

## Using the F-4u Residence History Supplemental Answer Sheet.

**Select UPDATE** if the address being provided was not provided on your Affidavit of Personal History, Residence History F-4 form, and the effective date of the address is **AFTER** your Affidavit of Personal History signature/notarize date. (This information will NOT change your mailing address with the Character & Fitness Department, a Change of Address form is required for that purpose.)

**Select CORRECTION** if the address is being provided to correct to an entry, address or dates, on your submitted Affidavit of Personal History, Residence History F-4 form. Please flag the incorrect entry on a copy of your original F-4 and enclose/attach it to this F-4u form.

**Select AMENDMENT** if the address being provided was not provided on your Affidavit of Personal History, Residence History F-4 form, and the effective date of the address is **BEFORE** your Affidavit of Personal History signature/notarize date.

**If you are responding to a Status Letter or staff request for clarification on your Residence History, unless otherwise instructed, please use the [F-6 Supplemental Answer Sheet](#) instead of this form.**

This form is not to be used to update your current mailing address (APH Question 2) with Character & Fitness. Please use the *CHANGE OF ADDRESS* form for that purpose.

## RESIDENCE HISTORY

### Question 22: Updates, Corrections and Amendments (F-4u) Supplemental Answer Sheet to Affidavit of Personal History

Date \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_ Question No. 22

All residences at which you have lived, for a period of three months or more, including all addresses used for schooling, business, or any other temporary purposes, since the age 18 are to be reported to Character & Fitness. Provide information in reverse chronological order.

The following is an: **Update** to the information previously submitted **Correction** to the information previously submitted **Amendment** to the information previously submitted

\_\_\_\_\_  
MO/YR - MO/YR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
COUNTRY (If Not USA)

\_\_\_\_\_  
MO/YR - MO/YR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
COUNTRY (If Not USA)

**APPLICANT:** Please submit this form to the Character & Fitness Department via email to [cfquestionsforms@michbar.org](mailto:cfquestionsforms@michbar.org), Staff requesting information **or** by mail to State Bar of Michigan, Attn: C&F, 306 Townsend St, Lansing, MI 48933

Date \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_

Question No. 22

\_\_\_\_\_  
MO/YR - MO/YR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
COUNTRY (If Not USA)

\_\_\_\_\_  
MO/YR - MO/YR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
COUNTRY (If Not USA)

\_\_\_\_\_  
MO/YR - MO/YR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

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