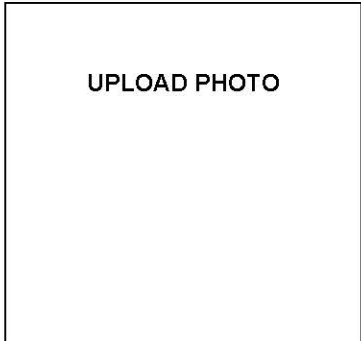


MISSISSIPPI BOARD OF BAR ADMISSIONS

APPLICATION FOR ADMISSION ON MOTION



Application must be typed/completed on a computer.
Forms must be filed in correct order.

Check one box on each of the following statements:

I have / have not previously applied for admission in Mississippi.

I have / have not applied for admission in another jurisdiction.
(e.g. - law student, examination or motion)

SECTION I. BIOGRAPHICAL INFORMATION

1) LIST STREET ADDRESS BELOW -
IF DIFFERENT FROM MAILING ADDRESS:

LAST NAME:___ SUFFIX:_____

FIRST NAME:

MIDDLE NAME:

MAILING ADDRESS:

CITY/STATE/ZIP: ___ / ___ / ___

DATE OF BIRTH: ___ / ___ / ___ RACE:

SOCIAL SECURITY NUMBER*: ___ - ___ - ___

*The provision of your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, 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, so as to avoid errors of identity which might introduce problems and delays into the certification and licensure process.

PHONE NUMBER: Work ___ / ___ - ___ - ___

PHONE NUMBER: Home ___ / ___ - ___ - ___

PHONE NUMBER: Cell ___ / ___ - ___ - ___

EMAIL ADDRESS: ___@___

PLACE OF BIRTH: ___ / ___ / ___ (City/State/Country)

2) DRIVER'S LICENSE #:

STATE OF DRIVER'S LICENSE:

3) Law School attended*: _____

Date Law Degree conferred: ___ / ___ / ___

4) Reciprocal Jurisdiction: _____

5) List below all other names or surnames you have used, or have been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce):

6) State whether single, married, or divorced: _____

Marriage Date: _____ Place of Marriage: _____ Spouse's Full Name: _____ Spouse's Work Phone Number: _____

Spouse's Place of Employment: _____

7) State the full name, address, phone number, and occupation of your parents.

FATHER'S FULL NAME:

PHONE NUMBER: ___ / ___ - ___ - ___

ADDRESS: ___ City/State/Zip ___ / ___ / ___

OCCUPATION:

MOTHER'S FULL NAME:

PHONE NUMBER: ___ / ___ - ___ - ___

ADDRESS: ___ City/State/Zip ___ / ___ / ___

OCCUPATION:

SPOUSE'S FULL NAME:

PHONE NUMBER: ___ / ___ - ___ - ___

ADDRESS: ___ City/State/Zip ___ / ___ / ___

OCCUPATION:

DATE RECEIVED:

(This section is for office use only)

RECEIPT # _____ AMOUNT \$ _____ DATE REC'D. _____

8) Are you a citizen of the United States?

Yes No

SECTION II. MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE)

9) I have taken/will take the Multistate Professional Examination (MPRE) on _____ and have requested/will request that my score be sent to the Mississippi Board of Bar Admissions.

If you have not yet taken the MPRE, registration is available online at <http://www.ncbex.org/exams/mpre/>.

If you have already taken the MPRE and need your score transferred to Mississippi, you may go online to <http://www.ncbex.org/exams/mpre/> to do so. It is your responsibility to ensure that your score is transferred and received by the Mississippi Board of Bar Admissions office.

SECTION V. CONTINUING APPLICATION

10) I fully understand that the answers contained in this sworn application are to be considered as continuing to be true from the date of this application until the date upon which I may be admitted to the Mississippi Bar, and, if any answer ceases to be true or complete or otherwise fairly requires supplementation, I acknowledge that I have a continuing obligation to inform the Mississippi Board of Bar Admissions IMMEDIATELY, by filing an amendment to this application, as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information sought.

Applicant: _____ (Signature of Applicant)

PENALTY FOR FAILURE TO DISCLOSE INFORMATION

I, _____ also understand that I must disclose any information, whether requested to do so or not, and amend my application if an answer or portion of an answer on my application ceases to be true.

_____, (*applicant: type full name*) being first duly sworn states: I have read the foregoing statements and understand that my application is a **continuing** one which requires supplementation; and that if I fail to amend or disclose information, whether requested to do so or not, that the consideration of my application will automatically be deferred to the next Board meeting.

STATE OF _____
COUNTY OF _____

(Signature of Applicant)

SWORN AND SUBSCRIBED BEFORE ME THIS THE
_____ DAY OF _____, 20_____.

(Signature of Notary)

(SEAL)

SECTION VI. RESIDENCES

11) List every place of residence, permanent or temporary, for more than thirty days, since your 18th birthday (including all college, law school and military addresses).

STREET ADDRESS	CITY/STATE/ZIP	COUNTY	DATES LIVED THERE (mm/yyyy to mm/yyyy)
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____
	____/____/____		____/____ to ____/____

<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
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<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>
<u> </u> / <u> </u> / <u> </u>	<u> </u> to <u> </u> / <u> </u>

SECTION VII. EDUCATION

12) State the name, mailing address, county, and dates of attendance of each high school you have attended.

<u>NAME AND COMPLETE MAILING ADDRESS</u>	<u>COUNTY</u>	<u>DATES ATTENDED</u> <small>(mm/yyyy to mm/yyyy)</small>
NAME ADDRESS CITY/STATE/ZIP: <u> </u> / <u> </u> / <u> </u>		<u> </u> / <u> </u> to <u> </u> / <u> </u>
NAME ADDRESS CITY/STATE/ZIP: <u> </u> / <u> </u> / <u> </u>		<u> </u> / <u> </u> to <u> </u> / <u> </u>

13) **COLLEGES AND UNIVERSITIES ATTENDED:**

State the name, mailing address, county, dates of attendance, degree received, if any, and date of degree for every college and/or university that you attended.

***Please fill out a FORM 13 for every undergraduate college and university that you attended. See separate instructions for mailing these forms.**

YOU MUST INSTRUCT EACH COLLEGE/UNIVERSITY YOU ATTENDED TO MAIL A CERTIFIED COPY OF YOUR TRANSCRIPT DIRECTLY TO THE MBBA OFFICE WITH A COMPLETED FORM 13 ATTACHED.

<u>COLLEGE/UNIVERSITY</u>	<u>COUNTY</u>	<u>DATES ATTENDED</u> <small>(mm/yyyy to mm/yyyy)</small>	<u>DEGREE REC'D.</u>	<u>DATE REC'D</u> <small>(mm/yyyy)</small>
Name Address City/State/Zip <u> </u> / <u> </u> / <u> </u>		<u> </u> / <u> </u> to <u> </u> / <u> </u>		<u> </u> / <u> </u>

Name _____ / to / /
 Address _____
 City/State/Zip ____ / ____ / ____

Name _____ / to / /
 Address _____
 City/State/Zip ____ / ____ / ____

Name _____ / to / /
 Address _____
 City/State/Zip ____ / ____ / ____

14) **LAW SCHOOL(S) ATTENDED:**
 State the name, mailing address, county, dates of attendance, degree received, if any, and date of degree for every law school which you have attended. List the law school where you obtained your Juris Doctorate Degree first.

Please fill out a **FORM 14** for every law school which you attended. See separate instructions for mailing these forms.

YOU MUST INSTRUCT EACH LAW SCHOOL YOU ATTENDED TO MAIL AN OFFICIAL COPY OF YOUR TRANSCRIPT AND A COPY OF YOUR LAW SCHOOL APPLICATION DIRECTLY TO THE MBBA OFFICE WITH A COMPLETED FORM 14 ATTACHED.

LAW SCHOOLS	COUNTY	DATES ATTENDED (mm/yyyy to mm/yyyy)	DEGREE REC'D.	DATE REC'D (mm/yyyy)
Name _____ Address _____ City/State/Zip ____ / ____ / ____		____ / to ____ /		____ /
Name _____ Address _____ City/State/Zip ____ / ____ / ____		____ / to ____ /		____ /

- | | Yes | No |
|---|--------------------------|--------------------------|
| 15) Have you ever been suspended, placed on disciplinary probation, expelled or requested to resign from high school, college, university or law school, or otherwise subjected to discipline by any such school or other institution or requested or advised by any such school or institution to discontinue your studies therein for disciplinary reasons? If YES , provide a brief narrative which explains the circumstances and results of each such occurrence, including the name, title, and address of the disciplinary authority having personal knowledge of the occurrence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Have you ever been involved in any student or honor code violations? If YES , provide a brief narrative which explains the circumstances, date, and results of each such occurrence. This should include the name, title, and address of the disciplinary authority having personal knowledge of the occurrence. If the Honor Code violations occurs after filing this application, you must notify MBBA immediately and update your application with the information requested above. | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION VIII. REFERENCES

17) List the name, complete address, phone number and years known of three (3) persons unrelated to each other with whom you are personally acquainted and who are not related to you by blood or marriage. Personal references in this question may NOT be the same people supplying employer references required in Section IX. **You must provide a FORM 17 to each person named below for completion and transmittal to the MBBA.**

References' Name and Mailing Address	Area Code/Phone Number	Years Known
1. <u>Name:</u> _____ <u>Address:</u> _____ <u>City/State/Zip:</u> ____ / ____ / ____	____ / -	
2. <u>Name:</u> _____ <u>Address:</u> _____ <u>City/State/Zip:</u> ____ / ____ / ____	____ / -	
3. <u>Name:</u> _____ <u>Address:</u> _____	____ / -	

City/State/Zip: / /

SECTION IX. EMPLOYMENT AND LAW PRACTICE

18) List your employment and unemployment information, beginning with the most recent.

- If you have submitted an application for bar admission or to re-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your employment information for the last ten (10) years or since you were first admitted, licensed, or authorized to practice law, whichever period of time is **longer**.*
- If the previous category does not apply to you, provide your employment information for the last ten (10) years or since age 18, whichever period of time is **shorter**.*

***Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

- 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. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three (3) months (i.e., attending law school, studying for the bar examination, seeking employment, etc.)
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.
- If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.**

You must provide a Form 18 to each employer named for completion and transmittal to the MBBA.

DATES EMPLOYED (mm/yyyy to mm/yyyy)	NAME AND COMPLETE MAILING ADDRESS OF EACH EMPLOYER	POSITION HELD	REASON FOR LEAVING
1. / / to / /	Name: Address: City/State/Zip: / /		

(continued on next page)

(employment continued)

DATES EMPLOYED (mm/yyyy to mm/yyyy)	NAME AND COMPLETE MAILING ADDRESS OF EACH EMPLOYER	POSITION HELD	REASON FOR LEAVING
2. / / to / /	Name: Address: City/State/Zip: / /		
3. / / to / /	Name: Address: City/State/Zip: / /		
4. / / to / /	Name: Address: City/State/Zip: / /		
5. / / to / /	Name: Address:		

City/State/Zip: / /

6. / / to / /

Name:
Address:
City/State/Zip: / /

7. / / to / /

Name:
Address:
City/State/Zip: / /

8. / / to / /

Name:
Address:
City/State/Zip: / /

9. / / to / /

Name:
Address:
City/State/Zip: / /

10. / / to / /

Name:
Address:
City/State/Zip: / /

11. / / to / /

Name:
Address:
City/State/Zip: / /

12. / / to / /

Name:
Address:
City/State/Zip: / /

13. / / to / /

Name:
Address:
City/State/Zip: / /

14. / / to / /

Name:
Address:
City/State/Zip: / /

15. / / to / /

Name:
Address:
City/State/Zip: / /

16. / / to / /

Name:
Address:
City/State/Zip: / /

DATES EMPLOYED
(mm/yyyy to mm/yyyy)

NAME AND COMPLETE MAILING
ADDRESS OF EACH EMPLOYER

POSITION HELD

REASON FOR LEAVING

17. / / to / /

Name:
Address:
City/State/Zip: / /

18. / / to / /

Name:
Address:
City/State/Zip: / /

19. / / to / /

Name:
Address:
City/State/Zip: / /

20. / / to / /

Name:
Address:
City/State/Zip: / /

- | | | | |
|-----|---|--|---------------------------------------|
| 19) | Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job? If YES , provide the name of the employer, dates of employment, and explanation of circumstances. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|-----|---|--|---------------------------------------|

SECTION X. LEGAL AND MOTOR VEHICLE PROCEEDINGS

- | | | | |
|-------|---|--|---------------------------------------|
| 20(a) | Have you ever been a named party to any civil court action, with the exception of adoption? NOTE: Family law matters (including divorce or continuing orders for child support) should be included here. If YES , complete and upload FORM 20 for each matter and attach a copy of the pleadings and final disposition. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 20(b) | Have you ever had a complaint filed against you in any civil, criminal, or administrative forum, alleging fraud, deceit, misrepresentation, forgery or professional malpractice? If YES , complete and upload FORM 20 for each matter and attach copies of the pleadings, allegations, and judgments. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | Have you ever been charged with any moving traffic violations during the past ten years? NOTE: Alcohol or drug-related traffic violations should be discussed in this question. If YES , complete and upload FORM 21 for each violation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22(a) | Have you, either as an adult or a juvenile, been cited, arrested, charged or convicted for any violation of any law (except traffic violations)? NOTE: This should include matters that have been expunged or been subject to a diversionary program. If YES , complete and upload FORM 22 , and attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, and appeal, if any. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22(b) | Have you ever held a motor vehicle driver's license or operator's license? If YES , list each state in which you hold or have ever held a motor vehicle driver's license or operator's license. You must submit a certified driving record (or no record letter) from the Department of Public Safety for each jurisdiction you listed above. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22(c) | Have you ever had your driving privileges suspended or revoked? If YES , provide a narrative for each suspension or revocation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) | Did any of the instances listed in questions 20a, 20b, 21, or 22a result in conviction of a misdemeanor? If YES , state which of the instances above resulted in conviction of a misdemeanor. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | N/A- <input type="checkbox"/> | |
| 24) | Did any of the instances listed in questions 20a, 20b, 21 or 22a result in conviction of a felony? If YES , state which of the instances above resulted in conviction of a felony. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| | | N/A- <input type="checkbox"/> | |
| 25(a) | Have you ever been adjudicated a bankrupt, or has a petition for bankruptcy ever been filed by you or against you, either alone or in association with others? If YES , you must complete and upload FORM 25 and provide copies of documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25(b) | Have your ever been brought in as a party to any proceedings in a bankruptcy court, or have your ever been sued or threatened with suit by the receiver, trustee, or other authority of any bankruptcy estate, for unlawful transfer, conspiracy to conceal assets, or any other fraud or offense, whether or not punishable by criminal law? If YES , you must complete and upload FORM 25 and provide copies of documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26(a) | Are you presently, or have you ever been, in default on any loan(s) or indebtedness, including, but not limited to, child support obligations and guaranteed student loans? If YES , you must complete a Form 26 and provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current. | <input type="checkbox"/> | <input type="checkbox"/> |

- 26(b) Within the three (3) years preceding the date of this Application, have you had any debt or financial obligation (this includes child support obligations, guaranteed student loans, credit cards, bank notes, tax liens, etc.) exceeding \$500 in amount, become ninety (90) days or more past due? **If YES, you must complete and upload Form 26** and provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current.

SECTION XI. MILITARY SERVICE

Yes No

- 27) Have you registered under the Selective Service Act? (See <https://www.sss.gov/> for information)
If No, state reason: Female Other reason:
- 28) Are you now or have you ever been a member of the armed forces of the United States (including the National Guard or any reserve component)? **If YES, you must complete and upload FORM 28 and a copy of your discharge orders from active duty, with a Report of Separation FORM DD214 or equivalent.**

SECTION XII. GENERAL QUESTIONS

- 29) Have you ever been engaged in any business or profession on your own account? **If YES, state the nature thereof, where the business was located, the time during which you were so engaged, and what became of it below.**
- 30) Have you ever applied for or held a license, other than as an attorney at law, which required proof of good character (e.g. certified public accountant, real estate broker, etc.)?
- 31) Have you ever applied for or held a bonded position?
- 32) Have you engaged in any inappropriate, illegal, immoral or irresponsible behavior over the last five years that you or others have attributed to consumption or use of prescription, non-prescription or other drugs, alcohol or other intoxicating substances? **If YES, describe the facts concerning the behavior, including the date(s), persons witnessing the behavior, any disciplinary action taken or inquiry that was made and the resolution of any inquiry and or disciplinary action.**
- 33) Have you engaged in any inappropriate, illegal, immoral or irresponsible behavior over the last five years that resulted in any investigative process, disciplinary or legal consequences or your separation from employment or from an educational institution? **If YES, describe the facts concerning the behavior, including the date(s), persons witnessing the behavior, any disciplinary action taken or inquiry that was made and the resolution of any inquiry and or disciplinary action.** **Yes No**
- 34) Within the past five years, have you been involved in any inquiry, any investigation, any insurance claim, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure? **If YES, give the name and contact number of the entity before which the issue was raised (i.e. court, agency, etc.), the nature of the proceedings, relevant date(s), disposition, if any, and an explanation.**
- 35) Have you ever registered as a law student with the Bar Admissions authority of any jurisdiction in the United States (including Mississippi) or foreign country? *** If YES, list below in which you have registered and when. Complete FORM 37 for each Board of Bar Admissions you have listed.* You must instruct each Bar Admissions office to complete FORM 37 and attach a certified copy of your bar admissions application you completed for their office and mail both directly to the MBBA. If applications are no longer available, please have the Board of Bar Admissions send a letter so stating. *Exception: If you filed an Application for Registration as a Law Student with the MBBA, you will not need to complete Form 37, simply list Mississippi below and the date you filed your application.**

STATE OR FOREIGN
COUNTRY

DATE APPLICATION FILED
(mm/yyyy)

CURRENT STATUS OF
APPLICATION

- 36) Have you ever submitted an application to be admitted by examination, reciprocity/comity, motion or diploma privilege, or to be reinstated to the bar of any state in the United States (including Mississippi) or foreign country? If **YES**, list below every state or foreign country. For each application, indicate the nature of the application (examination, reciprocity/comity, etc.), the date it was submitted and its ultimate disposition; (i.e., admitted to the bar, withdrew application, or not admitted). For each withdrawal of application or failure of or denial of admission, other than those due to failing the examination, in the comment box below provide a brief narrative explanation of the circumstances surrounding the reason. If admitted to a bar of a foreign country, indicate the name and address of the admitting authority. Complete Form 37 for each Board of Bar Admissions you have listed.* You must instruct each Bar Admissions office to complete Form 37, attach a certified copy of your bar admissions application you completed for their office, and mail both directly to the MBBA. If applications are no longer available, please have the Board of Bar Admissions send a letter so stating.
- *Exception: If you filed an Examination Application with the MBBA, you will not need to complete Form 37, simply list Mississippi, the date you filed your application, and why you were not admitted.

STATE OR
FOREIGN
COUNTRY

DATE (mm/yyyy)
APPLICATION
FILED

DATE OF EXAM FOR WHICH
YOU APPLIED AND/OR SAT
(mm/yyyy)

APPLIED FOR:
EXAMINATION,
RECIPROCITY/COMITY,
MOTION DIPLOMA
PRIVILEGE, ETC.

NOT ADMITTED
BECAUSE- FAILED
EXAM, WITHDREW
APPLICATION, OTHER

- 37) Have you ever been denied admission to the practice of law in any jurisdiction of the United States (including Mississippi) or foreign country, other than for failure of the bar examination, or been denied admission to the bar examination of any jurisdiction or foreign country? If **YES**, in the comment box below provide an explanation of the denial which must include the name of the denying jurisdiction, the date of the denial, the reason you were denied, and any other information you deem appropriate. You must instruct each Bar Admissions office to complete FORM 37 and attach a certified copy of your bar admissions application you completed for their office and mail it directly to the MBBA.
- 38) Have you ever been admitted to the practice of law in any state of the United States (including Mississippi) or foreign country? If **YES**, please provide the following information. If admitted to a bar of a foreign country, provide the name and address of the admitting authority. Complete Form 38 for each jurisdiction or foreign country you have listed below. You must instruct each Bar to complete Form 38 and mail it directly to the MBBA.

STATE OR
FOREIGN
COUNTRY

DATE
ADMITTED/
READMITTED
(mm/dd/yyyy)

ADMITTED BY:
EXAMINATION,
RECIPROCITY, COMITY,
MOTION, DIPLOMA
PRIVILEGE, ETC.

ARE YOU A MEMBER
IN GOOD STANDING?
(YES OR NO)

SPECIFY WHETHER
YOU ARE ON ACTIVE OR
INACTIVE STATUS

- 39) For each jurisdiction in which you are licensed you must provide the following forms and documents:
- You must request each Jurisdiction or Foreign Bar to which you are admitted to complete Form 38, attach a Certificate of Good Standing and mail it directly to this office.
 - You must submit two (2) completed attorney affidavits, Form 38-A from each jurisdiction or foreign bar in which you are admitted to practice. These affidavits must be from attorneys who are in good standing in each jurisdiction and must be someone other than a reference you have listed in Question #17 of this application.
 - You must request the Supreme Court or the Highest Appellate Court from each jurisdiction or foreign bar in which you are admitted to mail a Certificate of Good Standing to this office.
 - You must complete and attach Form 38-B Pro Hac Vice Questionnaire.
 - You must complete and attach Form 39 Verification of Practice. Have this form notarized and include it with your application.
- 39b) Provide a brief explanation of the circumstances surrounding the reason and the date you went inactive, and have the jurisdiction or foreign bar complete Form 38 and mail it directly to this office.
- 40) Have any complaints been filed against you as an attorney with the disciplinary authority of any state in the United States (including Mississippi) or foreign country in which you have been admitted to the practice of law? **Yes** **No**

 If **YES**, in the section below provide an explanation which includes the name of the agency or authority or board or committee to whom the complaint was addressed, the date of the complaint, the nature of the complaint, the disposition of the complaint and any other information you deem appropriate. You must also have the State Bar or Attorney disciplinary authority of the jurisdiction or foreign country provide documentation of the complaint(s) and the disposition of the complaint(s) and mail it directly to this office. **N/A-**
- 41) Have you been the subject of any form of lawyer discipline, whether private or public, whether oral or written, in any jurisdiction of the United States (including Mississippi) or foreign country to which you have been admitted to the practice of law?
 If **YES**, in the section below provide an explanation for each instance of discipline, including the name of jurisdiction or foreign country imposing the discipline, the date of discipline, the nature of the discipline, the nature of the offense for which the discipline was imposed and any other information you deem appropriate. You must also have the State Bar or Attorney Disciplinary authority of the jurisdiction or foreign country provide documentation of the complaint(s) and the disposition of the complaint(s) and mail it directly to this office.
- 42) Other than as stated in your answers to this application, is there any response on any previous application(s) you may have filed with the Mississippi Board of Bar Admissions which is no longer complete or correct?
N/A-

APPLICANT'S AFFIDAVIT

STATE OF ____ (applicant: type information)

COUNTY/PARISH ____ (applicant: type information)

I, ____ (applicant: type full name), being first duly sworn, on oath or affirmation, do hereby depose and say:

1. That I have read this Mississippi Admission on Motion Application, including all of the instructions, and my complete answers, and that same are full, true and complete in all respects, and that I have completed such answers, and provided such information without mental reservation or purpose of evasion;
2. That I have carefully read the Rules Governing Admission to The Mississippi Bar;
3. That I have carefully read the current Code of Professional Responsibility of The Mississippi Bar, and if admitted to the practice of law, agree at all times to be bound thereby;
4. That if I am found morally fit to practice law in the State of Mississippi; I agree that I will subscribe to the oath of office propounded by the Supreme Court of Mississippi.

Signature of Applicant

SUBSCRIBED AND SWORN TO ME THIS THE _____ DAY OF _____, 20_____.

Signature of Notary: _____

My Commission Expires: _____

(SEAL)

MISSISSIPPI BOARD OF BAR ADMISSIONS AUTHORIZATION AND RELEASE

I, _____, (*applicant: type full name*) having filed an Application for Admission on Motion with the Mississippi Board of Bar Admissions to be admitted to the privilege of practicing law in the State of Mississippi, hereby authorize and give my consent to the Mississippi Board of Bar Admissions, including its Committee on Character and Fitness, (hereinafter collectively referred to as the "Board"), to conduct an investigation as to my moral character and fitness to practice law and to make inquiries and request such information from third parties as, in the sole discretion of the Board, is necessary to such investigation. I further authorize the use of any such information in the course of the Board's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history or record information), or other data pertaining to me, to reveal, furnish and release to the Board, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorized all such persons as set out above to answer any inquiries, questions or interrogatories concerning me which may be submitted to them by or on behalf of the Board and to appear before the Board and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical information, including mental health records or records relating to alcohol, drug or chemical dependency, or other protected health information.

I hereby release, discharge and hold harmless the Board, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

Signature of Applicant

SUBSCRIBED AND SWORN to before me on _____ day of _____, 20_____.

Signature of Notary

My Commission Expires: _____

(SEAL)