

JURISDICTION

Application to

DELAWARE

Applying as

- ☐ Bar Examination Applicant (exam date *(Mo/Yr)* _____)
- ☐ Foreign Legal Consultant
- ☐ Military Spouse

PERSONAL INFORMATION

Applicant Information

Name

First **Middle** **Last** **Suffix**

NCBE Number

Social Security Number

Date of birth

Month _____ **Day** _____ **Year** _____

Email address

Email Address _____

Alternate Email Address _____

Sex

☐ **Female** ☐ **Male** ☐ **Other**

Place of birth

City _____ **State** _____

Country _____

Citizenship

Country of citizenship _____

If you are not a citizen of the United States, what is your immigration status (include visa type if applicable and expiration date)?

Have you ever used or been known by a different name?

Note: Your name(s) will be used for identification in correspondence sent to schools, employers, courts, references, etc.

☐ Yes ☐ No

First Middle Last Suffix

From Mo/Yr _____ To Mo/Yr _____ Reason for change _____

Contact Information

Please provide the mailing address and telephone numbers at which you can be reached during the next six months.

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

Mobile or Home Phone _____

Office Phone _____

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

Law Student Registration

1. Have you ever submitted an application to register as a law student?

Note: This question refers to jurisdiction sponsored law student registration programs (not law school applications nor law student practice applications).

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Explanation _____

Bar Exam

2. Have you ever applied to take a bar exam, including the Uniform Bar Exam (UBE)?

Note: Report all exams for which you have applied or registered, even if you did not sit for the exam (including all previous Delaware bar exam applications). Report all exams even if you did not apply for admission to that jurisdiction and regardless of admission status. Omit the MPRE and First-Year Law Student Examinations.

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____ Date examination taken _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Failed exam ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Limited License

3. Have you previously applied for a Delaware limited practice license (Rule 55BR 42 Attorney, Rule 55 BR Attorney, Foreign Legal Consultant or Military Spouse)?

If yes, for each application provide the date applied and, if applicable, the date of admission and current status of license.

☐ Yes ☐ No

Explanation _____

Transferred UBE Score

4. Have you ever applied for admission by transferred Uniform Bar Examination (UBE) score?

☐ Yes ☐ No

Name of U.S. jurisdiction _____

Date application made _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Motion

5. Have you ever applied for admission on motion?

Note: Do not list U.S. federal court or pro hac vice admissions in response to this question.

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Diploma Privilege

6. Have you ever applied for admission by diploma privilege?

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Foreign Legal Consultant

7. Have you ever registered as a foreign legal consultant?

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Failed exam ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

In-House Counsel

8. Have you ever registered as in-house counsel?

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Failed exam ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Other

9. Have you ever otherwise submitted an application to, or been authorized to practice law in, any U.S. or foreign jurisdiction or tribal court?

Note: In this context, “otherwise” means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question.

☐ Yes ☐ No

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Date application made _____ Date examination taken _____

Admission or readmission date (Mo/Day/Yr) _____ Bar number _____

Admitted/registered as: ☐ Attorney ☐ In-House Counsel ☐ Foreign Legal Consultant ☐ Other _____

Reason not admitted (if applicable): ☐ Failed exam ☐ Withdrew application ☐ Pending ☐ Denied ☐ Other reason

Explanation _____

Bar Association Membership

10. List the full name and address of each mandatory or voluntary bar association which you have been or are currently a member.

Note: You do not need to report membership when you were a law student.

Bar association _____

Dates of membership: From Mo/Yr _____ To Mo/Yr _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Attorney Discipline

11. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?

If Yes, upload a copy of the associated action or complaint.

☐ Yes ☐ No ☐ Never admitted to practice law

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Attorney Complaint

12. Have you ever been the subject of any formal charge, complaint or grievance concerning your conduct as an attorney, including any now pending?

If Yes, upload a copy of the associated action or complaint.

☐ Yes ☐ No ☐ Never admitted to practice law

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Unauthorized Practice of Law

13. Have you ever been the subject of any formal charge, complaint, or grievance alleging that you engaged in the unauthorized practice of law, including any now pending?

If Yes, upload a copy of the associated action or complaint.

☐ Yes ☐ No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Sanction or Disqualification

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

If Yes, upload a copy of the order of sanction or disqualification.

☐ Yes ☐ No ☐ Never admitted to practice law

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number _____

Case name _____

Action taken _____

From Mo/Yr _____ To Mo/Yr _____

Explanation _____

EDUCATION

Law School Attendance

15. List complete information regarding all law school attendance and law degrees (J.D., L.L.B., L.L.M., etc.).

Note: If you studied abroad during law school, complete an entry for each study abroad period. Indicate the sponsoring institution, if different from the school listed.

☐ I have never attended law school

Law School _____

☐ ABA Approved ☐ Non-ABA Approved

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

Date degree received or expected (from this school) _____

Degree received or expected to be received (from this school) or No Degree _____

☐ J.D. Degree (from this school)

☐ Full-time student ☐ Part-time student

☐ Check if enrollment was primarily online.

Law School Discipline

16. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to withdraw in lieu of discipline, or otherwise subjected to discipline, or requested or advised to discontinue your studies by any law school?

If Yes, upload all documentation of the nature of the charge(s), your defenses to it and how the charge(s) was resolved, including any disciplinary action taken.

☐ **Yes** ☐ **No**

Name of institution _____

Action taken _____ **Date** _____

Explanation _____

College/University Attendance

17. List complete information regarding all college/university attendance (other than law school).

Note: If you studied abroad, complete an entry for each study abroad period. Indicate the sponsoring institution, if different from the school listed. Upload copies of transcripts from all colleges and universities listed even if you did not receive a degree.

☐ **I have never attended a college or university, other than as reported in the law school section.**

College _____

Mailing address _____

City _____ **State** _____ **Zip** _____

Country _____ **Province** _____

From _____ **To** _____

Degree received (No degree, B.A., M.S., etc.) _____ **Field of study** _____

☐ **Check if enrollment was primarily online.**

College/University Discipline

18. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, allowed to withdraw in lieu of discipline, or otherwise subjected to discipline, or requested or advised to discontinue your studies by any college or university?

If Yes, upload all documentation of the nature of the charge(s), your defenses to it and how the charge(s) was resolved, including any disciplinary action taken.

☐ Yes ☐ No

Name of institution _____

Action taken _____ Date _____

Explanation _____

RESIDENCES

Residence History

19. List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since age 18, **whichever period of time is shorter**.

■
From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

EMPLOYMENT

Employment History

20. List all employment and unemployment information for the last ten years or since age 18, **whichever period is shorter**. In addition, **list all law-related employment you have ever had**.

Notes:

Employment - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment.

Unemployment - Provide a brief, but specific, description of your activities while unemployed (e.g. seeking employment, preparing for law school, attending <school name>, vacation, studying for bar exam).

Employment References - If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. **Do not list yourself or a relative as a verifying reference.**

Details - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.

■

From Mo/Yr _____ To PRESENT

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

☐ Email unknown

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

☐ Business is defunct

☐ Self-employed or employed by a relative

☐ Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■

From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

☐ Email unknown

Reason for Leaving _____

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

☐ Business is defunct

☐ Self-employed or employed by a relative

☐ Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

☐ Email unknown

Reason for Leaving _____

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

☐ Business is defunct

☐ Self-employed or employed by a relative

☐ Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

☐ Email unknown

Reason for Leaving _____

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

☐ Business is defunct

☐ Self-employed or employed by a relative

☐ Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

Employment Actions

21. With respect to a job, have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination?

Note: If Yes, any associated periods of employment must be listed in response to the Employment History question before proceeding.

☐ Yes ☐ No

Employer _____

Dates of employment: From Mo/Yr _____ To Mo/Yr _____

Disposition: ☐ Terminated ☐ Suspended ☐ Disciplined ☐ Laid off ☐ Permitted to resign

Date of disposition _____ Explanation of circumstances _____

Employment Offer

22. The Board of Bar Examiners of the Delaware Supreme Court has adopted this question; please contact the Delaware Admissions Office if you require additional information.

Have you ever had an offer of employment withdrawn or rescinded or presented in such a way as to discourage you from accepting the offer?

If Yes, for each occurrence provide the name of prospective employer, relevant dates, and an explanation of circumstances.

☐ Yes ☐ No

Explanation _____

Judicial Office

23. Have you ever held judicial office?

Office held _____ From Mo/Yr _____ To Mo/Yr _____

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Reason for termination (if applicable) _____

Military Service

24. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?

If Yes, upload a copy of all of your military separation papers (DD Form 214 or equivalent). Forms must indicate character of service.

☐ Yes ☐ No

Attach copies of all of your reports of separation (e.g., DD Form 214 – member copy #4, NGB Form 22, etc.). The DD Form 214 that you provide must indicate your character of service.

- Choose Branch:
- ☐ Regular Armed Forces – Air Force
 - ☐ Regular Armed Forces – Army
 - ☐ Regular Armed Forces – Coast Guard
 - ☐ Regular Armed Forces – Marine Corps
 - ☐ Regular Armed Forces – Navy
 - ☐ Reserve Components – Air Force
 - ☐ Reserve Components – Army
 - ☐ Reserve Components – Coast Guard
 - ☐ Reserve Components – Marine Corps
 - ☐ Reserve Components – Navy
 - ☐ National Guard – Air Force
 - ☐ National Guard - Army

State for National Guard service _____

Serial number _____ Rank _____

Dates of service: From Mo/Yr _____ To Mo/Yr _____

Present duty station _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

Name of commanding officer _____

(1). Were you ever court-martialed?

☐ Yes ☐ No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(2). Were you ever awarded non-judicial punishment (Art. 15 UCMJ)?

☐ Yes ☐ No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(3). Did you receive an honorable discharge?

☐ Yes ☐ No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(4). Were you allowed to resign in lieu of court-martial?

☐ Yes ☐ No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(5). Were you administratively discharged?

☐ Yes ☐ No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

Licenses

25. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?

☐ Yes ☐ No

Type of license _____

Issued to (include business name, if applicable) _____

Current status of license _____

License number (if applicable) _____

Application date (Mo/Yr) _____

Expiration/Inactive date (Mo/Yr) _____

Issuing authority _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

License Denial/Revocation

26. Have you ever been denied a license or had a license revoked for a business, trade, or profession?

☐ Yes ☐ No

License _____ Action taken: ☐ Denial ☐ Revocation

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Date _____

Explanation _____

CHARACTER & FITNESS

Professional Discipline

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

If Yes, upload a copy of the associated action or complaint.

☐ Yes ☐ No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Professional Complaint

28. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any profession (other than as a lawyer), or as a holder of public office, including any now pending?

If Yes, upload a copy of the associated action or complaint.

☐ Yes ☐ No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Bond

29. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

☐ Yes ☐ No

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Detailed explanation _____

Conduct or Behavior

30. Within the past five 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?

☐ Yes ☐ No

Explanation _____

Relevant dates _____

Condition or Impairment

31. *The purpose of this inquiry is to allow the Delaware Board of Bar Examiners to determine the **current** fitness of an applicant to practice law. The fact that an applicant has received or is receiving treatment, counseling, or monitoring, or has participated in a support group is not, in itself, a basis upon which admission will be denied. The Delaware Board of Bar Examiners routinely certifies for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. Applicants who may benefit from assistance should by all means seek it; the Board encourages applicants to promote their own well-being. In the context of the following question, “currently” means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer upon admission.*

The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.

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) that in any way affects your ability to practice law in a competent, ethical, and professional manner?

☐ Yes ☐ No

Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

☐ Yes ☐ No

Service provided: From Mo/Yr _____ To Mo/Yr _____

Describe the condition or impairment _____

Describe any treatment, or any program that includes monitoring or support _____

■
Name of attending physician or counselor (if applicable) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

■
Name of hospital or institution (if applicable) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

Defense or Explanation

32. The purpose of this inquiry is to allow the Delaware Board of Bar Examiners to determine the **current** fitness of an applicant to practice law. The fact that an applicant has received or is receiving treatment, counseling, or monitoring, or has participated in a support group is not, in itself, a basis upon which admission will be denied. The Delaware Board of Bar Examiners routinely certifies for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. Applicants who may benefit from assistance should by all means seek it; the Board encourages applicants to promote their own well-being.

The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.

Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation

for your conduct in any of the following: (1) an arrest or other charge of criminal conduct, (2) proposed or actual discipline, termination or suspension from an educational institution or employment, (3) loss or suspension of a license of any type; or (4) inquiry, investigation or proceeding by an employer, educational institution, government agency, professional organization, or licensing authority?

☐ Yes ☐ No

Name of entity before which the issue was raised _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Country _____ Province _____

Nature of the proceeding _____

Relevant date(s) _____

Disposition, if any _____

Explanation _____

LEGAL PROCEEDINGS

Civil Action

33. Have you ever been a named party to any civil action?

Note: Family law matters (including divorce actions and continuing orders for child support) should be included here.

If Yes, upload a copy of the associated pleadings, judgments, final orders, settlement agreement and/or docket report.

☐ Yes ☐ No

Complete title of action _____

Court file number _____

Date filed _____

Trial date _____ Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

☐ Yes ☐ No

If the disposition resulted in a judgment, has the judgment been satisfied?

☐ Yes ☐ No

Date satisfied _____

Amount still owing _____

Detailed explanation of suit _____

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of plaintiff's attorney _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of defendant's attorney _____

34. The Board of Bar Examiners of the Delaware Supreme Court has adopted this question; please contact the Delaware Admissions Office if you require additional information.

Has an entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest ever been a named party to any civil action?

If Yes, upload a copy of the associated pleadings, judgments, final orders, settlement agreement and/or docket report.

☐ Yes ☐ No

Complete title of action _____

Court file number _____

Date filed _____

Trial date _____ Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

☐ Yes ☐ No

If the disposition resulted in a judgment, has the judgment been satisfied?

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of plaintiff's attorney _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of defendant's attorney _____

☐ Yes ☐ No

Date satisfied _____

Amount still owing _____

Detailed explanation of suit _____

Administrative Action

35. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?

If Yes, upload a copy of the associated administrative record.

☐ Yes ☐ No

Date action/complaint initiated _____

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of investigative agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

Detailed explanation _____

Criminal Action

36. Have you ever been cited, arrested, charged with, accused of, prosecuted, or convicted for any misdemeanor, felony, or other violation of law?

Note: Include any action subject to a diversionary program, deferred prosecution, pardon or otherwise set aside, but do not include moving violations or expunged matters.

If Yes, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report, and appeal, if any.

☐ Yes ☐ No

Date (or time period) of incident _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of law enforcement agency involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Attorney name _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Alcohol or Drug Related Traffic Violation

37. Have you ever been cited, arrested, charged with, or convicted of any alcohol or drug related traffic violation?

Note: Include any action subject to a diversionary program, deferred prosecution or otherwise set aside, but do not include expunged matters.

If Yes, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence,

docket report, and appeal, if any.

☐ Yes ☐ No

Date (or time period) of incident _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of law enforcement agency involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Attorney name _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Traffic Violation

38. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past five years?

Note: Include any action subject to dismissal, diversionary programs, deferred prosecution or otherwise set aside. Omit parking violations.

If Yes, upload a copy of the citation or arrest report. Also, if there was a complaint, indictment, trial disposition, sentence, docket report, or appeal relating to this incident, upload a copy of the applicable document(s).

☐ **Yes** ☐ **No**

■

Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ **Province** _____

■

Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ **Province** _____

■

Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ **Province** _____

Driver's License

39. List all driver's licenses held during the last ten years.

☐ I have not had a driver's license during the last ten years.

■

Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

☐ Current

■

Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

☐ Current

■

Driver's License state, province, or country _____

Driver's License number (if unavailable, enter "unknown") _____

☐ Current

FINANCIAL RESPONSIBILITY

Revocation

40. Have you ever had a credit card or charge account revoked that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

☐ Yes ☐ No

Type of debt: ☐ Charge account ☐ Credit card

Last four digits of account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

☐ Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Last four digits of current account number _____

Other Defaulted Debt

41. Have you ever defaulted on any debt other than a student loan that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

☐ Yes ☐ No

Type of debt: ☐ Charge account** ☐ Credit card** ☐ Property/real estate assessment*

☐ Utility/Telephone* ☐ Other _____

(*Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

☐ Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Past Due Debt

42. Have you had any debt that has been more than 120 days past due within the past three years that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

☐ Yes ☐ No

Type of debt: ☐ Charge account ☐ Credit card** ☐ Property/real estate assessment* ☐ Student loan

☐ Utility/Telephone* ☐ Other _____

(**Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

☐ Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Tax Debt

43. Have you ever failed to timely file tax returns or pay any personal taxes, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes, whether or not any taxes were owed or refunds due?

If **yes**, upload a copy of supporting documentation (IRS tax account transcript, release of lien, statement of amount due, etc.).

☐ Yes ☐ No

Type of debt: ☐ Income ☐ Property/Real Estate Assessment ☐ Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the History of This Debt (include applicable tax year(s)) _____

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Bankruptcy

44. Have you ever filed a petition for bankruptcy?

If Yes, upload associated schedule of indebtedness, petition for bankruptcy, docket report and discharge from bankruptcy order.

☐ Yes ☐ No

Date filed _____ Title of action _____

Type of bankruptcy _____

Court file number _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Total amount discharged in U.S. dollars _____

Date of disposition _____

Disposition _____

Were any adversary proceedings instituted? ☐ Yes ☐ No

Were there any allegations of fraud? ☐ Yes ☐ No

Were any debts not discharged? ☐ Yes ☐ No

Detailed description of circumstances surrounding filing _____

The Board of Bar Examiners of the Delaware Supreme Court has adopted questions 45-49; please contact the Delaware Admissions Office if you require additional information regarding these questions.

Revocation: Affiliated Entity

45. Has an entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest had a credit card or charge account revoked that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

☐ Yes ☐ No

Type of debt: ☐ Charge account ☐ Credit card

Last four digits of account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

☐ Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Last four digits of current account number _____

Past Due Debt: Affiliated Entity

46. Has an entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest had any debt that has been more than 120 days past due within the past three years that was not resolved in bankruptcy?

If Yes, upload a statement from each applicable creditor showing proof of payment or current balance.

☐ Yes ☐ No

Type of debt: ☐ Charge account ☐ Credit card** ☐ Property/real estate assessment* ☐ Student loan

☐ Utility/Telephone* ☐ Other _____

(**Last four digits of) Account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the history of this debt (if this is a medical debt, include date of service and institution name) _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

☐ Check if name or address of current creditor or collection agency is different from above.

Name of current creditor or collection agency if different from above _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Tax Debt: Affiliated Entity

47. Has an entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest ever failed to timely file tax returns or pay any personal taxes, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes, whether or not any taxes were owed or refunds due?

If **yes**, upload a copy of supporting documentation (IRS tax account transcript, release of lien, statement of amount due, etc.).

☐ Yes ☐ No

Type of debt: ☐ Income ☐ Property/Real Estate Assessment ☐ Other _____

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

☐ No Payments Made

Current status of this debt _____

Describe the History of This Debt (include applicable tax year(s)) _____

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Bankruptcy: Affiliated Entity

48. Has an entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest ever filed a petition for bankruptcy?

If Yes, upload associated schedule of indebtedness, petition for bankruptcy, docket report and discharge from bankruptcy order.

☐ Yes ☐ No

Date filed _____ Title of action _____

Type of bankruptcy _____

Court file number _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Total amount discharged in U.S. dollars _____

Date of disposition _____

Disposition _____

Were any adversary proceedings instituted? ☐ Yes ☐ No

Were there any allegations of fraud?

☐ Yes

☐ No

Were any debts not discharged?

☐ Yes

☐ No

Detailed description of circumstances surrounding filing _____

JURISDICTION-SPECIFIC QUESTIONS

Required Documentation

49. The Delaware Board of Bar Examiners may regard your application as incomplete if supporting documentation regarding affirmative answers to any of these questions is not provided: 11, 12, 13, 14, 16, 17, 18, 24, 27, 28, 33, 34, 35, 36, 37, 38, 40, 41, 42, 43, 44, 45, 46, 47 and 48.

If you finalize this online application without uploading the required documentation, you must upload the required documentation to your bbede.org application **no later than September 1 (for July exam)/April 1 (for February exam)**.

☐ I have read the information above

ADDITIONAL INFORMATION

Additional Information

50. Is there any information not specifically addressed in the foregoing that could be considered as reflecting adversely on your character or fitness to practice law in a competent, ethical and professional manner?

☐ Yes

☐ No

Additional information _____

Further explanation(s) _____