

JURISDICTION

Application to

Tennessee

Applying as

- Admission by Transferred UBE Score
- Bar Examination (exam date (Mo/Yr) _____)
- Comity
- Military Spouse
- MJP/In-House Counsel

PERSONAL INFORMATION

Applicant Information

Name

First Middle Last Suffix

NCBE Number

Social Security Number

Date of birth

Month _____ Day _____ Year _____

E-mail address

Sex

- Female
- Male
- Prefer not to answer

Place of birth

City _____ State _____

Country _____

Citizenship

Country of citizenship _____

SAMPLE ONLY

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

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

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

Yes No

First _____ Middle _____ Last _____ Suffix _____

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

Contact Information

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

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

Mobile or Home Phone _____

Office Phone _____

APPLICATIONS, AUTHORIZATIONS AND CONDUCT

Law Student Registration

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

Note: This question refers to jurisdiction sponsored law student registration programs (not law school applications).

Yes No

SAMPLE ONLY

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

Name and address of foreign bar authority _____

Date application made _____

Explanation _____

Bar Exam

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

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

Yes No

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

Name and address of foreign bar authority _____

Date application made _____ Date examination taken _____

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

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

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

Explanation _____

Transferred UBE Score

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

Yes No

Name of U.S. jurisdiction _____

Date application made _____

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

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

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

Explanation _____

SAMPLE ONLY

Motion

4. Have you ever applied for admission on motion?

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

Yes No

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

Name and address of foreign bar authority _____

Date application made _____

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

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

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

Explanation _____

Diploma Privilege

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

Yes No

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

Name and address of foreign bar authority _____

Date application made _____

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

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

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

Explanation _____

Foreign Legal Consultant

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

Yes No

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

SAMPLE ONLY

Name and address of foreign bar authority _____

Date application made _____

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

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

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

Explanation _____

In-House Counsel

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

Yes No

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

Name and address of foreign bar authority _____

Date application made _____

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

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

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

Explanation _____

Other

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

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

Yes No

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

Name and address of foreign bar authority _____

Date application made _____ Date examination taken _____

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

SAMPLE ONLY

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

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

Explanation _____

Bar Association Membership

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

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

Bar association _____

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Attorney Discipline

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

Yes No Never admitted to practice law

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Attorney Complaint

11. Have you ever been the subject of any charges, complaints or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?

Yes No Never admitted to practice law

SAMPLE ONLY

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Unauthorized Practice of Law

12. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____ Date _____

Action taken _____

Explanation _____

Sanction or Disqualification

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

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

Yes No Never admitted to practice law

Name of Court _____

Address _____

City _____ State _____ Zip _____

SAMPLE ONLY

Country _____ Province _____

Case number _____

Case name _____

Action taken _____

From Mo/Yr _____ To Mo/Yr _____

Explanation _____

EDUCATION

Law Office Study

14. Did you engage in law office study in lieu of receiving a J.D.?

Yes No

From Mo/Yr _____ To Mo/Yr _____

Name of firm _____

Proctor _____

Firm address _____

City _____ State _____ Zip _____

Law School Attendance

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

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

I have never attended law school

Law School _____

ABA Approved Non-ABA Approved

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

Date degree received or expected (from this school) _____

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

J.D. Degree (from this school)

Full-time student Part-time student

Check if enrollment was primarily online.

Law School Discipline

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

Yes No

Name of institution _____

Action taken _____ Date _____

Explanation _____

College/University Attendance

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

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

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

College _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

From _____ To _____

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

Check if enrollment was primarily online.

College/University Discipline

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

Yes No

Name of institution _____

Action taken _____ Date _____

Explanation _____

RESIDENCES

Residence History

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

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■ From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

■
From Mo/Yr _____ To Mo/Yr _____

Physical address _____

City _____ County/Parish _____ State _____ Zip _____

Country _____ Province _____

EMPLOYMENT

Employment History

20. List your employment and unemployment information for the last ten 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 information for the last ten years or since age 18, **whichever period of time is shorter***.

* Also list **all law-related employment** that occurred prior to the time period for which you are reporting.

Notes:

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

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

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

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

■
From Mo/Yr _____ To PRESENT

Employment position/Description of unemployment _____

SAMPLE ONLY

Name of supervisor or associate _____

Email of supervisor or associate _____

Email unknown

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

- Business is defunct
- Self-employed or employed by a relative
- Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

Email unknown

Reason for Leaving _____

SAMPLE ONLY

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

- Business is defunct
- Self-employed or employed by a relative
- Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

- Email unknown

Reason for Leaving _____

Employer or firm name _____

Mailing address _____

SAMPLE ONLY

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

- Business is defunct
- Self-employed or employed by a relative
- Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

■ From Mo/Yr _____ To Mo/Yr _____

Employment position/Description of unemployment _____

Name of supervisor or associate _____

Email of supervisor or associate _____

- Email unknown

Reason for Leaving _____

Employer or firm name _____

Mailing address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

- Business is defunct
- Self-employed or employed by a relative
- Business has new name/address

Verifying reference name / Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Details _____

Employment Actions

21. Have you ever been disciplined, suspended, laid off, permitted to resign (in lieu of termination), or terminated from any job?

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

Yes No

Employer _____

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

Disposition: Terminated Suspended Disciplined Laid off Permitted to resign

Date of disposition _____ Explanation of circumstances _____

Judicial Office

22. Have you ever held judicial office?

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

Name of court _____

Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Reason for termination (if applicable) _____

Military Service

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

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

Yes No

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

Choose Branch:

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

State for National Guard service _____

Serial number _____ Rank _____

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

Present duty station _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

SAMPLE ONLY

Name of commanding officer _____

(1). Were you ever court-martialed?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

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

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

(3). Did you receive an honorable discharge?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

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

Yes No

Date of action _____

SAMPLE ONLY - DO NOT COMPLETE
THIS FORM. GO TO WWW.NCBEX.ORG
TO ACCESS THE APPLICATION PROGRAM

SAMPLE ONLY

Explanation of circumstances _____

Result, including any punishment _____

(5). Were you administratively discharged?

Yes No

Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

Licenses

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

Yes No

Type of license _____

Issued to (include business name, if applicable) _____

Current status of license _____

License number (if applicable) _____

Application date (Mo/Yr) _____

Expiration/Inactive date (Mo/Yr) _____

Issuing authority _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____

License Denial/Revocation

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

Yes No

License _____ Action taken: Denial Revocation

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Date _____

Explanation _____

CHARACTER & FITNESS

Professional Discipline

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

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Professional Complaint

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

Yes No

Name of regulatory agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case number (if applicable) _____

Action taken _____ Date _____

Explanation _____

Bond

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

Yes No

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Detailed explanation _____

LEGAL PROCEEDINGS

SAMPLE ONLY

Civil Action

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

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

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

Yes **No**

Complete title of action _____

Court file number _____

Date filed _____

Trial date _____ **Date of final disposition** _____

Disposition _____

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

Yes **No**

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

Yes **No**

Date satisfied _____

Amount still owing _____

Detailed explanation of suit _____

Name of court _____

Address _____

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

Country _____ **Province** _____

Plaintiff's name _____

SAMPLE ONLY

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of plaintiff's attorney _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of defendant's attorney _____

Administrative Action

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

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

Yes No

Date action/complaint initiated _____

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of investigative agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of final disposition _____

SAMPLE ONLY

Disposition _____

Detailed explanation _____

Criminal Action

31. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that was resolved in juvenile court?

Note: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit traffic violations.

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

Yes No

Date (or time period) of incident _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of law enforcement agency involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

SAMPLE ONLY

Attorney name _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Alcohol or Drug Related Traffic Violation

32. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug related traffic violation other than a violation that was resolved in juvenile court?

Note: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

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

Yes No

Date (or time period) of incident _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Detailed description of violation _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name of law enforcement agency involved _____

SAMPLE ONLY

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Attorney name _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Traffic Violation

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

Note: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. Omit parking violations.

Yes No

■
Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ Province _____

■
Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ Province _____

■
Date of violation (Mo/Yr) _____

Charge(s) at time of final disposition _____

Final disposition _____

Description of violation _____

Name of law enforcement agency _____

Violation location (city, county, state) _____

Country _____ Province _____

Driver's License

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

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

■
Driver's License state, province, or country _____

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

Current

■
Driver's License state, province, or country _____

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

Current

■
Driver's License state, province, or country _____

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

Current

FINANCIAL RESPONSIBILITY

Revocation

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

Yes No

Type of debt: Charge account Credit card

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

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

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

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

SAMPLE ONLY

Last four digits of current account number _____

Defaulted Student Loan

36. Have you ever defaulted on a student loan?

Yes No

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

Describe the history of this debt _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

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

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

Other Defaulted Debt

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

SAMPLE ONLY

Yes No

Type of debt: Charge account** Credit card** Real estate* Other _____

Property/Real estate assessment* Utility/Telephone

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

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

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

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

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

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Current account number _____

* For real estate debt, provide address of property associated with debt:

Address _____

SAMPLE ONLY

City _____ State _____ Zip _____
Country _____ Province _____

Past Due Debt

38. Have you had a debt of \$500 or more that has been more than 90 days past due within the past three years that was not resolved in bankruptcy?

Yes No

Type of debt: Charge account** Credit card** Real estate* Student loan Utility/Telephone*
 Other _____

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

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

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

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Name of retailer if different from above _____

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

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

Address _____

City _____ State _____ Zip _____

SAMPLE ONLY

Country _____ Province _____

Telephone number _____

Current account number _____

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

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number _____

Tax Debt

39. Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes?

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

Yes **No**

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

Full account number _____ Original amount of debt _____

Current balance _____ Date of last payment _____

No Payments Made

Current status of this debt _____

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

Name of agency _____

Address _____

City _____ State _____ Zip _____

SAMPLE ONLY

Country _____ Province _____

Telephone number _____

Bankruptcy

40. Have you ever filed a petition for bankruptcy?

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

Yes No

Date filed _____ Title of action _____

Type of bankruptcy _____

Court file number _____

Name of court involved _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Total amount discharged in U.S. dollars _____

Date of disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes No

Were there any allegations of fraud? Yes No

Were any debts not discharged? Yes No

Detailed description of circumstances surrounding filing _____

CHARACTER REFERENCES

SAMPLE ONLY

References

41. Provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years.

Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address.

Do not use names listed in response to the Employment History question. If you provide a business address, please include the names of both the reference and the business.

Note: To avoid delays, provide current contact information (**email address, mailing address, and telephone number**) for each reference.

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

SAMPLE ONLY

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

Occupation _____ Years known _____

■ Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone _____ E-mail _____

Email Unknown

SAMPLE ONLY

SAMPLE ONLY - DO NOT COMPLETE
THIS FORM. GO TO WWW.NCBEX.ORG
TO ACCES THE APPLICATION PROGRAM