

**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

**APPLICATION FOR LIMITED ADMISSION  
UNDER SUPREME COURT RULE 55  
AND BOARD OF BAR EXAMINERS RULE 42  
(NON-DELAWARE BAR MEMBERS WHO WILL NOT BE COMPENSATED)**

**PLEASE NOTE:** You have a continuing obligation to notify the Board in writing of any change to any information contained in this application for limited admission. Oral or e-mail supplementation will not be accepted.

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

Law School Graduated From \_\_\_\_\_

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

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

**SUBMISSION OF APPLICATION TO THE BOARD**

Two copies of the Rule 55 Application must be submitted to the Board along with the following documents:

- A. Official Good Standing Certificate from all jurisdictions in which admitted
- B. Release and Medical Waiver (if necessary)
- C. Preceptor's Certificate in the form attached to this application.
- D. Employment affidavit in the form attached to this application.
- E. Employer reference letter(s)

**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. 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, the applicant must continue to provide any information or material not previously disclosed that relates to the Board's fitness investigation.

1. 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.

*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* \_\_\_\_\_

2. 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.

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

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

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

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

3. 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 \_\_\_\_\_

4. List every jurisdiction in which you have been admitted and licensed in the court of last resort of a state or territory of the United States or the District of Columbia. If you have been denied admission on grounds other than failing to pass the examination, fully disclose the facts and circumstances here.

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 exam Withdrew application Other reason  
(circle one)

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 exam Withdrew application Other reason  
(circle one)

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 \_\_\_\_\_

5. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?  Yes  No

B. Have there ever been or are there now pending any charges, complaints, or grievances (formal or informal) 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 \_\_\_\_\_

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6. 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* \_\_\_\_\_

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7. 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* \_\_\_\_\_

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**Attach order of sanction or disqualification if applicable.**

8. Have you ever been a party to any proceedings where there was an allegation made against you of fraud, deceit, misrepresentation, forgery or legal malpractice?

Yes     No

If yes, provide a complete explanation here. Also, submit all documents relevant to the allegation of fraud, deceit, misrepresentation, forgery or legal malpractice.

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Have you ever, either as an adult or a juvenile, been cited, arrested, charged or convicted for any violation of any law, including driving under the influence (except parking tickets)?  Yes  No

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

If yes, provide explanation here.

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9. Have you ever been offered or granted immunity, testified or been called as a witness in any criminal action or criminal proceeding in which you were not a party?  Yes  No

If yes, state the place, the date, the name of the defendant, the nature of the action or the proceeding, the court name, location, and the circumstances:

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10. List your current employer and every job you have held in the last five years. 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.). FOR EACH EMPLOYER PLEASE PROVIDE A LETTER OF REFERENCE:

CURRENT EMPLOYER

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

Supervisor \_\_\_\_\_

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

OTHER EMPLOYMENT (FIVE YEARS)

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

### PREAMBLE TO QUESTIONS 11-13

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 in this State. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied limited admission to practice under Supreme Court Rule 55.

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.

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.

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11. 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, provide an explanation here.

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12 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 8(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 12(A) or (B) is yes, provide an explanation here and execute the medical waiver attached to this application. As used in question 12, "currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.

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13. 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 \_\_\_\_\_

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I understand that this application for limited admission to the Bar of the Supreme Court of the State of Delaware under Supreme Court Rule 55 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. I also agree to update this application in writing if any of the information becomes inaccurate following my limited admission to practice.

\_\_\_\_\_  
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: \_\_\_\_\_



