

# NAVAJO NATION BAR EXAMINATION APPLICATION INSTRUCTIONS

## PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION.

Any person desiring to take the **Saturday, August 30, 2025** Navajo Nation Bar Examination must submit to the office of the Navajo Nation Bar Association, Inc. (NNBA) a **completed** application and a non-refundable application fee of \$150.00, so that the completed application and fee are **received** by mail addressed to the NNBA at Post Office Box 690, Window Rock, Navajo Nation (AZ) 86515 by no later than **Tuesday, July 1, 2025** or hand-delivered to the NNBA office no later than **5:00 p.m. (MDT), Tuesday, July 1, 2025**.

Give specific answers to each part of every question. Do not leave any spaces blank. If the question is not applicable to you, indicate “N/A” in the space provided for the answer. When attaching additional pages or documents to supplement an answer, identify the question that is being supplemented and provide the information in the same manner as called for in the application.

A completed application consists of the following forms and documents, all of which must be completed, signed and notarized, as applicable. **Note:** Different information and documents are required for different applicants. **Applicants are responsible for reviewing the NNBA Bylaws, as amended, for all admission requirements.**

1. Petitioner’s Application (Form A, to be completed by applicant).
2. Petitioner’s Affidavit (Form B, to be completed by applicant and notarized).
3. Three letters of recommendation, one of which must be submitted by an NNBA member (Form C).
4. Official certificate of graduation or other certified proof of completion of a JD from an American Bar Association accredited law school (if applicable).
5. Official certificate or other certified proof of completion of a paralegal training program, advocacy program, apprenticeship program, or equivalent, which is approved by the NNBA Training Committee (if applicable).
6. Official certificate of graduation or other certified proof of completion of a Bachelor’s degree from an accredited four-year institution (if applicable).
7. Authorization and Release (Form D, to be completed by applicant and notarized).
8. Character and Fitness Report (if applicable). (Form E, to be completed by all Bar Associations of which applicant is a member or an applicant for admission, and submitted to the NNBA office so that the reports are received by **5:00 p.m. (MDT), Tuesday, July 1, 2025**.) Form E, together with a completed Form D (Authorization and Release), must be sent to the respective Bar Association(s).

9. Employment Reference Confirmation (Form F). Applicant must fill in his or her name and send the Employment Reference Confirmation form, together with a completed Form D (Authorization and Release), to all current and prior employers for the past five (5) years. Employers must submit the completed and signed forms to the NNBA office so that they are received by **5:00 p.m. (MDT), Tuesday, July 1, 2025.**
10. NNBA-Approved Traditional Teachings and Navajo Culture Course Certificate of Completion. Applicant must submit a Certificate of Completion to the NNBA office so that it is received at least ten (10) business days prior to being sworn in as a member of the NNBA. Applicant is responsible for all course fees and registration requirements.
11. Proof of enrollment in a federally recognized Indian tribe of the United States (if applicable).

Applicants who are not enrolled members of a federally recognized Indian tribe of the United States and are not yet members in good standing of a Bar in any State jurisdiction are required to take a State Bar examination prior to taking the Navajo Nation Bar Examination. If the applicant has registered to take a State Bar examination and ultimately does not take the examination, he or she must immediately notify the NNBA of the change and will not be permitted to take the Navajo Nation Bar Examination. If the applicant does not pass the State Bar examination, he or she will not be admitted to the NNBA. If permitted to take the NNBA Bar Exam pursuant to Section IV.B.i of the NNBA Bylaws, the applicant must pass the State Bar examination, and must be admitted to practice by such State Bar to be eligible for admission to membership in the NNBA. See, NNBA Bylaws, Section VI.C.

**If the applicant fails to submit the non-refundable \$150.00 application fee or any of the required documentation so that they are not received in the NNBA office by 5:00 p.m. (MDT), Tuesday, July 1, 2025, his or her application will be deemed incomplete and the application will be denied. It is the applicant's responsibility to know the admission requirements and to submit a complete application, supporting documentation and application fee in a timely manner. Neither the NNBA nor any of its employees or representatives are responsible for assisting the applicant in the preparation or submission of his or her application.**

All applications and supporting documentation, including incomplete applications, become the property of the NNBA. The \$150.00 application fee is non-refundable and will not be applied toward future applications. The applicant must submit a new application, supporting documentation and application fee for each examination.

**NAVAJO NATION BAR ASSOCIATION, INC.**

**PETITIONER'S APPLICATION**

**1. PERSONAL INFORMATION:**

- a. Petitioner's Full Name: \_\_\_\_\_
- b. Tribal Membership: \_\_\_\_\_ Census/Enrollment #: \_\_\_\_\_  
Attach proof of enrollment in a federally recognized Indian tribe of the United States,  
such as an Enrollment Card or Certificate of Indian Blood, if applicable.
- c. Telephone Number: ( ) \_\_\_\_\_  
Cell Phone Number: ( ) \_\_\_\_\_
- d. E-mail address: \_\_\_\_\_
- e. Social Security Number: \_\_\_\_\_
- f. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- g. Place of Birth: \_\_\_\_\_
- h. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_
- i. Parents' Names - Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

**2. CURRENT RESIDENCE:**

- a. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_
- b. Physical Place of Residence: List either street name and street address or  
directions to residence. \_\_\_\_\_  
\_\_\_\_\_  
Give dates you resided there: \_\_\_\_\_

**3. PREVIOUS RESIDENCES FOR THE PAST FIVE (5) YEARS (attach additional pages if necessary to include all previous residences):**

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**4. CURRENT EMPLOYMENT:**

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

c. Email Address: \_\_\_\_\_

d. Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

e. Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

f. Supervisor's Name: \_\_\_\_\_

**5. PREVIOUS EMPLOYMENT FOR THE PAST FIVE (5) YEARS (attach additional pages if necessary to include all previous employment):**

a. **Employer:** \_\_\_\_\_

b. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

c. Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

d. Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

e. Supervisor's Name: \_\_\_\_\_

a. **Employer:** \_\_\_\_\_

b. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

c. Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

d. Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_

e. Supervisor's Name: \_\_\_\_\_

a. **Employer:** \_\_\_\_\_

b. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

c. Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

d. Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_

e. Supervisor's Name: \_\_\_\_\_

a. **Employer:** \_\_\_\_\_

b. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

c. Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

d. Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_

e. Supervisor's Name: \_\_\_\_\_

6. **EDUCATION (attach additional pages if necessary):**

a. High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

- b. List All \*College/Universities/Technical-Vocational Schools:

Name of School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

\*Is the College or University an accredited four-year institution? \_\_\_\_\_

Name of School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

\*Is the College or University an accredited four-year institution? \_\_\_\_\_

- c. \*Law School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

\*Is the law school American Bar Association accredited? \_\_\_\_\_

- d. Paralegal training program, advocacy program apprenticeship program, or equivalent course of studies certified by the NNBA Training Committee:

Name or Description of Program: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Certificate received: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

7. List all jurisdictions in which you are currently admitted to practice law and dates of admission to practice (add additional pages if necessary):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

8. Have you ever been suspended or disbarred from practice, reprimanded, censured or otherwise disciplined as an Attorney or Advocate or as a member of any other profession, such as nursing, medicine, or social work? If yes, state the dates of occurrence, the final disposition, and the name of the person handling the disciplinary action.

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

9. Have you held any judicial or political offices? If yes, indicate office held, when, where, and how long you served.

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

10. Have you, in your individual capacity, been a party to or claimed an interest in any civil proceedings? If yes, explain when, the circumstances, and the outcome of the case.

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

11. Have you been charged with fraud in any civil or criminal legal proceeding? If yes, explain when, the circumstances, and the outcome of the case.

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12. Have you filed for bankruptcy at any time, either alone or in association with others? If yes, explain when, the circumstances, and the outcome of the case.

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13. Have you been convicted of a crime (other than minor traffic offenses) or been dishonorably discharged from the military service? If yes, explain when, the circumstances, and the outcome of the case.

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14. Do you consent to the jurisdiction of the Navajo Nation and agree to fully abide by the Navajo Nation Model Rules of Professional Conduct which govern all Attorneys and Advocates practicing law in the Navajo Nation?

[ ] Yes      [ ] No



I have carefully read and answered all the questions contained in this application fully and truthfully. I hereby certify that the information provided herein is true. I understand that if I provide any false, misleading, or incomplete information in this Affidavit or in any of my application materials, my Application may be denied, or if I am admitted to the Bar based on this false, misleading, or incomplete information, I understand that I may be subject to disciplinary action. I hereby consent to the NNBA conducting any background check(s) deemed appropriate by the NNBA to determine my eligibility for membership in the NNBA. I further agree to provide any additional forms, documents and consent, if necessary.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature

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Printed Name

**NAVAJO NATION BAR ASSOCIATION, INC.**

**PETITIONER'S AFFIDAVIT**

Petitioner, \_\_\_\_\_, states:

1. I am applying for membership to the Navajo Nation Bar Association, Inc., through its Admissions Committee;
2. I request permission to take the scheduled Navajo Nation Bar Examination on Saturday, August 30, 2025;
3. I am at least twenty-one (21) years of age;
4. I am of good moral character and have personal qualities with which to abide by the oath of office and ethical standards of the Model Rules of Professional Conduct as adopted by the Navajo Nation Supreme Court;
5. I have not been convicted of a felony, or equivalent criminal offense, in any jurisdiction;
6. I have not been convicted of a misdemeanor offense, or equivalent criminal offense, involving moral turpitude in any jurisdiction;
7. I have not been disbarred or disciplined by any bar association for criminal activity, violation of ethical standards, malpractice, or any other matter concerning personal integrity or violation of standards of practice for the protection of the public, unless the disbarment was later lifted by the court or bar association that originally imposed it;
8. I am applying for membership under one of the following sections (check the applicable Box for A or B)

☐ A. QUALIFICATIONS REQUIRED OF PERSONS WHO ARE **NOT** ENROLLED MEMBERS OF A FEDERALLY RECOGNIZED INDIAN TRIBE OF THE UNITED STATES.

1. I reside or I am employed by an organization having a place of business within the states of Arizona, Colorado, New Mexico or Utah; and
2. I am a Member in Good Standing of a bar of any State jurisdiction or have taken or will be taking the bar examination of such State prior to taking the Navajo Nation Bar Examination; and
3. I am a graduate of an American Bar Association accredited law school.

☐ B. QUALIFICATIONS REQUIRED OF PERSONS WHO ARE ENROLLED MEMBERS OF A FEDERALLY RECOGNIZED INDIAN TRIBE OF THE UNITED STATES.

1. I am enrolled in a federally recognized Indian tribe of the United States; and
2. I am a graduate of one of the following (check the applicable line(s)):
  - \_\_\_ a. An American Bar Association accredited law school; or
  - \_\_\_ b. An accredited four-year institution and I possess a Bachelor's degree; or
  - \_\_\_ c. A paralegal training program, advocacy program, apprenticeship program, or equivalent, which is certified by the NNBA Training Committee.

9. If I am not a law school graduate, I will attend the NNBA Bar Review course prior to taking the Navajo Nation Bar Examination.

I have carefully read and completed all of the sections of this Petitioner's Affidavit (Form B) fully and truthfully. I hereby certify that the information provided herein is true. I understand that if I provide any false, misleading, or incomplete information in this Affidavit or in any of my application materials, my Application may be denied, or if I am admitted to the Bar based on this false, misleading, or incomplete information, I understand that I may be subject to disciplinary action. I understand the requirements for admission to the Navajo Nation Bar Association, Inc. and agree to abide by those requirements and maintain all qualifications as a condition of membership.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_.

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

My Commission expires: \_\_\_\_\_

**(NNBA Form B)**

**Navajo Nation Bar Association, Inc.**

Post Office Box 690

Window Rock, Arizona 86515

Phone: (928) 871-2211; Fax: (928) 871-2229

E-MAIL: [yolanda@navajolaw.info](mailto:yolanda@navajolaw.info)

NNBA WEBSITE: <https://www.navajolaw.info>

**Applicant may copy this form and send to individuals who will recommend applicant for admission to the NNBA. Three letters of recommendation are required for each applicant. At least one letter of recommendation must be prepared by a current NNBA member.**

**LETTER OF RECOMMENDATION**

**TO:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please be informed that \_\_\_\_\_, has filed an  
(applicant's name)

application for admission to practice law in the Navajo Nation. Please provide a written statement to the Admissions Committee of the Navajo Nation Bar Association, Inc. with information about the applicant's moral character and information you may have concerning the applicant's ability to practice law in the Navajo Nation.

Your letter of recommendation must be received by the Navajo Nation Bar Association, Inc. no later than **5:00 p.m. (MDT), Tuesday, July 1, 2025** at the following address:


Navajo Nation Bar Association, Inc.

Admissions Committee

Post Office Box 690

Window Rock, Navajo Nation (AZ) 86515

**(NNBA Form C)**



**Navajo Nation Bar Association, Inc.**  
Post Office Box 690  
Window Rock, Arizona 86515  
Phone: (928) 871-2211; Fax: (928) 871-2229  
E-MAIL: [yolanda@navajolaw.info](mailto:yolanda@navajolaw.info)  
NNBA WEBSITE: <https://www.navajolaw.info>

**AUTHORIZATION AND RELEASE**

I, (Name) \_\_\_\_\_,  
born at (City) \_\_\_\_\_, (State) \_\_\_\_\_,  
(Country) \_\_\_\_\_, on (Date) \_\_\_\_\_,

having filed an application for admission to the Navajo Nation Bar Association, Inc., hereby authorize and give my consent to the Navajo Nation Bar Association, Inc. and its agents, representatives, and designees to conduct all investigations it deems necessary regarding my past record, including but not limited to my: criminal history; educational background; employment history, performance, conduct, attendance, qualifications, and evaluations; conduct and disciplinary history related to any professional licensure, and all other matters deemed relevant to my moral character, professional reputation and fitness for the practice of law. I agree to provide any further information which may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, prior employers, educational institutions, professional licensing agencies, individuals whom I have identified as references, and any other third parties, agencies, associations or institutions (collectively "Releasing Parties") having control of any documents, records or other information pertaining to me, to furnish to the Navajo Nation Bar Association, Inc. any such information, including documents, records, bar association files regarding charges or complaints filed against me, whether formal or informal, pending or closed, or any other pertinent data and to permit

**(NNBA Form D)**

the Navajo Nation Bar Association, Inc. or any of its agents or representatives to inspect and make copies of such documents, records or other information. The records, however, will not include any information with respect to a juvenile offense.

I authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release to the Navajo Nation Bar Association, Inc. information or photocopies from my military personnel and related medical records, or only the following information:

\_\_\_\_\_.

This may include a photocopy of my DD Form 214, Report of Separation.

I hereby forever release, hold harmless, agree to defend and indemnify the Navajo Nation Bar Association, Inc. and Releasing Parties, and their employees, volunteers, officers, directors, shareholders, managers, members, attorneys and agents, past or present, in their official and individual capacities, from all liability, claims, costs, fees and damages, whether known or unknown, which arise from, relate to or which could relate to furnishing, obtaining and using investigative information, conducting the investigations, and making decisions based upon the investigations.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

State of \_\_\_\_\_ )  
 )  
County of \_\_\_\_\_ )

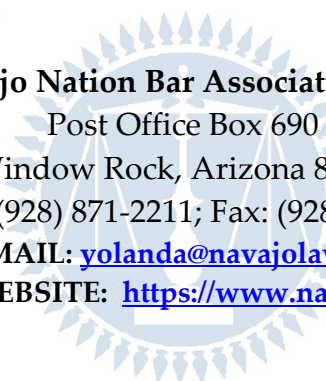
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_.

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

My Commission expires: \_\_\_\_\_

  
**Navajo Nation Bar Association, Inc.**  
Post Office Box 690  
Window Rock, Arizona 86515  
Phone: (928) 871-2211; Fax: (928) 871-2229  
E-MAIL: [yolanda@navajolaw.info](mailto:yolanda@navajolaw.info)  
NNBA WEBSITE: <https://www.navajolaw.info>

**Applicant should copy this Form and submit it to all Bar Associations of which applicant is a member or to which applicant applied to take the respective bar exam, and which can provide information related to applicant's professional licensure, suitability for the practice of law and admission to the Navajo Nation Bar Association, Inc.**

**CHARACTER AND FITNESS REPORT**

**To be completed by Applicant:**

Date Mailed: \_\_\_\_\_

Name and address of Bar Association: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

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**To be completed by Character and Fitness office of the Bar Association.**

The Navajo Nation Bar Association, Inc. is requesting a Character and Fitness Report on:

\_\_\_\_\_ who is applying for admission to the Navajo Nation Bar Association, Inc.

All applicable Bar Associations are requested to complete this Character and Fitness Report and return it to the Navajo Nation Bar Association, Inc., along with any additional information you may have concerning the applicant's fitness for the practice of law. The form must be received by the Navajo (NNBA Form E)

Nation Bar Association, Inc. no later than **5:00 p.m. (MDT), Tuesday, July 1, 2025** at the following address:

Navajo Nation Bar Association, Inc.  
Admissions Committee  
Post Office Box 690  
Window Rock, Navajo Nation (AZ) 86515

**Exact date of admission to the Bar:** \_\_\_\_\_

The admission was by: ☐ Examination ☐ Motion

Is the applicant an active member of your Bar in good standing? ☐ Yes ☐ No

If your answer is "No" please provide explanation below.

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Have there been charges, complaints, or disciplinary proceedings against the applicant?

☐ Yes ☐ No

If you answered "Yes" please provide explanation below.

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If the applicant has not been admitted to your Bar, has the applicant taken or applied to take your bar exam?

☐ Yes ☐ No

If you answered "Yes" please provide the date that the applicant took or will be taking your bar exam. Please indicate below whether the applicant has notified your Bar of the intent to take the exam on another date.

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**(NNBA Form E)**



\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

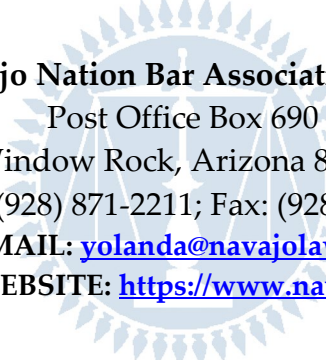
\_\_\_\_\_  
Bar Association

\_\_\_\_\_  
Area Code/Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(NNBA Form E)**

  
**Navajo Nation Bar Association, Inc.**  
Post Office Box 690  
Window Rock, Arizona 86515  
Phone: (928) 871-2211; Fax: (928) 871-2229  
E-MAIL: [yolanda@navajolaw.info](mailto:yolanda@navajolaw.info)  
NNBA WEBSITE: <https://www.navajolaw.info>

**Applicant should copy this NNBA Form F and distribute to all past and present employers listed in questions 4 and 5 of Petitioner's Application (NNBA Form A).**

**EMPLOYMENT REFERENCE CONFIRMATION**

Applicant's Name: \_\_\_\_\_

Your name or company name has been supplied to the Admissions Committee of the Navajo Nation Bar Association, Inc. as a person, business or public entity with knowledge of the above named individual who has applied for admission to practice law in the Navajo Nation.

The Committee is required to investigate each applicant's moral character. The Committee realizes time constraints may not allow you to write a personal letter giving your frank evaluation of the applicant. Therefore, the following Confidential Questionnaire is being made available to you. Please complete this form and return it to the Navajo Nation Bar Association, Inc, along with any additional information you may have concerning the applicant's fitness for the practice of law. You are asked to answer only from your own knowledge. The information that you provide is considered by the Committee to be confidential and the source of the information will not be disclosed to the applicant.

**Past and present employers are requested to complete, sign and return this form to the NNBA (address above) so that it is received no later than 5:00 p.m. (MDT), Tuesday, July 1, 2025 at the following address:**

Navajo Nation Bar Association, Inc.  
Admissions Committee  
Post Office Box 690  
Window Rock, Navajo Nation (AZ) 86515

Thank you for your cooperation.

**(NNBA Form F)**

In answering Questions 1-11 below, please mark the appropriate answer.

	Yes	No	Unknown
1. Do you know the applicant well?	[ ]	[ ]	[ ]
2. Are you related to the applicant?	[ ]	[ ]	[ ]
3. Has the applicant ever been asked to resign from this place of employment?	[ ]	[ ]	[ ]
4. Has the applicant ever been discharged from this place of employment?	[ ]	[ ]	[ ]
5. Has the applicant ever been arrested for or committed a violation of law while employed at this place of employment?	[ ]	[ ]	[ ]
6. Has the applicant engaged in fraudulent or deceitful conduct while employed at this place of employment?	[ ]	[ ]	[ ]
7. Has the applicant been a party to a lawsuit while employed at this place of employment?	[ ]	[ ]	[ ]
8. Do you believe that the applicant is of good moral character and exhibits honesty, fairness, and trustworthiness, and observes fiduciary responsibilities?	[ ]	[ ]	[ ]
9. On the basis of your knowledge of the applicant's moral character, do you unequivocally recommend the applicant for admission to practice law?	[ ]	[ ]	[ ]
10. How many years have you known the applicant? _____			

**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 2-7, PLEASE ANSWER THE APPROPRIATE QUESTION(S) BELOW.**

11. What is your relationship to the applicant?

\_\_\_\_\_

\_\_\_\_\_

12. If you answered “Yes” to Questions 3 or 4, please describe the circumstances surrounding any discharge or resignation from employment.

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13. If you answered “Yes” to Question 5, please describe the circumstances surrounding any such arrest or violation of the law.

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14. If you answered “Yes” to Question 6, please describe the fraudulent or deceitful conduct.

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15. Please describe the circumstances surrounding any lawsuit to which the applicant was a party.

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**IF YOU ANSWERED "NO" TO EITHER QUESTION 8 OR 9, PLEASE ANSWER QUESTION 16 BELOW.**

16. Please indicate the reasons for your answering “No” to Question 8 and/or 9.

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\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Area Code/Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date