

APPLICATION TO SIT FOR THE MICHIGAN BAR EXAMINATION

To the State Board of Law Examiners:

I hereby apply to sit for the (**February / July**), 20_____Michigan bar examination. I have not previously written or applied to write the examination.

I state in good faith that it is my intention to practice or teach law in Michigan. The following information about me is current:

NAME:	LAST	FIRST	MIDDLE
-------	------	-------	--------

CURRENT ADDRESS: STREET & NUMBER _____

CITY	STATE	ZIP CODE
------	-------	----------

PERMANENT ADDRESS*: STREET & NUMBER _____

CITY	STATE	ZIP CODE
------	-------	----------

DATE OF BIRTH: MO/DAY/YR	GENDER	STATE OR COUNTRY OF BIRTH
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PRIMARY PHONE	SECONDARY PHONE	WORK PHONE
---------------	-----------------	------------

I (**WISH / DO NOT WISH**) TO USE MY LAPTOP COMPUTER ON THE ESSAY PORTION OF THE EXAMINATION. E-MAIL ADDRESS _____

***PLEASE NOTE:** The State Board of Law Examiners uses your **permanent mailing address** in their written communications, which includes the distribution of the exam admission packet and exam results. You are responsible for providing timely written notice of any change in your addresses, email address and telephone numbers to BOTH the State Board of Law Examiners and the State Bar Committee on Character and Fitness.

I (**HAVE GRADUATED / WILL GRADUATE**) with a Juris Doctorate degree from _____ Law School in _____(year).

This institution meets the qualifications prescribed by Rule 2 (B) of the Board of Law Examiners. I HAVE ASKED THE LAW SCHOOL TO SUBMIT TO YOU A CERTIFICATION OF THE DATE I RECEIVED MY JURIS DOCTORATE DEGREE.

I understand that I am required to electronically submit to the State Bar of Michigan Character and Fitness Department this completed Application to Sit (F-1) along with the \$400 statutory fee; as well as a completed Affidavit of Personal History (F-3) with the \$375 investigation fee mandated by Rule 15, Section 1, Supreme Court Rules Concerning the State Bar of Michigan. Additional late filing fees of \$100 for the exam and \$175 for investigation, are due if my application is filed after November 1 for the February examination, or after March 1 for the July examination.

By checking this box, I affirm that all information provided is true and accurate to the best of my knowledge.
Dated: _____

NCBE # _____

Application # _____

* * * NOT VALID FOR SUBMISSION * * *

No _____
Name _____

NCBE # _____

Application # _____



Michael Franck Building
 306 Townsend Street
 Lansing, MI 48933-2012
 Tel: (517) 367-6510

Due to the ethical standards to which lawyers are held, the failure to fully disclose all required information reflects negatively upon an applicant's current character and fitness and will compound the consequences of undisclosed incidents.

NCBE Number _____

Office Use Only – Do Not Write Above This Line

AFFIDAVIT OF PERSONAL HISTORY

PART I – IDENTIFICATION

The address you supply here will be for all official communications and must be one at which mail will reach you promptly. You are responsible for providing timely written notice of changes in your mailing address, email address, or telephone numbers to both the State Board of Law Examiners and the State Bar Standing Committee on Character and Fitness.

1. Name: _____
 LAST FIRST MIDDLE
2. Current Address: _____
 STREET & NUMBER

 CITY STATE ZIP

 COUNTRY
3. Contact Information:
 Primary Phone Number: _____ Secondary Phone Number _____
 E-mail Address: _____

Have you ever filed a Michigan bar exam application? Yes No

4. Yes No Have you ever used, or have you ever been known by, any name other than that given in your answer to question 1? If yes, give name(s), explain, and submit relevant documentation if the change occurred by order of a court. _____
5. Gender _____ 6. Date of Birth: _____ 7a Place of Birth COUNTRY: _____
 MO/DAY/YYYY 7b Place of Birth STATE: _____
8. Height _____ 9. Weight _____ 10. Hair Color _____ 11. Eye Color: _____
12. Social Security Number* _____ 13. Marital Status _____
14. Driver's License # _____ 14a. In which jurisdiction do you hold the driver's license? _____
15. In which Michigan county do you live? _____ 16a Current Supervisor's Name _____
 (if applicable or N/A) (if applicable or N/A)
- 16b. Current Supervisor's Phone Number _____ 16c. Current Supervisor's Email: _____
 (if applicable or N/A) (if applicable or N/A)

***NOTE:** Social security numbers may be used by the Standing Committee on Character and Fitness to obtain background information from law enforcement, credit and other agencies or entities. Disclosure of your social security number is voluntary and assists in expediting the character review process.

PART II – EDUCATIONAL BACKGROUND

17. High Schools

MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	HS DIPLOMA OR GED
MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	HS DIPLOMA OR GED

18. Colleges

MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	DEGREE RECEIVED? / TYPE
MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	DEGREE RECEIVED? / TYPE

19. Law Schools

MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	REGISTRAR'S EMAIL
DEGREE RECEIVED?	TYPE OF DEGREE	GRADUATION YEAR	
MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	REGISTRAR'S EMAIL
DEGREE RECEIVED?	TYPE OF DEGREE	GRADUATION YEAR	

20. Other Schools

Yes
 No

Since receiving your high school diploma, or equivalent, have you attended any other schools not previously entered above? List **all** schools attended including, but not limited to, visiting status, "summer" programs, exchange student, and short term study programs.

MO/YR TO MO/YR	SCHOOL NAME	CITY, STATE, COUNTRY	DEGREE RECEIVED? /TYPE
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21. Yes No

Since leaving high school have you, for other than scholastic performance, ever been: denied enrollment; disciplined; denied course credit; had a grade lowered or were allowed to withdraw from a class in lieu of other disciplinary action; warned; reprimanded; suspended; been the subject of a probable cause hearing or other initial inquiry*; expelled or requested to terminate your enrollment; or withdrew from school while allegations were pending by any college, university, law school, other educational institution, or any entity whose existence is sanctioned by any of the above schools? If so, provide the name and address of each institution, the dates, and explain the circumstances.

***For purposes of this question, an inquiry is defined as any instance where an applicant has been accused of a violation of a school's or school sanctioned entities' honor code/code of conduct/disciplinary code/rules or equivalent such that he or she has been required to respond in writing.**

TYPE OF ACTION DATE	DATE (MO/YYYY)	SCHOOL NAME AND MAILING ADDRESS
EXPLANATION OF CIRCUMSTANCES		

PART III – RESIDENCE HISTORY

22. Indicate in reverse chronological order each residence at which you have lived, for a period of three months or more, since age 18. Begin with your current residence. Include all addresses used for schooling, business, or any other temporary purposes, and the time period that those addresses were used. *See the Affidavit of Personal History * Worksheet * Question 22 – Residence History, at the end of this document*

PART IV – EMPLOYMENT BACKGROUND

23. Indicate in reverse chronological order all part-time and full-time employment, as well as periods of unemployment. Additionally, list all internships, externships, and volunteer work you have performed on at least a part-time basis for a period of two weeks or more, and designate same by checking the box where indicated. Begin with your most recent status, and account for all time since high school graduation, or age 18, whichever came first. Supply the physical address of your employer, not the address of corporate headquarters. *See the Affidavit of Personal History *Worksheet* Question 23/24 – Employment History, at the end of this document.*

24. Since high school graduation, have you ever served a paid or unpaid internship or externship, or performed volunteer work on at least a part-time basis for a period of two weeks or more? If so, provide the information as requested in your response to Question 23. *See the Affidavit of Personal History *Worksheet* Question 23/24 – Employment History, at the end of this document.*

Yes No

25. Have you ever made application for or obtained employment that required bonding? If so, provide the following information.

Yes No

EMPLOYER'S NAME & FULL ADDRESS

NATURE OF WORK

26. Have you ever been refused bonding? If so, give the date of the application for the bond, the purpose for bonding, the name of the company refusing coverage and the reasons for refusal.

Yes No

DATE OF APPLICATION (MM/YYYY) NAME OF COMPANY REFUSING COVERAGE

PURPOSE OF BONDING REASONS FOR REFUSAL

27. With regard to employment listed in Question 25: Has anyone ever sought to cancel or collect upon the bond? If so, identify the employment situation involved and explain the underlying circumstances.

Yes No N/A

EMPLOYMENT SITUATION

EXPLANATION OF CIRCUMSTANCES

28. Have you ever been disciplined by any employer, discharged, asked to resign, or resigned from any employment for reasons other than career advancement or full-time schooling? If so, explain the underlying circumstances and identify the involved employer listed in your answer to Question 23.

Yes No

EMPLOYMENT SITUATION

EXPLANATION OF CIRCUMSTANCES

PART V – MILITARY BACKGROUND

29. Are you now or have you ever been a member of any military service, any reserve component, or any national guard? Separated military members must submit a copy of their DD214, or NGB-22, and provide the following information:

Yes No

MO/YR TO MO/YR	BRANCH OF SERVICE	ACTIVE OR RESERVE	ARMED SERVICES IDENTIFICATION NUMBER
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30. Have you ever been convicted in any military service court martial proceeding including a proceeding under Article 15 of the Uniform Code of Military Justice? If so, state the date, underlying circumstances, nature of the charge and identify the military tribunal.

 Yes No N/A

DATE (MM/DD/YYYY)	MILITARY TRIBUNAL	NATURE OF CHARGES
UNDERLYING CIRCUMSTANCES		

31. Have you ever been discharged other than honorably from military service, or have you ever been medically or administratively discharged? If so, explain the nature of the discharge and the underlying circumstances.

 Yes No N/A

NATURE OF DISCHARGE
UNDERLYING CIRCUMSTANCES

32. Have you ever been rejected for military service? If so, state when and give the branch of service and the underlying circumstances.

 Yes No N/A

BRANCH OF SERVICE
UNDERLYING CIRCUMSTANCES

PART VI – ATTORNEY LICENSURE

33. Have you ever applied to practice law or take a bar examination, or for character and fitness certification, in any other state, federal or foreign jurisdiction, including the United States Patent and Trademark Office? If so, state when and where and state the disposition of the application. Provide a certified copy of the application (including any application withdrawn by you after being filed).

 Yes No

FILING DATE	JURISDICTION	CHARACTER & FITNESS DISPOSITION	EXAM RESULT
FILING DATE	JURISDICTION	CHARACTER & FITNESS DISPOSITION	EXAM RESULT

34. Have you ever been admitted to practice law in any state or federal jurisdiction? If so, provide your admission date and identify the admitting court and jurisdiction.

 Yes No

ADMISSION DATE	NAME OF COURT	STATE OR OTHER JURISDICTION
ADMISSION DATE	NAME OF COURT	STATE OR OTHER JURISDICTION

35. For every jurisdiction in which you have ever been licensed, is your license in a status other than good standing, regardless of whether the license is currently active or inactive? If not, please explain. Provide a certificate of good standing from each jurisdiction in which you are in good standing; if not in good standing, submit the complete disciplinary record.

 Yes No N/A

PART VII – OTHER LICENSURE

36. Have you ever applied for or held a license, other than as an attorney, which required that you possess good moral character and fitness? If so, provide the type of license, date it was applied for, name and address of the licensing agency, the application’s disposition, and the current status of the license.

Yes No

APPLICATION DATE (MM/DD/YYYY)	LICENSING AGENCY, MAILING ADDRESS AND E-MAIL ADDRESS
APPLICATION DISPOSITION	CURRENT STATUS OF LICENSE

PART VIII – LICENSING DISCIPLINE/UNAUTHORIZED PRACTICE OF LAW

37. To your knowledge, have you ever been accused of engaging in the Unauthorized Practice of Law in any jurisdiction? If yes, state fully all of the facts, including the name and address of jurisdiction, dates, explanation, official action, if any, and ultimate disposition.

Yes No

START DATE	END DATE	JURISDICTION NAME, MAILING ADDRESS AND E-MAIL ADDRESS
EXPLANATION	OFFICIAL ACTION	ULTIMATE DISPOSITION

38. Have you ever been suspended, disbarred or otherwise disciplined from practicing law, or from membership in any professional organization, or as the holder of any office or license? If so, explain the underlying circumstances, including relevant dates and the disposition and provide the name and address of the authority possessing records information.

Yes No

START DATE	END DATE	RECORDS AUTHORITY NAME, MAILING ADDRESS AND E-MAIL ADDRESS
EXPLANATION OF CIRCUMSTANCES	DISPOSITION	

39. Have you ever been reprimanded, censured or otherwise publicly or privately disciplined as an attorney, or as a member of any professional organization, or as the holder of any office or license? If so, explain the underlying circumstances, including relevant dates and the disposition and provide the name and address of the authority possessing records information.

Yes No

START DATE	END DATE	RECORDS AUTHORITY NAME, MAILING ADDRESS AND E-MAIL ADDRESS
EXPLANATION OF CIRCUMSTANCES	DISPOSITION	

40. Have formal charges by a grievance, investigative or similar body ever been made against you as an attorney, or as a member of any professional organization, or as the holder of any office or license, or is there presently pending any complaint against you which could result in such charges being made? If so, explain the underlying circumstances, including relevant dates and the disposition and provide the name and address of the authority possessing records information.

Yes No

START DATE	END DATE	RECORDS AUTHORITY NAME, MAILING ADDRESS AND E-MAIL ADDRESS
EXPLANATION OF CIRCUMSTANCES	DISPOSITION	

PART IX – BUSINESS INVOLVEMENT

41. Have you ever held 10% or more of the ownership interest in any corporation, partnership, limited partnership, nonprofit corporation or association, or any other business entity? If so, provide the following information:

○ ○
Yes No

BUSINESS NAME AND FULL ADDRESS	MO/YR TO MO/YR
JURISDICTION WHERE ARTICLES OR OTHER BUSINESS CREATION DOCUMENTS ARE FILED	FORM OF BUSINESS
PURPOSE OF BUSINESS	

42. Have you ever been a general partner, officer or director of any partnership or corporation, or of any other business entity? If so, indicate for each position:

○ ○
Yes No

BUSINESS NAME	POSITION HELD	MO/YR TO MO/YR
ADDRESS		
PURPOSE OF BUSINESS		

43. For each business identified in your answers to Questions 41 and 42, during the periods indicated: Has the business been a party to any civil litigation, commercial arbitration or administrative proceedings, or has the business been convicted of committing a crime? If so, list the agency possessing records information, the case caption, date of commencement, docket number and forum, current status and briefly describe the underlying circumstances. For purposes of this question, include any of the above proceedings if the facts, or dispute, giving rise to the proceeding occurred during a period of time in which you were an owner, director, partner, manager or officer of the business entity regardless of the filing date for the proceeding. *(Submit copies of the complaint, answer, docket sheet and court order or settlement resolving the matter).*

○ ○
Yes No

DATE OF COMMENCEMENT	RECORDS AGENCY NAME, MAILING ADDRESS	
CASE CAPTION	DOCKET NUMBER and FORUM	CURRENT STATUS
UNDERLYING CIRCUMSTANCES		

PART X – CIVIL LITIGATION

44. Have you ever been a party to any civil litigation; including but not limited to: divorce, child support matters, personal protection orders, bankruptcy, show cause orders, administrative agency proceedings, arbitration or small claims actions? If so, list the agency possessing records information along with the complete mailing address, the case caption, date of commencement, docket number and forum, current status, and a description of the underlying circumstances. *(Submit copies of the complaint, answer, docket sheet and court order or settlement resolving the matter. Please submit written documentation of the status of your child support obligations, if applicable).*

○ ○
Yes No

DATE OF COMMENCEMENT	RECORDS AGENCY NAME, MAILING ADDRESS	
CASE CAPTION	DOCKET NUMBER and FORUM	CURRENT STATUS
UNDERLYING CIRCUMSTANCES		

45. Have judicial enforcement proceedings ever been instituted against you alleging your nonperformance of any judgment, order, decision or award against you? If so, list the agency possessing records information along with the complete mailing address, the case caption, date of commencement, docket number and forum, current status and a description of the underlying circumstances. (Submit copies of the complaint, answer, docket sheet and court order or settlement resolving the matter)

Yes No

DATE OF COMMENCEMENT	RECORDS AGENCY NAME, MAILING ADDRESS	
CASE CAPTION	DOCKET NUMBER and FORUM	CURRENT STATUS
UNDERLYING CIRCUMSTANCES		

PART XI – FINANCIAL HISTORY

46. Do you have any debts which are more than 90 days past due? If so, provide names and addresses of the creditor(s), the amount of the debt(s), the account number(s), the reason for the arrearage and the status of the obligation.

Yes No

CREDITOR NAME, MAILING ADDRESS	ACCOUNT NUMBER	
AMOUNT OF DEBT	REASON FOR ARREARAGE	CURRENT STATUS
CREDITOR NAME, MAILING ADDRESS	ACCOUNT NUMBER	
AMOUNT OF DEBT	REASON FOR ARREARAGE	CURRENT STATUS

47. Have you personally or in any fiduciary capacity, had a check or transaction returned or rejected for insufficient funds during the twelve months preceding the filing of this application? **(Also to be considered for your response to this question, the activation of “overdraft protection” more than four times during the same time frame should prompt a positive response.)** If so, provide the name and address of the bank returning the transaction(s), the account number(s), the number of transactions returned, describe the underlying circumstances, and indicate if the transaction(s) have been paid.

Yes No

BANK NAME, MAILING ADDRESS	ACCOUNT NUMBER	
NUMBER OF TRANSACTIONS RETURNED	UNDERLYING CIRCUMSTANCES	CURRENT STATUS
BANK NAME, MAILING ADDRESS	ACCOUNT NUMBER	
NUMBER OF TRANSACTIONS RETURNED	UNDERLYING CIRCUMSTANCES	CURRENT STATUS

PART XII – CRIMINAL HISTORY

For each criminal matter disclosed in this section, you must provide the date of arrest or incident, underlying factual circumstances, name and complete mailing address of arresting agency, nature of charges, name and complete mailing address of the court, and sentencing information, including the terms of probation and probation officer's identity, if applicable. Each question must be answered completely, regardless if the information has been provided as a response to another question on this affidavit, or if you have been told you need not disclose any such instance.

48. Are there any criminal charges against you:

- a. Which are currently pending?
Yes No
- b. For which you are currently on supervised or unsupervised probation?
Yes No
- c. In which sentencing has been delayed or not disposed of?
Yes No
- d. In which a pretrial diversion program has not been completed?
Yes No
- e. In which there is any other non-final status?
Yes No

If your answer is yes to any of the questions, (a) through (e), comply with the instructions at the beginning of Part XII. See the Affidavit of Personal History * Worksheet * Questions 48-51 – Criminal History, at the end of this document.

49. Have you ever been convicted of any felony or misdemeanor offense? Include any conviction resulting from an appearance in court in which a judge or jury made a finding of guilt, or in which a guilty plea or *nolo contendere* plea was accepted by the court. Exclude driving convictions that do not require a court appearance, and which are or would be presently treated as civil infractions under the provisions of the Michigan Motor Vehicle Code, or under similar provisions in other states. Disclose all convictions stemming from originally charged driving offenses that retain criminal status, such as all alcohol or drug-related driving offenses and reckless or felonious driving, or convictions for driving while privileges are suspended or revoked.
Yes No

If your answer is yes, comply with the instructions at the beginning of Part XII. See the Affidavit of Personal History * Worksheet * Questions 48-51 – Criminal History, at the end of this document.

50. Have you ever:

- a. Entered a guilty plea or a no contest plea to a criminal offense which was taken under advisement or otherwise did not result in a conviction?
Yes No
- b. Had a criminal conviction expunged or set aside?
Yes No

If the answer to either (a) or (b) is yes, comply with the instructions at the beginning of Part XII. Include any order nullifying a conviction (expungement order or order to set aside). See the Affidavit of Personal History * Worksheet * Questions 48-51 – Criminal History, at the end of this document.

51. Have you ever agreed to testify or provide information or assistance to prosecuting officials in order to obtain immunity from criminal prosecution? If so, set forth the details and the name and address of the involved prosecuting officials. **See the Affidavit of Personal History * Worksheet * Questions 48-51 – Criminal History, at the end of this document.**
Yes No

PART XIII – GENERAL FITNESS

Pursuant to MCL 600.934(1), "A person is qualified for admission to the bar of this state who proves to the satisfaction of the board of law examiners that he or she is a person of good moral character, is 18 years of age or older, has the required general education, learning in the law, and fitness and ability to enable him or her to practice law in the courts of record of this state..." The Michigan Board of Law Examiners (Board), as part of its responsibility to protect the public, must assess whether an applicant manifests any substance abuse issue which impairs or could impair an applicant's ability to meet the essential eligibility requirements to practice law. The Board does not seek medical records as part of this initial application. If it is later determined that medical records are required to assist in any admission decisions, they will be subsequently requested. This information is treated confidentially under State Bar Rule 15(7) and Board of Law Examiners Rule 2.

The Board supports applicants seeking substance abuse treatment, and views effective treatment by a licensed professional as enhancing an applicant's ability to meet the essential eligibility requirements.

- 52a) Have you ever used, or been addicted to or dependent upon, intoxicating liquor or narcotic or other drug substances, whether prescribed by a physician or not, the use of, addiction to, or dependency upon which permanently, presently or chronically impairs or distorts your judgment, behavior, capacity to recognize reality or ability to cope with the ordinary demands of life? **If so identify the involved substance, the nature and length of use and the names and addresses of involved physicians or other health care professionals, and institutions or consultants.**

Yes No

INVOLVED SUBSTANCE	NATURE AND LENGTH OF USE
PHYSICIAN/PROFESSIONAL/INSTITUTION/CONSULTANT NAME AND ADDRESS	
PHYSICIAN/PROFESSIONAL/INSTITUTION/CONSULTANT NAME AND ADDRESS	

- 52b) Have you ever used, or been addicted to or dependent upon, intoxicating liquor or narcotic or drug substances, whether prescribed by a physician or not, the use of, addiction to, or dependency upon which permanently, presently or chronically impairs your ability to exercise such responsibilities as being candid and truthful, handling funds, meeting deadlines, or otherwise representing the interest of others? **If so identify the involved substance, the nature and length of use and the names and addresses of involved physicians or other health care professionals, and institutions or consultants.**

Yes No

INVOLVED SUBSTANCE	NATURE AND LENGTH OF USE
PHYSICIAN/PROFESSIONAL/INSTITUTION/CONSULTANT NAME AND ADDRESS	
PHYSICIAN/PROFESSIONAL/INSTITUTION/CONSULTANT NAME AND ADDRESS	

53. Are there any pending proceedings, or is there any presently effective order, for the appointment of a legal guardian or conservator for you? **If so, identify the agency possessing records information, the case caption, date of commencement, docket number and forum, and briefly describe the underlying circumstances.**

Yes No

RECORDS AGENCY NAME AND ADDRESS			
CASE CAPTION	DATE OF COMMENCEMENT	DOCKET NUMBER	FORUM
UNDERLYING CIRCUMSTANCES			

54. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?
Yes No

55. Have you ever engaged in compulsive gambling? If yes, please explain.
Yes No

EXPLANATION

56. List the five persons who will be providing a personal reference for you. List reference persons who have known you continuously for the immediately preceding five years and can attest to your character and fitness. References may not be related to you through blood or marriage.

NAME	E-MAIL	TELEPHONE NUMBER	OCCUPATION	LENGTH OF ACQUAINTANCE

I have read carefully the Michigan Rules of Professional Conduct and Michigan Code of Judicial Conduct promulgated by the Supreme Court of Michigan and I understand that while I practice law in Michigan I will be bound by them. I further understand that even though I pass the bar examination, I may not practice in Michigan until I become an active member of the State Bar of Michigan and pay the appropriate annual dues then in effect.

I have read carefully Rule 15, Section 1, Supreme Court Rules Concerning the State Bar of Michigan and I understand that completion and filing of this affidavit and supplemental information, and appearance for requested interviews with members of the Committee on Character and Fitness or any District Committee, and with the State Board of Law Examiners, are prerequisites to certification of my character and fitness. I understand that if questions arise concerning my character or fitness, the burden is on me to establish that I possess the requisite character and fitness to practice law. I agree to furnish additional information under oath, orally or in writing as may be required, to the staff of the State Bar of Michigan or to the Standing Committee on Character and Fitness or any District Character and Fitness Committee or to the State Board of Law Examiners throughout any period of time during which my application is pending.

I understand that members of the public and persons and entities acting in any capacity are encouraged to submit information about me for the investigation and determination of my character and fitness. I authorize the State Bar to disclose any information about me to other individuals, if that disclosure is necessary to fully investigate my current character and fitness to practice law. I hereby request and authorize any person or institution with any records or knowledge of my person and character, including information that might otherwise be considered privileged, confidential or subject to the provisions of the Bullard-Plawecki Employee Right-to-Know Act, and including data from the State Court Administrative Office's Judicial Data Warehouse, to furnish such information as may be requested by such staff, Committee or Board, without prior written notice to me. I understand this authorization will terminate with the final disposition of my application by the State Board of Law Examiners or upon my written withdrawal of this authorization, which withdrawal shall result in the immediate discontinuance of the processing of this application.

I understand and acknowledge that there is immunity from suit granted to any person who transmits statements and communications solely to the State Bar staff, a District Committee, the Standing Committee, or the State Board of Law Examiners or gives such statements and communications in the course of an investigation or proceeding concerning the character and fitness of an applicant for admission to the bar. I further understand and acknowledge that the State Bar staff, the members of the District and Standing Committees, and the members and staff of the State Board of Law Examiners are immune from suit for conduct arising out of the performance of their duties.

I understand the information in my Affidavit of Personal History, or any other information in the possession of the Committee, the District Committees, the Board of Law Examiners or staff members of the State Bar of Michigan and the Board of Law Examiners, may be disclosed among these entities and to the National Conference of Bar Examiner's data base for use by other states and any court requested to exercise jurisdiction over my application, and information may be subject to subpoena by law enforcement agencies or other governmental authority, but it will otherwise be kept confidential.

The answers contained in my Affidavit of Personal History are to be considered as continuing to be true from the date of my Affidavit of Personal History until the date of my admission to the State Bar of Michigan, and if any answer or portion of an answer ceases to be true, I acknowledge that I have a continuing obligation to inform and I will immediately inform the Standing Committee on Character and Fitness.

By checking this box, I affirm that all information provided is true and accurate to the best of my knowledge. I have read the above information completely, and accept all provisions

DATE

Applicant's Name PRINTED

Affidavit of Personal History

*** Worksheet ***

Question 22 – Residence History

Indicate in reverse chronological order each residence at which you have lived, for a period of three months or more, since age 18. Begin with your current residence. Include all addresses used for schooling, business, or any other temporary purposes, and the time period that those addresses were used.

MO/YR	MO/YR	STREET ADDRESS (No PO Boxes)	CITY, STATE & ZIP CODE Include Province/Country if not USA
	PRESENT		

Affidavit of Personal History

* Worksheet *

Questions 23/24 – Employment History

Indicate in reverse chronological order all part-time and full-time employment, as well as periods of unemployment. Additionally, list all internships, externships, and volunteer work you have performed on at least a part-time basis for a period of two weeks or more, and designate same by checking the box where indicated. Begin with your most recent status, and account for all time since high school graduation, or age 18, whichever came first. Supply the physical address of your employer, not the address of corporate headquarters.

(Q 24) Check this box to indicate an internship, externship or volunteer work.

Employment History (Q23)

MO/YR	MO/YR	Employer:	
	PRESENT	Street Address:	
City, State, Zip Code:			
Province/Country (If Not USA):			
Job Title:			<input type="checkbox"/>
Reason For Employment Separation:			
MO/YR	MO/YR	Employer:	
		Street Address:	
City, State, Zip Code:			
Province/Country (If Not USA):			
Job Title:			<input type="checkbox"/>
Reason For Employment Separation:			
MO/YR	MO/YR	Employer:	
		Street Address:	
City, State, Zip Code:			
Province/Country (If Not USA):			
Job Title:			<input type="checkbox"/>
Reason For Employment Separation:			
MO/YR	MO/YR	Employer:	
		Street Address:	
City, State, Zip Code:			
Province/Country (If Not USA):			
Job Title:			<input type="checkbox"/>
Reason For Employment Separation:			

QUESTIONS 23/24 EMPLOYMENT HISTORY

MO/YR	MO/YR	Employer:
		Street Address:
City, State, Zip Code:		
Province/Country (If Not USA):		
		Job Title:
Reason For Employment Separation:		
MO/YR	MO/YR	Employer:
		Street Address:
City, State, Zip Code:		
Province/Country (If Not USA):		
		Job Title:
Reason For Employment Separation:		
MO/YR	MO/YR	Employer:
		Street Address:
City, State, Zip Code:		
Province/Country (If Not USA):		
		Job Title:
Reason For Employment Separation:		
MO/YR	MO/YR	Employer:
		Street Address:
City, State, Zip Code:		
Province/Country (If Not USA):		
		Job Title:
Reason For Employment Separation:		
MO/YR	MO/YR	Employer:
		Street Address:
City, State, Zip Code:		
Province/Country (If Not USA):		
		Job Title:
Reason For Employment Separation:		

Affidavit of Personal History * Worksheet * Questions 48 - 51 – Criminal History

The following information is required for every incident reported in Part XII – Criminal History, Questions 48-51. A separate worksheet should be used for each question or incident. This form is available on the State Bar of Michigan website– [Step 3 Form F-7](#).

Question No.	Date of Arrest/Incident:	
Underlying Factual Circumstances:		
Issuing and/or Arresting Agency (including complete mailing address):	Nature of Charges:	
Court (including complete mailing address):	Plea Entered	Sentencing Information
Probation Officer	Terms of Probation	
Additional Information or Continuation		