### Supplemental Affidavit Updating Original Application

**Important notice**: The Supplemental Affidavit Updating Original Application (Form 1S) is to be used by applicants who must update an already-filed bar examination or motion application. The Supplemental Affidavit Updating Original Application is not an application for admission to the bar.

In addition to form 1S, you may also have to file Forms 2S, 3S, 8S, and/or 11S. Form 11S must be sent directly to the Committee by the reference.

Form #	Name
Form 1S	Supplemental Affidavit Updating Original Application
Form 2S	Continuation sheet
Form 3S	Amendment
Form 8S	Additional employers
Form 11S	Employer reference

List of Supplemental Affidavit Updating Original Application forms:

Send your forms to:

Connecticut Bar Examining Committee Supplemental Affidavit 100 Washington Street Hartford, CT 06106-4411

## Form 1S

### SUPPLEMENTAL AFFIDAVIT UPDATING ORIGINAL APPLICATION

Admission By Examination or On Motion

#### CONNECTICUT BAR EXAMINING COMMITTEE 100 WASHINGTON STREET HARTFORD, CT 06106-4411

Full N	Full Name								
				(Last)		(First)	(Middle)		
NAM	E (as y	ou w	ish it to appe	ear on your admission cert	ificate):				
			(Last)		(First)		(Middle)		
Perma	Permanent/home address and telephone number (a street address is required; a P.O. box number is not acceptable):								
Street	:								
City			<u></u>	1					
State			Zip Code		Telephone				
Busin	ess ad	dress	and telepho	one number (a street addre	ess is required;	a P.O. box number is not	acceptable):		
Busin	ess Na	ame							
Street									
City				-					
State			Zip Code		Telephone				
Corres	ponde	nce ad	dress and tele	ephone number:					
Street									
City									
State			Zip Code		Telephone				
				·	·				
				e of original application					
	Exam	appli	icants: mont	h and year of examination	passed				
Social	Secu	rity N	umber:						
Date of Birth:									
SINCE THE FILING OF YOUR APPLICATION FOR ADMISSION TO THE CONNECTICUT BAR:									
YES	NO □								
YES	NO	2.	Have you been convicted of a crime? If so, attach a Form 2S with a detailed narrative of the conviction and submit a copy of all documents in connection with the conviction.						
YES	NO □	3.	3. Have you been a party to any civil proceeding? If so, describe each proceeding on Form 2S and include case name, docket number, court/jurisdiction in which filed, type of proceeding, and disposition or current procedural posture.						

# Form 1S

YES NO 4. Have you filed an application for admission to the bar, to sit for the bar examination, for authorized house counsel or foreign legal consultant in any other jurisdiction? If so, list the jurisdiction, the date of each application and the disposition. Submit a copy of each application (unless a copy of such application has already been submitted).

JURISDICTION	DATE	DISPOSITION

 $\begin{array}{c} \text{YES} \quad \text{NO} \\ \Box \quad \end{array}$ 

Supervisor

Reason for leaving

5.

Have you been admitted to the bar in any jurisdiction? If so, list each such jurisdiction and the date of admission. Submit a certificate of good standing from each jurisdiction.

JURISDICTION	DATE OF ADMISSION

YES	NO	6.	Have you been disbarred, suspended from practice, reprimanded, censured or otherwise disciplined
			by any court or grievance committee or have any complaints or charges been made or filed against you
			as an attorney? If so, submit a copy of all relevant documents and explain on Form 2S.

YES	NO	7.	Has there been any other change in the information supplied on your original application for
			admission to the Connecticut bar? If so, submit a Form 2S and explain in detail.

8. List in chronological order each employer for whom you have worked since you filed your application for admission to the Connecticut bar, provide the information below and send a Form 11S to each employer (unless a completed Form 11 has already been submitted by such employer). Attach Form 8S if you need to list additional employers.

From	То	
Name		
Street		
City	State Zip Code	
Position held	Туре	
Supervisor	Type of business	
Reason for leaving		
From	То	
Name		
Street		
City	State Zip Code	
Position held	Туре	

From	T	0		
Name				
Street				
City	State	Zip Code		
Position held			Туре	
Supervisor	Т	ype of business		
Supervisor Reason for leaving				

Type of business

# Form 1S

#### AUTHORIZATION AND RELEASE

Full Name	
Social Security Number	
Date of Birth	

As part of my application for admission to the bar of the state of Connecticut, I consent to have an investigation made as to my moral character, professional reputation and fitness to practice law. I agree to provide any further information that may be required in reference to my past record. I further agree to execute such further releases as may be requested by the Connecticut Bar Examining Committee. I understand that the contents of my character report are confidential and that I will not be entitled to receive a copy of the report, including but not limited to, character affidavits submitted in support of this application, or to know its contents, unless my file is referred to the Connecticut Bar Examining Committee for character and fitness investigation.

I hereby authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, association or institution having control of any documents, records, or other information pertaining to me, to furnish to the Connecticut Bar Examining Committee any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Connecticut Bar Examining Committee or any of its agents or representatives to inspect and make copies of such documents, records, or other information. The records, however, will not include any information with respect to a juvenile offense.

I authorize the National Personnel Records Center in St. Louis, MO or other custodian of my military record to release to the Connecticut Bar Examining Committee information or photocopies from my military personnel and related medical records including a copy of my Report of Separation DD214.

I hereby release, discharge and exonerate the Connecticut Bar Examining Committee, its authorized representatives and any person furnishing information authorized by this release from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Connecticut Bar Examining Committee.

#### ACKNOWLEDGMENT OF AFFIDAVIT and AUTHORIZATION AND RELEASE

Dated at	City		State		on		
					(Signatur	e of Applicant)	
Email address	·				Oignatui	c of Applicant)	
Eman address							
State of							
State of							
County of							
On this the _		day of		, 20_	be	fore me,	
	(day)		(month)			(notary public/commissioner of the superior court)	
					1	····· +- ···· ( ···+i-f+i]-······)	
personally aj	ppeared	(applicant)			_, KnC	own to me (or satisfactorily proven)	
to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained and that his/her responses are true, under penalty of making a false statement							
		7b (a Class A misdemeano	-	u ue, under	penal	ly of making a faise statement	
pursualit to	UUU 8 53a - 15	/D (a Class A Illisuellieallo	1).				

In witness whereof I hereunto set my hand.

(notary public/commissioner of the superior court)