

Form FLC6

APPLICATION FORMS FILING CHECKLIST

Please mark each item that you are returning as a part of your application for admission as a foreign legal consultant. You must indicate, for each item, that it is either enclosed, to be supplied or not applicable. In the case of items to be supplied at a later date, you must provide an estimated date by which you will submit the items. You must sign and date this form and return it with your application. Items marked with an "X" in the "Enc" column, **must** be included with your application. Retain a copy for your reference.

Enc	To be supplied	Not applicable	ITEM
x			Typewritten, signed and notarized application Form FLC1
x			Certified check or money order for \$500
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC2 – Additional response page
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC3 - Amendment
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC4 – Certificate of Dean of Law School
x			Form FLC5 – Status Sheet (Pages 1 & 2)
x			Form FLC6 (This form)
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC7 – Authorization to release medical records (if necessary)
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC8 – Description of condition (if necessary)
x			Form FLC9 – Address labels
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC12 – Personal reference
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC13 – Affidavit of Connecticut attorney
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC14 – Affidavit of Foreign attorney or judge
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC15 – Employer reference
x			Form FLC16 – Summary sheet
	<input type="checkbox"/>	<input type="checkbox"/>	Form FLC29A – military service
	<input type="checkbox"/>	<input type="checkbox"/>	Undergraduate transcript(s)
	<input type="checkbox"/>	<input type="checkbox"/>	Law school transcript(s)
	<input type="checkbox"/>	<input type="checkbox"/>	Law school application(s)
	<input type="checkbox"/>	<input type="checkbox"/>	Bar application(s) from other jurisdictions
	<input type="checkbox"/>	<input type="checkbox"/>	Good standing certificate(s)
	<input type="checkbox"/>	<input type="checkbox"/>	Driving history (See Question #50)
	<input type="checkbox"/>	<input type="checkbox"/>	DD214
	<input type="checkbox"/>	<input type="checkbox"/>	Litigation
	<input type="checkbox"/>	<input type="checkbox"/>	Criminal records
	<input type="checkbox"/>	<input type="checkbox"/>	Other – (specify) :
	<input type="checkbox"/>	<input type="checkbox"/>	Other – (specify) :

(Signature)

(Date)

Mail your application to:

Connecticut Bar Examining Committee
 FLC Application Department
 100 Washington Street
 Hartford, CT 06106-4411