JURISDICTION
Application to
Vermont
Applying as
□ Law Student Registrant
□ In-House Counsel
□ Motion/Reciprocity Applicant
□ Notary Public
□ Bar Examination Applicant (exam date <i>(Mo/Yr)</i> )
□ Foreign Legal Consultant
PERSONAL INFORMATION
Applicant Information
Name
First Middle Last Suffix
The state of the s
NCBE Number
Social Security Number
Date of birth
Month
E-mail address
Place of birth
City
CityState
Country
Citizenship
Country of citizenship
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?		
<b>Note:</b> Your name(s) will be used for identification in correspo references, etc.	ndence sent to schools, e	mployers, courts,
□ Yes □ No		
First Middle	Last	Suffix
From Mo/Yr To Mo/Yr Reason for change	è	
Contact Information		
Please provide the mailing address and telephone numbers at	which you can be reache	ed during the next six
months.		
If business, name of firm		
Address/P.O. Box		
City	State	Zip
CountryProvince_		
Mobile or Home Phone		
Office Phone		
APPLICATIONS, AUTHORIZATIONS AND CONE	UCT	
Law Student Registration		
Have you ever submitted an application to register as a law stude     Note: This question refers to jurisdiction sponsored law student reg		v school applications).
□ Yes □ No		
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?		

□ 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
UBE
3. Have you ever applied for admission by transferred 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   Other
Reason not admitted (if applicable):   Withdrew application   Pending   Denied   Other reason
Explanation
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?
3. Have you ever applied for damission 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
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 In-Ho
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?
□ 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
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.
Bar association
Dates of membership: From Mo/Yr To Mo/Yr
Address
City State Zip
CountryProvince
Attorney Discipline
10. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?

□ Yes □ No		
Name of regulatory agency		
Address		
City		_ 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 grieva	ances (formal or informal)	concerning your conduct
as an attorney, including any now pending?		
☐ Yes ☐ No ☐ Never admitted to practice law		
Name of regulatory agency		
Address	Ť	
City	State	_Zip
CountryProvince		
Case number (if applicable)	Date	
Action taken		
Explanation		
Unauthorized Practice of Law		
12. Have you ever been the subject of any charges, complaints, or griev in the unauthorized practice of law, including any now pending?	rances (formal or informa	l) alleging that you engaged
□ 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
CityStateZip
Country Province
Case number
Case name
Action taken
From Mo/YrTo Mo/Yr
Explanation
Contempt of Court
14. Have you ever been held in contempt of court?
If Yes, upload a copy of the associated court documents.
☐ Yes ☐ No ☐ Never admitted to practice law
Name of Court
Address
City State Zip
Country Province
Case number
Case name

Action taken	
From Mo/Yr	To Mo/Yr
Explanation	
EDUCATION	
Law Office Study	
15. 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	
16. List complete information regarding all law school at	tendance.
<b>Note:</b> If you studied abroad during law school, complete institution, if different from the school listed.	an entry for each study abroad period and indicate the sponsoring
☐ I have never attended law school  Law School	
□ ABA Approved □ Non-ABA Approved	
Mailing address	
City	StateZip
Country	Province
From	To
Date degree received or expected (from this school)	
Degree received or expected to be received (from this se	chool) or No Degree
☐ J.D. Degree (from this school)	
☐ Full-time student ☐ Part-time student	

□ Check if enrollment was primarily online.				
Law School Discipline				
17. 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				
18. List complete information regarding all college/university attendance (other than law school).	П			
<b>Note:</b> If you studied abroad, complete an entry for each study abroad period and 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 Zip				
CountryProvince				
FromTo				
Degree received (No degree, B.A., M.S., etc.) Field of study				
☐ Check if enrollment was primarily online.				
College/University Discipline				
19. 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 be any college or university?				
□ Yes □ No				
Name of institution				
Action taken Date				

Explanation				
RESIDENCES				
Residence History	_	_	_	
last ten years or since you were	porary physical address where you have resided first admitted, licensed, or authorized to practic apply to you, for the last ten years or since age 1	ce law, whichever per	iod 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	
•	Province			
■ From Mo/Yr	To Mo/Yr			
Physical address				
City	County/Parish	State	Zip	
Country	Province			

## **EMPLOYMENT**

### **Employment History**

21. 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				
Name of supervisor or associate				
Email of supervisor or associate	<b>/</b> /			
□ Email unknown				
Employer or firm name	<del>)</del>			
Mailing address				
City	State		Zip	
Country		Province		
Telephone				
☐ Business is defunct				
$\hfill\Box$ Self-employed or employed by a rela	itive			
☐ 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	<u> </u>
Telephone		·
☐ Business is defunct		
<ul><li>□ Self-employed or employed by a relative</li><li>□ Business has new name/address</li></ul>		
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 unemployme	nt	
Name of supervisor or associate		
Email of supervisor or associate		
□ Email unknown		
Reason for Leaving		
Employer or firm name		<u> </u>
Mailing address	$\sim$	
City	State	Zip
Country	Province	
Telephone		
<ul> <li>□ Business is defunct</li> <li>□ Self-employed or employed by a relative</li> <li>□ Business has new name/address</li> </ul>		
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
CityStateZip
Country Province
Telephone
<ul> <li>□ Business is defunct</li> <li>□ Self-employed or employed by a relative</li> <li>□ Business has new name/address</li> </ul>
Verifying reference name / Business name
Address
CityStateZip
Country Province
TelephoneE-mail
Details
Employment Actions
22. Have you ever been disciplined, suspended, laid off, permitted to resign (in lieu of termination), or terminated from any job?
<b>Note</b> : 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:     Term	inated □ Suspended	☐ Disciplined ☐ Laid off	☐ Permitted to resign
Date of disposition		Explanation of circumstanc	ces
Judicial Office			
23. Have you ever held			
Office held		From Mo/Yr	To Mo/Yr
Name of same			
Name of court			
Address			
City		Sta	teZip
Country		Province	
Reason for termination	n (if applicable)		
Military Comico			
Military Service	a a mambar of the arms	d forces of the United States	its records components or the National Cuard?
24. nave you ever beer	i a member of the affile	d forces of the officed states,	its reserve components, or the National Guard?
<b>If Yes</b> , include a copy o service.	f all of your military sep	aration 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 Forc		
	□ Regular Armed Forc		
<ul> <li>□ Regular Armed Forces – Coast Guard</li> <li>□ Regular Armed Forces – Marine Corps</li> </ul>			
□ Regular Armed Forces – Marine Corps □ Regular Armed Forces – Navy			
☐ Reserve Components — Air Force			
	□ Reserve Components – Air Force □ Reserve Components – Army		
	☐ Reserve Component	•	
	☐ Reserve Component		
	☐ Reserve Component	•	
	□ National Guard – Ai	-	
	☐ National Guard - Ar	my	
<b>State for National Gua</b>	rd service		

Serial number	Rank	
Dates of service: From Mo/Yr	To Mo/Yı	·
Present duty station		
Address		
City	State	Zip
Country	Province	
Telephone		
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 (A	rt. 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
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  25. 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	<b>2</b>
Telephone		
License Denial/Revocation		
26. Have you ever been denied a license or had a license r	revoked for a business, t	rade, or profession?
□ Yes □ No		
License	Action t	aken:   Denial  Revocation
Name of regulatory agency		
Address		
City	State	Zip
Country	Province	
Action Date		
Explanation		
CHARACTER & FITNESS		
Professional Discipline		
27. Have you ever been suspended, censured, or otherwise or as a holder of public office?	se reprimanded or disqu	
□ Yes □ No		
Name of regulatory agency		
Address		
City	State	Zip
Country	Province	2
Case number (if applicable)		

Action taken	Date
Explanation	
Professional Complaint	
28. Have you ever been the subject of any charges, complaints, as a member of any other profession, or as a holder of public or	
□ Yes □ No	
Name of regulatory agency	
Address	
City	StateZip
Country	
Case number (if applicable)	
Action taken	Date
	Date
Explanation	
Bond	
29. 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	StateZip
Country	Province
Amount of money paid by surety	
Date money paid	
Reason for bond	
Detailed explanation	

Conduct or Behavior		
30. Within the past five years, have you exhibited any conduct of	or behavior that could call into gu	estion your ability to
practice law in a competent, ethical, and professional manner?		<b>,</b>
1 / /		
□ Yes □ No		
Explanation		
Lxpianation		
Relevant dates		
Condition or Impairment		
31. Do you currently have any condition or impairment (including	ng, but not limited to, substance a	buse, alcohol abuse, or a
mental, emotional, or nervous disorder or condition) that in any		
ethical, and professional manner?		•
Note: In this context, "currently" means recently enough that the	e condition or impairment could	reasonably affect your
ability to function as a lawyer.		
□ Yes □ No		
Are the limitations caused by your condition or impairment re	duced or ameliorated because yo	ou receive ongoing
treatment or because you participate in a monitoring or support	ort program?	
□ Yes □ No		
Service provided: From Mo/Yr	_ To Mo/Yr	
Describe the condition or impairment		
Describe any treatment, or any program that includes monitor	ing or support	
•		
Name of attending physician or counselor (if applicable)		
Address		_
City	_State	Zip
Country	Province	_
Telephone		

Name of hospital or institution (if applicable)
Address
City State Zip
Country Province
Telephone
Defense or Explanation
32. Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, 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?
□ Yes □ No
Name of entity before which the issue was raised
Address
City State Zip
Telephone
Country Province
Nature of the proceeding
Relevant date(s)
Disposition, if any
Explanation
LEGAL PROCEEDINGS
Civil Action  33. 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	g., for child support or payment of a	money judgment)?
□ Yes □ No		
If the disposition resulted in a judgment, has the judg	gment been satisfied?	
□ Yes □ No		
Date satisfied		
Amount still owing		
Detailed explanation of suit		
No. of court		
Name of court		
Address		Zip
Country	Province	Zip
Country Plaintiff's name	Province	
Address		
	State	
Country		
Name of plaintiff's attorney		
Defendant's name		
Address		
City		
Country	Province	

Name of defendant's attorney
Administrative Action
34. 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
CityStateZip
Country Province
Name of investigative agency
Address
City Zip
Country Province
Date of final disposition
Disposition
Detailed explanation
Criminal Action
35. 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?
<b>Note:</b> Include matters that have been dismissed, subject to a diversion or deferred prosecution program, or otherwise set aside, <b>except you should not include information related to a matter or conviction that has been expunged</b> . Omit traffic violations.
□ 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	_StateZip
Country	Province
Name of law enforcement agency involved	
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	
Alcohol or Drug Related Traffic Violation	
36. Have you ever been cited for, arrested for, charged with, or other than a violation that was resolved in juvenile court?	convicted of any alcohol or drug related traffic violation
<b>Note:</b> Include matters that have been dismissed, subject to a divaside, <b>except you should not include information related to a n</b>	
□ 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	StateZip
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	
37. Have you been cited for, arrested for, charged with, or coryears?	nvicted of any moving traffic violation during the past ten
<b>Note:</b> Include matters that have been dismissed, subject to a caside, <b>except you should not include information related to a</b> 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)
CountryProvince
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)
CountryProvince
Driver's License
38. 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	
39. 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 numberOriginal 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	<u> </u>
Address	
CityStateZip	
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 differe	nt from above	
Address		
City	State	Zip
Country	Province	
Telephone number		
Last four digits of current account number		
Defaulted Student Loan		
40. 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	nt from above	
Address		
City	State	Zip
Country	Province	
Telephone number		

Current account number			
Other Defaulted Debt			
41. Have you ever defaulted on any debt other than a st	udent loan that was no	t resolved in bankruptcy?	
□ Yes □ No			
Type of debt: ☐ Charge account** ☐ Credit card**	☐ Real estate* ☐ Of	her	
☐ Property/Real estate assessment*	☐ Utility/Telephone		
(*Last four digits of) Account number	Original amou	unt 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	Provi	nce	
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	Provi	nce	
Telephone number			

Current account number		
* For real estate debt, provide address of prop	erty associated with debt:	
Address		
City	State	Zip
Country	Province	
Past Due Debt		
42. Have you had a debt of \$500 or more that he resolved in bankruptcy?	as been more than 90 days past due	within the past three years that was not
□ 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 me	dical debt, include date of service an	d 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	n above.
Name of current creditor or collection agency i	f different from above	<u> </u>
Address		

City		Zip
Country	Province	
Telephone number		
Current account number		
* For real estate and utility/telephone debt,		
Address		
City		
Country	Province	
Telephone number		
Tax Debt		
43. Have you ever failed to timely pay any pe state, county or municipal private property to		d to any federal or state income taxes;
<b>If yes,</b> upload a copy of supporting document etc.).	tation (IRS tax account transcript, release	of lien, statement of amount due,
□ 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 ap	oplicable tax year(s))	
Name of agency		
Address		
City	State	Zip
Country	Province	
Telephone number		

Bankruptcy
44. Have you ever filed a petition for bankruptcy?
<b>If Yes,</b> 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 Zip
CountryProvince
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**

# Vermont Character References Preamble

These questions are specific to applicants seeking admission to the Bar of Vermont; any inquiries about the questions should be directed to <a href="mailto:jud-attylicensing@state.vt.us">jud-attylicensing@state.vt.us</a>.

Provide reference information using the following instructions (read each item carefully to determine the required number of references and do not list a reference more than once.

#### References

45. 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.

_	
Business name	
Address	
City	StateZip
Country	Province
Telephone	É-mail
☐ Email Unknown	
Occupation	Years known
Name	
Business name	
Address	
City	StateZip
Country	Province
Telephone	E-mail
☐ Email Unknown	
Occupation	Years known
■ Name	
Business name	

Address	
City	StateZip
Country	Province
Telephone	E-mail
□ Email Unknown	
Occupation	Years known
Name	
Business name	
Address	
City	StateZip
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	Provi	nce
Telephone	E-mail	
□ Email Unknown		
Occupation		
Attorney References		
46. Have you practiced law in any jurisdiction of the	United States other	than Vermont for at least one year at
the time of this application?	omica states, other	than vermone, for at least one year at
If Yes, you must provide for each such jurisdiction co	ntact information fo	or two ADDITIONAL attorneys admitted to
	intact iniormation it	two Additional attorneys admitted to
practice in that jurisdiction.		
□ Yes □ No		
•		
Name		
Business name	$\mathbf{H}$	
Address		
City	State	Zip
Country	Provi	1ce
Telephone	E-mail	
□ Email Unknown		
Occupation		Years known
Name		
Business name		
Address		
City	State	Zip
Country	Provi	nce
Telephone	E-mail	

□ Email Unknown	
Occupation	Years known
ADDITIONAL INFORMATION	
Additional Information	
47. Would you like to provide additional information or further explain a further explanation to any of your previous responses, please include the a	
□ Yes □ No	
Additional information	
Further explanation(s)	
	_