

MISSISSIPPI BOARD OF BAR ADMISSIONS

APPLICATION FOR REGISTRATION AS A LAW STUDENT

Application must be typed. Forms must be filed in correct order.

I have / have not previously applied as a law student in Mississippi.

I have / have not applied as a law student in another jurisdiction.

Staple Envelope to this section of application.

Place one (1) **REAL** 2" x 2" photo in the envelope provided.

Write your name on the back of the photo.

SECTION I. BIOGRAPHICAL INFORMATION

LIST STREET ADDRESS BELOW -

IF DIFFERENT FROM MAILING ADDRESS:

- 1) LAST NAME: _____
 FIRST NAME: _____
 MIDDLE NAME: _____
 MAILING ADDRESS: _____
 CITY/STATE/ZIP _____
 PHONE NUMBER: Work _____
 PHONE NUMBER: Cell _____
- DATE OF BIRTH: ___/___/___ RACE: Please Choose:
 SOCIAL SECURITY NUMBER*: _____
 PHONE NUMBER: Home _____
 EMAIL ADDRESS: _____

*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.

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

**NCBE NUMBER: _____ Go to NCBE's website at www.ncbex.org to register and obtain an NCBE Number.

DRIVER'S LICENSE #: _____ STATE OF DRIVER'S LICENSE: _____

- 2) Law School attending/attended (Name and city/state): _____ (Law school must be approved by the American Bar Association)
 Anticipated date of completion of Law Degree requirements: _____ **NOTE:** If you find that the anticipated date of completion of your Law Degree requirements should change, please notify MBBA immediately so we can adjust our records.
- 3) List below all the other names or surnames you have used, or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce). _____
- 4) State whether single or married: _____. If "married", give the date of marriage ___/___/___(mm/dd/yyyy), place of marriage - _____ and full name of spouse - _____ - Occupation of Spouse _____ Spouse's Work Phone: _____ - _____ Spouse's Place of Employment: _____
- 5) State the full name, address, phone number and occupation of your parents. (If one or both parents are deceased, give the information applicable at time of death.)

FATHER'S FULL NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____ OCCUPATION: _____
 MOTHER'S FULL NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____ OCCUPATION: _____

In case of an emergency, please provide the name and number of a contact person: _____ Phone number: _____

DATE RECEIVED

(This section is for office use only)

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

6) Are you a citizen of the United States? **If NO, complete FORM 2** (Additional Response Page), number your response to correspond with this question, describe your immigration status, and provide a registration number and a copy of your resident alien card. If you do not have an alien registration number or resident alien card, provide an explanation on the FORM 2. Yes No

SECTION II. MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE)

Rule 9, Section 4(C), of the Rules Governing Admission to the Mississippi Bar, states the Multistate Professional Responsibility Examination (MPRE) is a prerequisite that must be met before a Certificate of Eligibility to practice law can be issued by this office. Complete the following statement:

7) I have taken/will take the Multistate Professional Responsibility Examination* on Month, Year (choose the month and year) and have requested/will request that my score be sent to the Mississippi Board of Bar Admissions. The MPRE is a separate exam from the Mississippi Bar Examination and must be applied for separately. **(You must have a valid scaled MPRE score of 75 or above.)**

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

*If you have already taken the MPRE and need to have your score transferred to Mississippi, transfers are available at <http://www.ncbex.org/about-ncbe-exams/mpre/mpre-score-services/>. **It is your responsibility to see that your score is transferred and received by the Mississippi Board of Bar Admissions office.**

This score must be achieved on an administration of the MPRE within twenty-four (24) months before or within twelve (12) months after the date of administration of the Mississippi Bar Examination at which the applicant achieves a passing result. It shall be the responsibility of each applicant to register for and take the MPRE in the manner and at the time prescribed and to request that the score is furnished to the Mississippi Board of Bar Admissions. You must have a valid scaled MPRE score of at least 75 or above.

SECTION III. BAR EXAMINATION

8) I am tentatively planning to sit for the Mississippi Bar Examination on the following date: (Check only one box and choose the year.)

February Year (Choose the year)

July Year (Choose the year)

I understand that in addition to filing this Application for Registration as a Law Student that I must also file an Application Update for the Bar Exam with the Mississippi Board of Bar Admissions by the required deadline and pay the appropriate fee. (The Update Application for the Bar Exam must be filed with the Mississippi Board of Bar Admissions on or before September 1st preceding the February examination for which applicant wishes to sit, or on or before February 1st preceding the July examination for which applicant wishes to sit. As a courtesy, the Mississippi Board of Bar Admissions mails or emails out a Reminder Notice about the Application Update for the Bar Exam approximately 4 - 6 weeks prior to the appropriate filing deadline to all applicants who have filed an Application for Registration as a Law Student.) **I understand it is important that I keep the Mississippi Board of Bar Admissions updated with my home and work addresses and phone numbers. I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO TIMELY FILE AN APPLICATION UPDATE FOR THE BAR EXAM, REGARDLESS OF WHETHER OR NOT I RECEIVE A REMINDER NOTICE.** The Application Update for the Bar Exam can be found on the Board's website, along with deadlines and filing fees.

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

Signature of Applicant _____

Signature of Notary Public _____

My Commission Expires: _____

(SEAL)

THIS PAGE MUST BE NOTARIZED

SECTION IV. NOTIFICATION OF THE NEED FOR NON-STANDARD TESTING

- 9) **For Your Information** - The Mississippi Board of Bar Admissions is committed to providing a "level playing field" for bar applicants with disabilities. If you have a disability which requires testing accommodations on the bar examination, you will be required to complete the appropriate forms and submit them at the same time you file your Application Update for the Bar Examination. The link titled **Request for Test Accommodations** will take you to the General Instructions and applicable forms and is found on the Mississippi Board of Bar Admissions' website. **NOTE: the Test Accommodation forms are not to be filed with this Application for Registration as a Law Student, but must be filed with the Application Update for the Bar Examination.**

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.**

(Signature of Applicant)

PENALTY FOR FAILURE TO DISCLOSE INFORMATION:

I also understand that if I fail to disclose any information, whether requested to do so or not, or fail to amend my application because an answer or portion of an answer ceases to be true, that my application to take the Mississippi Bar Examination will be automatically deferred to the next scheduled bar exam after the one which I have applied to take.

(Signature of Applicant)

STATE OF _____

COUNTY OF _____

_____ (***applicant: type full name***) being first duly sworn says: 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 my application will automatically be deferred to the next exam after the one which I am applying to take.

SWORN AND SUBSCRIBED BEFORE ME THIS THE _____
(Signature of Applicant)

_____ DAY OF _____, _____.

Signature of Notary Public _____

My Commission Expires: _____

(SEAL)

THIS PAGE MUST BE NOTARIZED

SECTION VI. RESIDENCES

11) List in order (beginning with the most recent and ending with the oldest) every 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 |
|----------------|-----------------------|--------|---------------------------------------|
| | | | <small>(mm/yyyy) to (mm/yyyy)</small> |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to Present |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ / _____ / _____ | _____ | _____ / _____ to _____ / _____ |

SECTION VII. EDUCATION

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

| NAME AND COMPLETE MAILING ADDRESS | COUNTY | DATES ATTENDED |
|-----------------------------------|--------|-------------------------------------|
| | | <small>(mm/yyyy to mm/yyyy)</small> |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |
| _____ | _____ | _____ / _____ to _____ / _____ |

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 which you attended. List the college or university where you obtained your Bachelor's Degree first.

*Please fill out a FORM 13 for every undergraduate college and university which 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.

| School | COUNTY | DATES ATTENDED (mm/yyyy to mm/yyyy) | DEGREE REC'D | DATE REC'D (mm/yyyy to mm/yyyy) |
|--------------------------------------|--------|--|--------------|------------------------------------|
| Name _____ Address _____ _____ | _____ | ____/____ to ____/____ | _____ | ____/____ |
| Name _____ Address _____ _____ | _____ | ____/____ to ____/____ | _____ | ____/____ |
| Name _____ Address _____ _____ | _____ | ____/____ to ____/____ | _____ | ____/____ |
| Name _____ Address _____ _____ | _____ | ____/____ to ____/____ | _____ | ____/____ |

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 A CERTIFIED COPY OF YOUR TRANSCRIPT AND A COPY OF THE LAW SCHOOL APPLICATION DIRECTLY TO THE MBBA OFFICE WITH A COMPLETED FORM 14 ATTACHED.

| Law School | COUNTY | DATES ATTENDED (mm/yyyy to mm/yyyy) | DEGREE REC'D. | DATE REC'D (mm/yyyy) |
|--------------------------------------|--------|--|---------------|-------------------------|
| Name _____ Address _____ _____ | _____ | ____/____ to ____/____ | _____ | ____/____ |
| Name _____ Address _____ _____ | _____ | ____/____ 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, Complete FORM 2 (Additional Response Page)**, number your response to correspond with this question and 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. Yes No

16) Have you ever been involved in any student or honor code violation(s)? **If YES, Complete FORM 2 (Additional Response Page)**, number your response to correspond with this question and provide a detailed 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. If the Honor code violation(s) occurs after the filing of this application; you must notify MBBA immediately and update your application with the information requested above. Yes No

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 Question #18 below. 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. | _____ _____ _____ | ____ - ____ - ____ | _____ |
| ___2. | _____ _____ _____ | ____ - ____ - ____ | _____ |
| ___3. | _____ _____ _____ | ____ - ____ - ____ | _____ |

SECTION IX. EMPLOYMENT

18) Provide your employment information **beginning with your current/most recent employment** and ending with your employment at the time of your 18th birthday or for the last ten years, **whichever period of time is shorter**. Give the name, complete mailing address, including zip code, of each employer or associate, business enterprise, position or association you occupied and the month and year of the beginning and ending of each employment, as well as the reason why you left. Account for any period of time you were self-employed (provide a reference who can verify the length of your employment or practice), unemployed (i.e. in school, studying for the bar exam, seeking employment, etc.), contract work, internships, externships, or in military service.

You must provide a Form 18 to each person named below for completion and transmittal to the MBBA. If you have more than eighteen employers please attach an addendum sheet.

| DATES EMPLOYED <small>(mm/yyyy to mm/yyyy)</small> | NAME AND COMPLETE MAILING ADDRESS OF EACH EMPLOYER | POSITION HELD | REASON FOR LEAVING |
|---|---|---------------|--------------------|
| 1. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 2. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 3. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 4. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 5. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 6. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 7. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 8. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |

CONTINUED ON NEXT PAGE.

EMPLOYMENT HISTORY (CONTINUED)

| DATES EMPLOYED (mm/yyyy to mm/yyyy) | NAME AND COMPLETE MAILING ADDRESS OF EACH EMPLOYER | POSITION HELD | REASON FOR LEAVING |
|--|---|---------------|--------------------|
| 9. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 10. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 11. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 12. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 13. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 14. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 15. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 16. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 17. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |
| 18. ___/___/___ to ___/___/___ | _____ _____ _____ | _____ | _____ |

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 **NO**

PLEASE COMPLETE THE FOLLOWING QUESTIONS, MARKING THE "YES" OR "NO" BOX. COMPLETE AND ATTACH THE APPROPRIATE FORMS OR USE A SEPARATE SHEET OF PAPER AS INDICATED IN THE INSTRUCTIONS ON EACH QUESTION.

SECTION X. LEGAL AND MOTOR VEHICLE PROCEEDINGS

| | | <u>YES</u> | <u>NO</u> |
|------|--|--------------------------|--------------------------|
| 20a) | Have you ever been a named party to any civil court action, with the exception of adoption? NOTE: Family law matters (including continuing orders for child support) should be included here. If YES, complete FORM 20 for each matter and <u>attach a copy of the pleadings and final disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20b) | 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 FORM 20 for each matter and <u>attach copies of the pleadings, allegations, and judgments</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | Have you 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 FORM 21 for each violation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22a) | 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 FORM 22 and <u>attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, and proof of completion of all requirements imposed.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22b) | 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: <u>You must submit a certified driving record</u> (or no record letter) from the Department of Public Safety for <u>each</u> state you listed above. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22c) | Have you ever had your driving privileges suspended or revoked? If YES, complete a Form 2 , and 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, complete FORM 2 , number your response to correspond with this question and <u>state which of the instances above resulted in conviction of a misdemeanor.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) | Did any of the instances listed in questions 20a, 20b, 21 or 22a result in conviction of a felonious crime? If YES, complete FORM 2 , number your response to correspond with this question and <u>state which of the instances above resulted in conviction of a felony.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a) | Have you ever been adjudicate a bankrupt, or has a petition in bankruptcy ever been filed by you or against you, either alone or in association with others? If YES, complete FORM 25 and <u>provide copies of documentation.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25b) | 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, complete FORM 25 and <u>provide copies of documentation.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26a) | 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, complete a Form 26 - LIST OF CREDITORS and <u>provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26b) | 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, complete a Form 26 - LIST OF CREDITORS and <u>provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

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, please complete and attach 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

YES NO

- 29) Have you ever been engaged in any business or profession on your own account? **If YES, complete FORM 2**, number your response to correspond with this question and state the nature thereof, the time during which you were so engaged, where the business was located, and what became of it.
- 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.) **If YES, complete FORM 2**, number your response to correspond with this question and for each application, state the license applied for, date of the application, the name and address of the authority to whom made, the disposition of the application, and if granted, the present status of each such license.
- 31) Have you ever applied for or held a bonded position? **If YES, complete FORM 31.**
- 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, complete FORM 2** (Additional Response Page), number your response to correspond with this question and 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, complete FORM 2** (Additional Response Page) number your response to correspond with this question and 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.
- 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, complete FORM 2** (Additional Response Page), number your response to correspond with this question, and 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 filed an application with the Bar Admissions authority of any jurisdiction in the United States (including Mississippi and the District of Columbia) or foreign country? * If YES, list below each state(s) or country in which you have registered and when. Complete FORM 37 for each state Board of Bar Admissions you have listed below.* 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.

YES **NO**

| STATE OR FOREIGN COUNTRY | DATE APPLICATION FILED (MM/YYYY) | CURRENT STATUS OF APPLICATION |
|--------------------------|-------------------------------------|----------------------------------|
| _____ | ____/____ | _____ |
| _____ | ____/____ | _____ |
| _____ | ____/____ | _____ |
| _____ | ____/____ | _____ |

36) 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 that is no longer complete or correct? If "YES," complete Form 2, number your response to correspond with this question and supplement this application with the complete and correct current information.

N/A

APPLICANT'S AFFIDAVIT

STATE OF _____

COUNTY/PARISH _____

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 Application for Registration as a Law Student Application, including all of the instructions, and my complete answers, and that same are full, true and complete in all respects. 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 Guidelines and Rules pertaining to Professional Responsibility of The Mississippi Bar, and if admitted to the practice of law, agree at all times to be bound thereby; and,
4. If I am successful in attaining a passing score on such examination and 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.

SWORN AND SUBSCRIBED BEFORE ME THIS THE

_____ DAY OF _____, _____.

Signature of Applicant

Signature of Notary Public

My Commission Expires: _____

(SEAL)

**MISSISSIPPI BOARD OF BAR ADMISSIONS
AUTHORIZATION AND RELEASE**

I, _____, (Applicant: type full name) having filed an Application for Registration as a Law Student with the Mississippi Board of Bar Admissions to be admitted by examination to practice 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.

SWORN AND SUBSCRIBED BEFORE ME THIS THE

_____ DAY OF _____, _____.

Signature of Applicant

Signature of Notary Public

My Commission Expires: _____

(SEAL)