Court.”**

6. **IMPORTANT:** I understand that my application is not complete until all information and documents required to be submitted herewith have been received by the Board. I further understand that my application will be rejected as incomplete if I fail to provide documentation and information to the Board as requested in this application or if my Certification fails to: (a) identify which information and documents (if any) have not been provided to the Board with this application; (b) provide a reasonable explanation for the omission from the application of such information and documents; (c) state whether and when I requested such information and documents to be sent to the Board; and (d) state when I expect the Board will receive such information and documents. I further understand that if at any time during the course of the application process the Board determines that I have failed to be diligent in providing the Board with information required by this application or requested by the Board, such lack of diligence may be grounds for Board rejection of my application. I will continue to update my application as necessary to ensure that all of my answers continue to be correct until I am admitted to the Bar. These updates will be sent to the Board's office with a copy to my preceptor and character and fitness Board member, once assigned.

Finally, I further understand that my signature below constitutes my representation to the Board that I have fully complied with paragraphs 1-6 of this Certification, and that if the Board determines my representation to be untrue, the Board may consider such untrue representation to be material to the Board's determination of my character and fitness under Supreme Court Rule 52(a)(1).

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SIGNATURE OF APPLICANT

DATE \_\_\_\_\_

**APPLICATION TO THE BAR OF THE SUPREME COURT OF  
THE STATE OF DELAWARE**

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Name \_\_\_\_\_  
*First Middle Last Social Security Number*

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List below all the other names, aliases or surnames you have used or been known by and describe when, how, and why your name was changed (e.g. marriage, divorce, legal decree, etc.). In each instance when the change was the result of a legal decree, attach a copy of said decree.

<i>First, Middle, Last Name</i>	<i>Used from</i>	<i>Used to</i>	<i>Description of change</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sex  Male  Female Date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Of what country are you a citizen? \_\_\_\_\_

If you are *not* a citizen of the United States, what is your immigration status?

\_\_\_\_\_

Area codes and telephone numbers where you can be reached prior to May 15 (if different from the cover page)

\_\_\_\_\_

Home	Office	Other
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Area codes and telephone numbers where you can be reached after May 15 (if different from the cover page):

\_\_\_\_\_

Home	Office	Other
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Provide the mailing address at which you can be contacted about this application prior to May 15 (if different from the cover page):

Circle if address is    Residence            or    Business

If Business, name of firm \_\_\_\_\_

*Address/P.O. Box* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Country* \_\_\_\_\_

Provide the mailing address at which you can be contacted about this application after May 15 (if different from the cover page):

Circle if address is    Residence            or    Business

If Business, name of firm \_\_\_\_\_

*Address/P.O. Box* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Country* \_\_\_\_\_

Make additional copies of this page as necessary.

1. List every permanent and temporary residence at which you have lived during the last ten years. List addresses in reverse chronological order starting with your current address:

Current Address *From Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_ *Apt.* \_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_

*State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country, if not United States* \_\_\_\_\_

2. List the names of all the colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark ND if you did not receive a degree. List colleges beginning with the most recent. Attach or send separately one official transcript from all colleges you attended irrespective of whether you graduated from each college.

*College* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_ *Degree* \_\_\_\_\_

*College* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_ *Degree* \_\_\_\_\_

*College* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_ *Degree* \_\_\_\_\_

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3. List the names of all the law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Mark ND if you did not receive a degree. List schools beginning with the most recent. Attach or send separately one official transcript from all law schools you attended irrespective of whether you graduated from each law school. Attach or send separately one copy of your law school application to every law school you attended.

*Law School* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_ *Degree* \_\_\_\_\_

*Law School* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_ *Degree* \_\_\_\_\_

4. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign or allowed to resign in lieu of discipline from any college, university, law school or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?  Yes  No

If you answer yes, provide the following information:

*Name of the Institution* \_\_\_\_\_

*Date of the Institution Action* \_\_\_\_\_

*Explanation* \_\_\_\_\_

*Name of the Institution* \_\_\_\_\_

*Date of the Institution Action* \_\_\_\_\_

*Explanation* \_\_\_\_\_

5. PRIOR APPLICATIONS FOR ADMISSION

List every state to which you have ever submitted an application to be admitted by examination, motion or diploma privilege, or to be reinstated to the Bar. Provide a brief narrative explanation of the circumstances surrounding the reasons for any withdrawals of applications or failures to be admitted (including denials other than those due to failing the examination). **Attach a copy of your application to each such Bar as well as an official certificate in good standing for each Bar to which you are admitted.**

If admitted in Pennsylvania, complete **FORM 5A**. If admitted in New York, indicate the judicial department to which you are admitted, and also complete **FORM 5B**.

State \_\_\_\_\_ Not admitted due to (circle one)  
Applied for admission by: Exam Motion **Failed** **Withdrew** **Other**  
(circle one) **exam** **application** **reason**  
Diploma Reinstatement  
Dates of all applications made (Mo/Yr) \_\_\_\_\_  
Dates of all examinations taken (Mo/Yr) \_\_\_\_\_  
Admitted or readmitted (Mo/Yr) \_\_\_\_\_  
If admitted, attorney bar number \_\_\_\_\_  
Explanation \_\_\_\_\_

State \_\_\_\_\_ Not admitted due to (circle one)  
Applied for admission by: Exam Motion **Failed** **Withdrew** **Other**  
(circle one) **exam** **application** **reason**  
Diploma Reinstatement  
Dates of all applications made (Mo/Yr) \_\_\_\_\_  
Dates of all examinations taken (Mo/Yr) \_\_\_\_\_  
Admitted or readmitted (Mo/Yr) \_\_\_\_\_  
If admitted, attorney bar number \_\_\_\_\_  
Explanation \_\_\_\_\_

State \_\_\_\_\_ Not admitted due to (circle one)  
Applied for admission by: Exam Motion **Failed** **Withdrew** **Other**  
(circle one) **exam** **application** **reason**  
Diploma Reinstatement  
Dates of all applications made (Mo/Yr) \_\_\_\_\_  
Dates of all examinations taken (Mo/Yr) \_\_\_\_\_  
Admitted or readmitted (Mo/Yr) \_\_\_\_\_  
If admitted, attorney bar number \_\_\_\_\_  
Explanation \_\_\_\_\_

6. Have you ever held judicial office?  Yes  No

If yes, provide the following information about each office:

*Office held* \_\_\_\_\_ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Reason for termination, if applicable* \_\_\_\_\_

*Office held* \_\_\_\_\_ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Reason for termination, if applicable* \_\_\_\_\_

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7. List the full name and address of each Bar Association or disciplinary agency that exercised regulatory or disciplinary authority over its members of which you have been or are currently a member.

<i>Name of bar association or disciplinary agency</i>	<i>Dates of membership</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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8. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?  Yes  No

B. Have you ever been or are there now any charges, complaints, or grievances (formal or informal) pending concerning your conduct as an attorney?  
 Yes  No

If you answer yes to either of the above, please provide the following information:

*Name of Disciplinary Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Agency Action* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation* \_\_\_\_\_

9. Have there ever been or are there now any charges, complaints, or grievances (formal or informal) pending alleging that you engaged in the unauthorized practice of law?

Yes  No

If the answer is yes, please provide the following information:

*Name of Regulatory Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Agency Action* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation* \_\_\_\_\_

10. Have sanctions ever been entered against you or have you ever been disqualified from participating in any case?

Yes  No

If yes, complete the following:

Case No. \_\_\_\_\_ Type of Action \_\_\_\_\_

Name of court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Disqualified from Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Reason for the disqualification/sanction \_\_\_\_\_

---

**Attach order of sanction or disqualification.**

---

11. Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard?  Yes  No

If yes, complete **FORM 11**

---

12. List every job you have held since you were eighteen years of age, or the past 10 years, whichever is shorter, beginning with your current job. Include self-employment, clerkships, temporary or part-time employment and military service. Account for any period of time when you were unemployed for more than four months (i.e. in school, studying for the bar examination, seeking employment, etc.): Begin with your current job.

**The Board must receive a written verification of all employment or practice. You must mail a Form A to each employer identified in your answer to this question. Copies of the mailed letters must be attached to your application. Letters must be returned directly to the Board from the employers by July 1<sup>st</sup>. If an employer is no longer in business, include employment indicating date that the employer went out of business. Do not mail a Form A but include the employer in this list.**

**CURRENT EMPLOYER**

From Mo/Yr \_\_\_\_\_ To PRESENT Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Employer or Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

If you are self-employed, provide a reference who can verify the nature and length of your employment or practice:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Check if address is:  Residence or  Business

Question 12 continued on following page

Make Additional Copies of this Page as Necessary

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Employer or Firm (At time of employment) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Employer's current name and address if not the same as above:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

If you are self-employed, provide a reference who can verify the nature and length of your employment:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Check if address is:  Residence or  Business

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Employer or Firm (At time of employment) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Employer's current name and address if not the same as above:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

If you are self-employed, provide a reference who can verify the nature and length of your employment:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Check if address is:  Residence or  Business

13. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?      Yes    No

If yes, provide the following information about each occurrence:

*Employer or Firm* \_\_\_\_\_

*Date of Employment:*                      *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Explanation of Circumstances* \_\_\_\_\_

\_\_\_\_\_

*Employer or Firm* \_\_\_\_\_

*Date of Employment:*                      *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Explanation of Circumstances* \_\_\_\_\_

\_\_\_\_\_

14. A. Have you ever been denied a license for a business, trade, or profession (e.g., CPA, real estate broker, physician, etc.)?  Yes  No

B. Have you ever had a business, trade or professional license revoked?  
 Yes  No

If you answer yes to either of the above, please provide the following information:

*Name of Regulatory Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Agency Action* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation* \_\_\_\_\_

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

Yes  No

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

If you answer yes to either of the above, please provide the following information:

*Name of Regulatory Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Agency Action* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation* \_\_\_\_\_

16. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?  Yes  No

If yes, complete **FORM 16**.

17. Have you ever been a party to any civil or administrative proceedings, or any proceedings where there was an allegation made against you of fraud, deceit, misrepresentation, forgery or legal malpractice?  Yes  No

If yes, complete **FORM 17** and attach copies of the complaint, answer, and judgment or dismissal.

NOTE: Family law matters (including orders for child support) should be included here. Attach a copy of the pleadings and final disposition.

---

18. Have you ever failed to file a federal, state, or local income tax return when due and without a lawful extension or have you ever failed to pay federal, state, or local income taxes when due?  Yes  No

If yes, attach a continuation page giving full details as to the identity of the taxing authority, occurrence dates, amount of taxes involved, and the circumstances related to your act or omission.

---

19. Have you ever filed a petition for bankruptcy?  Yes  No

If yes, complete **FORM 19**.

---

20. Have you ever, either as an adult or a juvenile, been cited, arrested, charged or convicted for any violation, offense, misdemeanor, felony or other unclassified violation of any law (except traffic violations)?  Yes  No

NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned or otherwise cleared.

If yes, complete **FORM 20**.

---

21. Have you been charged with any moving traffic violations during the past ten years.  Yes  No

NOTE: This includes all alcohol or drug-related traffic violations. This does not include parking tickets.

If yes, complete **FORM 21**.



PREAMBLE TO QUESTIONS 25, 26, 27 and 28

In connection with this application, the Delaware Board of Bar Examiners (the “Board”) makes inquiry about recent mental health and addiction matters. This information, along with all other information, is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission.

The Board does, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board; further, the responsibility for demonstrating qualification to practice law is assigned to the applicant.

**FOR PERSONS WHO SEEK AN ACCOMMODATION FOR TESTING PURPOSES, A SEPARATE APPLICATION MUST BE COMPLETED AND FILED WITH THIS APPLICATION PURSUANT TO BOARD RULE 15.**

The Board does not, by its questions, seek information that is characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

- 
25. Within the past five years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?  
 Yes  No

If you answered yes, complete **FORMS 25A** and **25B**. Duplicate **FORMS 25A** and **25B** as needed.

- 
26. A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner?  
 Yes  No

- B. If your answer to Question 26(A) is affirmative, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?  
 Yes  No

If your answer to Question 26(A or B) is yes, complete **FORMS 25A** and **25B**. Duplicate **FORMS 25A** and **25B** as needed. As used in Question 26, “currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.

27. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, governmental agency, professional organization, or licensing authority?

Yes  No

If you answered yes, furnish a thorough explanation below:

Name of entity before which the issue was raised (i.e. court, agency, etc.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have you ever been declared legally incompetent?  Yes  No

If yes, give full details and circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. If you are admitted to practice in any jurisdiction AND are currently practicing or have at any time practiced in any jurisdiction: Please provide references (two or more for each category, as required to fully comply with the request for information, and including names, current addresses and telephone numbers), according to each of the following categories. If categories A and B do not apply in your circumstances, please note not applicable. No reference may be related to you by blood or marriage. **Form B must be filled out legibly and completely for each reference identified in your answer to this question.**

A. Two attorneys from each jurisdiction in which you have ever been licensed to practice law.

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

B. If your practice included client contact: Two clients or former clients from each jurisdiction in which you have ever been licensed to practice law.

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

C. Two individuals who are neither attorneys nor clients or former clients and who reside in each state in which you have lived for more than one year since you were 21 years of age or during the past 10 years, whichever is shorter.

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Check if address is  Residence or  Business

30. Give the names and addresses of six persons who are not attorneys, clients, or current or prior employers and who are not related to you by blood or marriage. The persons listed here must be different from those listed under Question 29. **Form B must be filled out legibly and completely for each reference identified in your answer to this question.**

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

Name \_\_\_\_\_  
Company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Check if address is  Residence or  Business

I understand that this application for admission to the Bar of the Supreme Court of the State of Delaware is a continuing application and that all of the information in it must be full and correct as of the date of my appearance to be sworn in as an attorney. I will, therefore, before such appearance, notify the Board in writing as to any change with respect to any matter regarding which information is herein sought and as to any incident which may have any bearing upon any information herein sought.

\_\_\_\_\_  
Signature of Applicant

STATE OF \_\_\_\_\_ )

) ss.:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, says:  
(Applicant's Name)

I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and true of my own knowledge.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**CERTIFICATE OF PRECEPTOR**

(Pursuant to BR-10)

I, \_\_\_\_\_, preceptor for \_\_\_\_\_, an applicant for admission to the Bar of the Supreme Court of the State of Delaware (the “applicant”), do hereby certify as follows:

1. I know the applicant;
2. I am satisfied that the applicant is a person of good moral character and reputation;
3. I am satisfied that the applicant possesses such qualities, aptitudes and disposition as fit the applicant for the practice of law;
4. I am satisfied that the applicant is qualified to take the Bar Examination and to be admitted to the Bar of the State of Delaware;
5. I base this Certificate upon:
  - my personal knowledge;
  - reasonable investigation into the applicant’s background from independent sources other than the applicant or the applicant’s family as required by BR-10(b); and
6. In providing this Certificate, I represent that:
  - (i) I have been admitted to practice before the courts of this State for more than ten (10) years prior to undertaking my duties as preceptor;
  - (ii) I have read and complied with all applicable provisions of Supreme Court Rule 52 and BR-10;
  - (iii) I understand that there will be a meeting of preceptors to be held in conjunction with the annual Bench and Bar Conference or at such other time or times as the Board may designate and that my attendance at such meeting is mandatory, and I hereby agree to attend such meeting if I have not done so within the five-year period prescribed in BR-10(a); and
  - (iv) I understand that the Board and the Supreme Court are relying on my certifications as preceptor and that I may be held accountable to the Supreme Court for failure to perform adequately my duties and obligations as a preceptor.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

# **BLANK FORMS**

*NOTE: Except for Forms A and B, all forms are single-sided. As noted in the directions, photocopy the forms as needed to answer the appropriate questions. Do not include any unused forms with your application. Use one form for each reference or incident which is required by the application. FORMS A AND B ARE DOUBLE-SIDED AND SHOULD BE PHOTOCOPIED AS A SINGLE DOUBLE-SIDED FORM.*



FORM 11 / MILITARY SERVICE

Name \_\_\_\_\_  
First Middle Last Social Security Number

I am presently a member of the armed forces. (Complete A and B)

I was a member of the armed forces. (Complete A and C)

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

My serial number was/is \_\_\_\_\_ My rank was/is \_\_\_\_\_

Dates of Service Active Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Reserve Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

National Guard - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Attach a copy of all of your Reports of Separation (DD Form 214).

B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check  Active  Reserve

Present duty station \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of commanding officer \_\_\_\_\_

C. While a member of the armed forces of the United States:

- 1. Did you receive an honorable discharge?  Yes  \*No
2. Were you ever court-martialed?  \*Yes  No
3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ)  \*Yes  No
4. Were you allowed to resign in lieu of court-martial?  \*Yes  No
5. Were you administratively discharged?  \*Yes  No

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

Refers to Item C. \_\_\_\_\_ Date of Action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_

Result, including any punishment \_\_\_\_\_

Refers to Item C. \_\_\_\_\_ Date of Action \_\_\_\_\_

Explanation of circumstances \_\_\_\_\_

Result, including any punishment \_\_\_\_\_

To be used with Question 16

**FORM 16 / BONDING COMPANIES**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Name of Surety (Bonding Company) \_\_\_\_\_

Address of Surety \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of money paid by Surety \_\_\_\_\_

Date money paid \_\_\_\_\_

Reason for Bond \_\_\_\_\_

Brief explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be used with Question 17

**FORM 17 / RECORD OF CIVIL AND ADMINISTRATIVE ACTIONS**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Complete title of action \_\_\_\_\_

Court file or administrative docket number \_\_\_\_\_

Name and complete address of court involved: \_\_\_\_\_

*Name of court or agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Plaintiff's Name \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

*Plaintiff's Attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Defendant's Name \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

*Defendant's Attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Trial Date \_\_\_\_\_ Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

If the disposition resulted in a judgment, has the judgment been satisfied?  Yes  No

*If yes, give the date the judgment was satisfied* \_\_\_\_\_

*If no, what amount is still owing?* \_\_\_\_\_

Brief explanation of suit \_\_\_\_\_

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

**FORM 19 / RECORD OF BANKRUPTCY OR INSOLVENCY**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Date bankruptcy filed \_\_\_\_\_

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Name and addresses of major creditors:

*Name of Creditor* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

*Name of Creditor* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

*Name of Creditor* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

Were any adversary proceedings instituted?  Yes  No

Were there any allegations of fraud?  Yes  No

Were any debts not discharged?  Yes  No

Brief description of circumstances surrounding filing petition for bankruptcy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

To be used with Question 20

**FORM 20 / RECORD OF CRIMINAL CASES**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
*City County State*

Title of complaint or indictment \_\_\_\_\_

Criminal Number \_\_\_\_\_

Name and complete address of court involved

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Name and address of law enforcement agency involved:

*Name of law enforcement agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) at time of trial \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

Brief description of incident:

\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any.**

To be used with Question 21

**FORM 21 / RECORD OF TRAFFIC CASES**

**You need not list parking violations.**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
*City County State*

Title of complaint or indictment \_\_\_\_\_

Case Number \_\_\_\_\_

Name and complete address of court involved

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Name and address of law enforcement agency involved:

*Name of law enforcement agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City State Zip* \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) at time of trial \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

Brief description of incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In cases where there is alcohol or drug involvement, attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any.**





To be used with Questions 25 and 26

**FORM 25B / DESCRIPTION OF MENTAL HEALTH OR  
SUBSTANCE ABUSE CONDITION OR IMPAIRMENT**

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

Date of treatment: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Name of attending physician \_\_\_\_\_

*Physician's current address* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone* \_\_\_\_\_

Name of hospital or institution \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone* \_\_\_\_\_

Describe the condition or problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any treatment and/or monitoring program \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Bar Examiners  
of the Delaware Supreme Court  
820 N. French Street, 11<sup>th</sup> Floor  
Wilmington, DE 19801  
(302) 577-7038

**FORM A**

**EMPLOYMENT**  
REQUEST FOR CERTIFICATION  
DELAWARE BOARD OF BAR EXAMINERS

TO: \_\_\_\_\_  
Name of Employer

RE: \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant's Social Security Number (Disclosure of SSN is voluntary)

\_\_\_\_\_  
Dates of Employment

*Instructions: Applicant to  
complete top portion of  
form, fill in employer's  
name and address below  
and mail to employer.*

**RELEASE:** I hereby authorize the employer named above to release information regarding my employment, job performance, and character and fitness for the practice of law to the lawyer member of the Delaware Board of Bar Examiners assigned to review my application.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

**INSTRUCTIONS FOR EMPLOYER**

*The applicant identified above is applying for admission to the Bar of the State of Delaware. Your certification of the matters described on the reverse side of this form is a necessary part of the Application. Please return the completed certification directly to the Board of Bar Examiners.*

The certification must be received by this office no later than July 1. \_\_\_\_\_  
Date of this request

\_\_\_\_\_

*Applicant: Insert  
employer's name and  
address in the box at left.*

## CERTIFICATION OF EMPLOYMENT

*Note to Employer: This request for certification is made as a necessary part of an Application for Admission to the Delaware Bar. It will be used to investigate the moral character and fitness of candidates who seek admission to the Bar.*

I CERTIFY that I am \_\_\_\_\_  
(state name and position)

of \_\_\_\_\_  
(state name of firm or institution)

located at \_\_\_\_\_  
(full address of firm or institution)

that I have examined our business records and that it appears therefrom that  
\_\_\_\_\_  
(name of applicant)

was employed in the position of \_\_\_\_\_

from \_\_\_\_\_, 19 \_\_\_\_ to \_\_\_\_\_, 19 \_\_\_\_

Observations regarding applicant's job performance and integrity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant was terminated, indicate reason: \_\_\_\_\_  
\_\_\_\_\_

*Further reference information pertaining to the applicant may be provided, by attachment to this certification, regarding the applicant's integrity, legal ability or fitness to practice law.*

I have attached a letter of reference to this certification.  Yes  No

\_\_\_\_\_  
(Signature and Title of person making this Certification)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime telephone number

Board of Bar Examiners  
of the Delaware Supreme Court  
820 N. French Street, 11<sup>th</sup> Floor  
Wilmington, DE 19801  
(302) 577-7038

**FORM B**

**REQUEST FOR REFERENCE LETTER**  
DELAWARE BOARD OF BAR EXAMINERS

TO: \_\_\_\_\_  
Name of Reference

RE: \_\_\_\_\_  
Name of Applicant

*Instructions: Applicant to complete top portion of form, fill in name and address at bottom and mail to reference. Prepare one form for each Prepare one form for personal reference listed in items 29 and 30 of the application.*

**NOTICE TO REFERENCES:**

Each Applicant to the Bar of the State of Delaware is investigated by a lawyer member of the Board of Bar Examiners appointed for that purpose by the Delaware Supreme Court. The purpose of the investigation is to confirm that the applicant has the good moral character and fitness necessary to practice law in Delaware. Your candid comments regarding the above-named applicant are of critical importance to the Board of Bar Examiners, which will not certify that the applicant is qualified for admission to the Bar unless you (and each of the applicant's other references) respond promptly.

Please answer the questions on the back of this form. Please type or clearly print your response.

*Thank you for your cooperation in promptly responding to this inquiry. Please return the completed certification directly to the Board of Bar Examiners.*

The completed reference letter must be received by this office no later than July 1.

\_\_\_\_\_  
Date of this request

*Applicant: Insert reference's name and address in the box at left.*

# REFERENCE LETTER

1. How long have you known the applicant? \_\_\_\_\_ years
  
2. In what capacity or under what circumstances have you known the applicant? Describe any opportunities you have had to observe the applicant (for example, as a coworker, employer or neighbor).
  
3. Has the applicant to your knowledge been involved in any incident which might reflect unfavorably on the applicant's character? If so, please describe the incident.
  
4. Do you recommend that the applicant be admitted to the Bar based on what you know of the applicant's conduct, general moral character and standards, legal ability, honesty, integrity, and fitness?     Yes     No

Comments:

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Signature of Reference

---

Date

---

Area Code and Telephone Number

## RECORD OF RESPONSES TO CHARACTER COMMITTEE INQUIRIES

**Instructions to Applicant:** This form will be used by the Board to record the receipt of responses from each reference for whom you have mailed a verification form to. **You should type your name** in the space indicated and **type**, in the applicable space below, *the full name for each employer, professional reference, and personal reference you listed in items #12, 29, and 30 of the character questionnaire.*

Applicant: \_\_\_\_\_ Date of Interview with Character Committee \_\_\_\_\_  
*(Full name of applicant)* *(Date)*

Applicant to list employers per Question 12 <b>EMPLOYERS: (names of employers only)</b>	DATE OF 1ST REQUEST	DATE OF 2ND REQUEST	DATE OF 3RD REQUEST	DATE RESPONSE RECEIVED

Applicant to list names per Question 29 <b>PROFESSIONAL REFERENCES: (names only)</b>	DATE OF 1ST REQUEST	DATE OF 2ND REQUEST	DATE OF 3RD REQUEST	DATE RESPONSE RECEIVED

Applicant to list names per Question 30 <b>PERSONAL REFERENCES: (names only)</b>	DATE OF 1ST REQUEST	DATE OF 2ND REQUEST	DATE OF 3RD REQUEST	DATE RESPONSE RECEIVED

Make additional copies if necessary

Clerk's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

LAW CLERK SCHEDULE

The following items are to be considered minimum requirements for each law clerk, to be completed during the five months' clerkship and prior to admission to the Bar, whether that clerkship as provided by Supreme Court Rule 52 (a) (8) is performed during or after the conclusion of law school. Responsibility for scheduling rests on the clerk; making these arrangements is regarded as an important part of the clerkship training. It is expected that it will involve visits by the clerks to each of the courts, and a review of the court calendars so as to select the most interesting and instructive occasions for visits.

<u>DATE SCHEDULED</u>	<u>ASSIGNMENT</u>	<u>DATE COMPLETED</u>
1. _____	Attendance at one complete civil trial in a Justice of the Peace Court.	_____
2. _____	One half-day visit to Family Court, including attendance at a Trial or a Dependency and Neglect hearing if permitted by the sitting judge.	_____
3. _____	Review of the Rules of Family Court.	_____
4. _____	Attendance at (or audit of a tape recording of) one civil trial in Court of Common Pleas. (Warning: These cases often settle at the last minute. Therefore, you should begin your efforts to meet this requirement early in your clerkship).	_____

5. \_\_\_\_\_ Attendance at one criminal trial in the Court of Common Pleas. \_\_\_\_\_
6. \_\_\_\_\_ Attendance at one arbitration hearing conducted under Rule 16 of the Rules of Civil Procedure of the Superior Court. \_\_\_\_\_
7. \_\_\_\_\_ Attendance at one session of arraignments in Superior Court. \_\_\_\_\_
8. \_\_\_\_\_ Attendance at one session of sentencing in Superior Court. \_\_\_\_\_
9. \_\_\_\_\_ Attendance at one selection of a jury in Superior Court. \_\_\_\_\_
10. \_\_\_\_\_ Attendance at a criminal trial in Superior Court. \_\_\_\_\_
11. \_\_\_\_\_ Attendance at a pre-trial conference in District Court, Court of Chancery or Superior Court. \_\_\_\_\_
12. \_\_\_\_\_ Participation in the preparation of papers relating to an actual or mock motion in the Superior Court, and attendance at presentation of a Superior Court motion after study of the applicable motion papers and a review of the principal authorities relied upon by the parties. \_\_\_\_\_
13. \_\_\_\_\_ Attendance at a civil jury trial in Superior Court. \_\_\_\_\_
14. \_\_\_\_\_ Attendance at a trial or hearing in the Court of Chancery. \_\_\_\_\_
15. \_\_\_\_\_ Review of record of a case which has been tried and appealed. \_\_\_\_\_

16. \_\_\_\_\_ Participation in preparation of \_\_\_\_\_  
papers relating to perfecting  
an actual or mock appeal to the  
Delaware Supreme Court, including  
designation of the record on appeal,  
or preparation of papers relating to  
a certification of a question of law  
or interlocutory appeal to the Supreme  
Court, including designation of the  
record on appeal.
17. \_\_\_\_\_ Attendance at (or audit of a \_\_\_\_\_  
tape recording of) an argument in  
the Supreme Court after a study of  
applicable briefs, and a review of  
some of the principal authorities  
relied on.
18. \_\_\_\_\_ Attendance at a civil or criminal \_\_\_\_\_  
trial in the District Court.
19. \_\_\_\_\_ Attendance at one Sheriff's \_\_\_\_\_  
Sale.
20. \_\_\_\_\_ Attendance at one interview of \_\_\_\_\_  
a client, witness or litigant with  
a matter.
21. \_\_\_\_\_ Preparation of papers relating \_\_\_\_\_  
to commencement of actual or mock  
lawsuit including complaint, praecipe,  
and instruction to Sheriff.
22. \_\_\_\_\_ Preparation of three memo- \_\_\_\_\_  
randa of law.
23. \_\_\_\_\_ Attendance at one deposition. \_\_\_\_\_
24. \_\_\_\_\_ Preparation of one draft will \_\_\_\_\_  
and/or trust instrument or review and  
digest of three recently probated wills  
with the Register of Wills.

- 25. \_\_\_\_\_ Participation in administration of one estate, or review of the records of two estates recently closed at the Register of Wills. \_\_\_\_\_
- 26. \_\_\_\_\_ Attendance at one real estate closing. \_\_\_\_\_
- 27. \_\_\_\_\_ Participation in a complete incorporation of a new company or review and digest of a recently filed certificate of incorporation. \_\_\_\_\_
- 28. \_\_\_\_\_ Complete title search under supervision. \_\_\_\_\_
- 29. \_\_\_\_\_ Attendance at a hearing of the Delaware Alcoholic Beverage Control Commission, Industrial Accident Board, or other administrative agency. \_\_\_\_\_

\* \* \* \* \*

I, \_\_\_\_\_, hereby certify that I have completed a clerkship in the State of Delaware under the supervision of a Delaware attorney aggregating substantially full-time service for at least five months' duration in full compliance with Delaware Supreme Court Rule 52 (a) (8) and have completed all of the items so indicated on this Law Clerk Schedule.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

I, \_\_\_\_\_, preceptor for  
\_\_\_\_\_, an applicant for admission to  
the Bar of the State of Delaware, do hereby certify pursuant to the Board of Bar  
Examiners Rule BR-10 (d)(2) that said applicant has served a clerkship in the State of  
Delaware, aggregating substantially full-time service for at least five months' duration  
in full compliance with Delaware Supreme Court Rule 52 (a) (8) and has completed the  
items indicated on the Law Clerk Schedule.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

**APPLICATION FOR SPECIAL ACCOMMODATIONS**

Attached is an Application for Special Accommodations prepared by the Board of Bar Examiners of the Delaware Supreme Court ("Board") for use in connection with the Bar Examination. Requests for special accommodations will be considered by the Board only after all required information has been received. Applicants who wish to request any type of non-standard examination administration must submit the Application enclosed. Included are the following:

- **APPLICANT FORM**

Every Applicant requesting any type of special accommodations must complete this form.

- **LICENSED PROFESSIONAL/QUALIFIED DIAGNOSTICIAN FORM**

Every Application must include verification of the Applicant's condition prepared and supported by a specialist qualified to evaluate the condition.

- **REPORT OF ASSESSMENT FORM**

This form is for use by a specialist to detail specific tests that support a diagnosis requiring special examination accommodations.

- **GUIDELINES FOR DOCUMENTATION OF COGNITIVE DISABILITIES**

These are guidelines provided to assist Applicants and diagnosing specialists in preparation of an Application for Special Accommodations, which include a request for additional examination time because of a cognitive impairment.

**NO REQUEST FOR SPECIAL ACCOMMODATIONS WILL BE CONSIDERED BY THE BOARD UNTIL ALL REQUIRED INFORMATION IN THE PROPER FORMAT HAS BEEN SUBMITTED. ALL REQUESTS MUST BE COMPLETED AND RECEIVED BY THE BOARD BY THE DATE SET FOR SUBMISSION OF AN APPLICATION FOR ADMISSION TO THE DELAWARE BAR.**

# APPLICANT FORM

(Please Print or Type)

**Note: This form must be completed and returned to the Board of Bar Examiners of the Supreme Court of Delaware ("Board") with your completed Application for Admission to the Delaware Bar.**

The Board requires current documentation (generally within the last three years) from a qualified diagnostician/licensed professional who diagnosed your disability and is familiar with its impact on your ability to perform on the Bar Examination or other similarly timed, standardized admission tests.

## I. BACKGROUND INFORMATION

Name: \_\_\_\_\_ M or F \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## II. DIAGNOSTIC HISTORY

Initial Disability Diagnosis \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

Recent Disability Diagnosis \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

All Other Diagnoses of Disability \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

## III. ACCOMMODATION HISTORY

1. When did you first receive any Nonstandard Test Accommodations (NTA)?

\_\_\_\_\_  
\_\_\_\_\_

2. At what level(s) of school were you provided with NTA? (K-8, HS, College, Graduate or Law School)?

\_\_\_\_\_

3. On what national test(s) were you provided with NTA and when (SAT, LSAT, Other)?

\_\_\_\_\_

4. What local, state, or federal agencies have provided proof of NTA?

\_\_\_\_\_  
\_\_\_\_\_

5. What specific accommodations have you received on national tests?

\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ALL DOCUMENTATION SUPPORTING YOUR RESPONSES TO QUESTIONS 1-5.**

**IV. ACCOMMODATIONS REQUESTED**

**Note: Applicants with similar requests for accommodations may be tested in the same room. All standard examination center regulations apply to accommodated administrations unless specifically modified in writing by the Board.**

**1. Extended Time**

- 25%
- 50%
- Other \_\_\_\_\_

**NOTE: The Board does not grant requests for unlimited time.**

**2. Examination Format.** Check only one. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request and where necessary to accommodate a disability.

- Braille version of Bar Examination
- Audiocassette version of Bar Examination
- Large print (18 pt.) test book
- Other \_\_\_\_\_

**3. Test Environment**

- Extended Breaks
- Medical needs (liquid, food, etc.)
- Orthopedic/Mobility needs
- Small group
- Private room
- Other \_\_\_\_\_

**V. AUTHORIZATION TO CONTACT QUALIFIED DIAGNOSTICIAN/LICENSED PROFESSIONAL**

To facilitate the processing of your request for accommodations, it may be necessary to obtain additional information. By signing below, you authorize representatives of the Board to contact any of the diagnostician/licensed professionals identified in this Application who diagnosed your disability or recommended the requested accommodations, and you authorize such diagnostician/licensed professional to release all relevant information to the Board.

I authorize any representative of the Board of Bar Examiners of the Supreme Court of Delaware to contact any qualified diagnostician/licensed professional who diagnosed my disability and recommended the request(s) for accommodations, and to provide whatever information is requested by the Board.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**LICENSED PROFESSIONAL/QUALIFIED DIAGNOSTICIAN FORM**  
**(Please Print or Type)**

Note: This form must be completed by a qualified diagnostician who is familiar with the Applicant's disability and its impact on the Applicant's ability to perform on the Delaware Bar Examination or other similarly timed, standardized admission tests. A narrative, history, or other documentation must be included on this form demonstrating the impact of the Applicant's disability on the Applicant's ability to perform, and must be specific in its recommendation(s) for accommodation(s). A detailed explanation must be provided supporting a recommended accommodation and must reference specific tests, clinical observations, or other objective data such as audiograms, progress reports, visual acuities and visual fields, and similar evidence. The impact of the disability and current need for accommodations must be demonstrated. Recommendations cannot be supported solely by a history of prior accommodations. If there is no history of prior accommodations, a detailed explanation must be included that addresses why no accommodations were used in the past and why accommodations are now needed. Please refer to the Board's website at <http://courts.state.de.us/bbe/> for specific information about the requirements and format of the Delaware Bar Examination.

**Applicant must return this form as a part of a completed Application for Special Accommodations.**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Licensed Professional/Qualified Diagnostician:**

Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Graduate Degree(s) \_\_\_\_\_

License/Certification #s \_\_\_\_\_

Current Employment \_\_\_\_\_

Please submit a professional evaluation report that includes the following as applicable. Consult the attached guidelines for further information.

- A DSM diagnosis based upon accepted criteria
- A data-based rationale for the diagnosis and your specific accommodation recommendations
- A history of disability and impairment from childhood to present (attach all documentation)
- Comprehensive testing across domains of functioning using psychometrically sound instruments that provide standard age-based scores derived from general population norm tables
- Test evidence that indicates impairment relative to average persons and substantial limitations in major life activities
- Evidence of any medical or psychiatric condition(s) that warrant accommodations

\_\_\_\_\_  
Signature License/Certification Number Date

# GUIDELINES FOR DOCUMENTATION OF COGNITIVE DISABILITIES

The following guidelines are intended to assist you and your diagnostician in completing your request for special accommodations on the Delaware Bar Examination. If you are seeking additional test time on the Delaware Bar Examination because of a cognitive impairment, including, but not limited to, specific learning disabilities, processing deficiencies, or attention deficit disorder, you must submit a comprehensive psychoeducational or neuropsychological assessment. This assessment must comply with the following requirements and must demonstrate the impact of your disability on your ability to perform on the Delaware Bar Examination under standard time and testing conditions.

## **1. Your evaluation must be conducted by a qualified diagnostician.**

Your testing and assessment must be conducted by a qualified diagnostician. The diagnostician must have comprehensive training and direct experience in working with adult populations. Diagnosticians should describe their academic credentials and qualifications that allow them to diagnose your disability and recommend accommodations on the Delaware Bar Examination.

## **2. The testing/assessment must be current.**

Accommodations will be based upon assessment of the current nature and impact of your disability. You are therefore required to submit a report or documentation of recent testing and a current assessment of the impact of your disability. This means that testing must have been conducted within three years of your request for accommodations on the Delaware Bar Examination. If, however, you were tested as an adult, after the age of 21, testing conducted within the past five years of your request for accommodations on the Delaware Bar Examination may be acceptable. If the documentation you submit is insufficient or outdated, you will be required to obtain current testing and assessment before the Board will act on your request for accommodations. Submission of appropriately current documentation is a prerequisite to consideration of your application for special accommodations.

## **3. The testing/assessment must be comprehensive.**

Objective evidence of a substantial limitation in cognition/learning must be provided. Minimally, the domains to be addressed should include the following:

### **a. *A diagnostic interview***

The report of assessment should include a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the Applicant's self-report, the report assessment should include:

- a description of the presenting problem(s);
- a developmental history;
- academic history, including results of prior standardized testing, reports of classroom performance and behavior, special education services, and IEPs.
- family history, including primary language of the home, and current fluency of English where relevant;
- psychosocial history;
- medical history, including the absence of a medical basis for the present symptoms;
- history of prior treatment and effectiveness;

- a discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders, along with any history of relevant medication and current use which may impact the Applicant's learning; and
- exploration of possible alternatives that could explain the test findings

**b. *A neuropsychological or psychoeducational evaluation***

The neuropsychological or psychoeducational evaluation for the diagnosis of a cognitive disability should be submitted on the letterhead of a qualified professional. It should provide clear and specific evidence that a cognitive disability does or does not exist. It is not acceptable to administer only one test, or to base a diagnosis on only one of several subtests. Domains to be addressed should include the following:

1) *Aptitude*

A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the *Wechsler Adult Intelligence Scale III*. Other acceptable instruments include, but are not limited to, the *Woodcock-Johnson III Psychoeducational Battery Tests of Cognitive Ability*; the *Stanford-Binet Intelligence Scale: Fourth Edition*.

2) *Achievement*

A complete achievement battery, with all subtests and standard scores, should be provided. The battery may include current levels of academic functioning in reading (decoding and comprehension), mathematics, and written language. Acceptable instruments include, but are not limited to, the *Woodcock-Johnson III Psychoeducational Battery: Tests of Achievement*; *Scholastic Abilities Test for Adults (SATA)*; or *Woodcock Reading Mastery Tests*. The *Wide Range Achievement Test - 3 (WRAT-3)* is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement. The *Nelson Denny Reading Test* is a screening measure not validated for individual diagnosis, and the Reading Rate subtest is not a reliable measure of reading.

3) *Information Processing*

Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/processing; processing speed; executive functioning; motor ability) must be addressed. Acceptable instruments include, but are not limited to, the *Detroit Tests of Learning Aptitude - 3 (DTLA-3)*. Information from subtests on the *WAIS III*, The Wechsler Memory Scale III, or the *Woodcock-Johnson III Psychoeducational Battery: Tests of Cognitive Ability* as well as other instruments may be used to address these areas.

4) *Other Assessment Measures*

Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

**4. *Actual test scores must be provided.***

The tests used must be reliable and valid. The test findings must document both the nature and severity of the disability(ies). Informal inventories, surveys, and direct observation by a qualified diagnostician may be used in conjunction with formal tests to develop further a diagnosis and to recommend accommodations. Standard scores must be provided for all normed measures. These must be based on age norms derived from the general population. Percentiles are also acceptable, but grade equivalents are not acceptable unless standard scores

and/or percentiles are also included. The particular profile and history of the Applicant's impairments must be shown to relate directly to functional limitations that necessitate the recommended accommodations.

**5. The report of assessment must include a specific diagnosis.**

The report of assessment must include a specific diagnosis. For example, individual "learning styles," "learning differences," and "academic problems" are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the Applicant's level of motivation, study skills, and other noncognitive factors. These findings must demonstrate that the Applicant's functional limitations are due to the diagnosed disability(ies). It is important that the diagnostician rule out alternative explanations for problems in learning which do not, in and of themselves, constitute a disability in learning. If more than one diagnosis has been applied, the clinician should attempt to differentiate and clarify multiple diagnoses, particularly when two or more clinicians make different diagnoses.

**6. The report of assessment must recommend specific accommodations.**

The report of assessment must recommend specific accommodations. It is critically important that the diagnostician include a detailed explanation as to why the specific recommended accommodation is necessary to accommodate the diagnosed disability. Such requests must reference test results or clinical observations that support the need for the accommodations. The Board does not offer an untimed test.

*The Board of Bar Examiners reserves the right to make the final judgment as to the sufficiency of all documentation.*

# REPORT OF ASSESSMENT

(Please Print or Type)

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Note: This form is being provided for your convenience. The following tests are frequently used to demonstrate the effect of an Applicant's disability. In order to be considered for additional test time as an accommodation for cognitive impairments, the Applicant's documentation must include a psychoeducational assessment that includes data from both cognitive and achievement measures. The assessment must have been conducted within the last three years (in the case of adults tested after the age of 21, testing within a five-year period may be acceptable); identify an information processing deficit; and identify an aptitude-achievement discrepancy of 1.5 standard deviations. For additional information about these requirements, please refer to the enclosed guidelines.

**IF OTHER TESTS WERE USED, PLEASE INDICATE THE RESULTS OF THOSE TESTS ON A SEPARATE PAGE OR IN A SEPARATE REPORT.**

## I. Cognitive Assessment

Date Cognitive Assessment completed \_\_\_\_\_

Wechsler Adult Intelligence Scale-Revised (WAIS-R)  Verbal  Performance  Full Scale

### SCALED SCORES:

Information	_____	Picture Completion	_____
Digit Span	_____	Picture Arrangement	_____
Vocabulary	_____	Block Design	_____
Arithmetic	_____	Object Assemble	_____
Comprehension	_____	Digit Symbol	_____
Similarities	_____	Performance	_____
Mean (X) of scaled scores	_____		

Woodcock-Johnson Psychoeducational Battery-Revised-Part 1: Cognitive Ability (please attach full printout and use age norms)

### STANDARD SCORES ONLY:

Full Scale Broad Cognitive	_____	Processing Speed	_____
Reading Aptitude	_____	Auditory Processing	_____
Math Aptitude	_____	Visual Processing	_____
Written Language Aptitude	_____	Short-Term Memory	_____
Other	_____	Other	_____

II. Processing Deficit Assessment

TEST	SUBTEST	STANDARD/SCALED SCORES
WAIS-R	_____	_____
WOODCOCK-JOHNSON-R	_____	_____
OTHER	_____	_____

III. Achievement Assessment

Date achievement assessment completed (please attach full printout and use age norms):

TEST	SUBTEST	STANDARD/SCALED SCORES
WOODCOCK-JOHNSON-R	_____	_____
Broad Reading	_____	_____
Broad Math	_____	_____
Broad Written Language	_____	_____
Writing Fluency	_____	_____
NELSON DENNY	_____	_____
OTHER	_____	_____

IV. Other Tests Administered \_\_\_\_\_

Aptitude-Achievement Discrepancy

Test scores documenting 1.5 Standard Deviations below aptitude

APTITUDE MEASURE/SUBTEST(S)	STANDARD SCORE
_____	_____
_____	_____
ACHIEVEMENT MEASURE/SUBTEST(S)	
_____	_____
_____	_____

**Summary of diagnosis:**

**I certify that all of the information on this form is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License/Certification Number

\_\_\_\_\_  
Date

*Please note that this form is part of the Bar Examination Application process. Applicants are responsible for completeness and accuracy of the information provided in this form and are subject to the Board of Bar Examiners Rules as described in the Application for Admission to the Delaware Bar.*

**I certify that all of the information in this form is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*The Board of Bar Examiners reserves the right to make final judgment concerning testing accommodations.*