

Did you:

- 1. Review your application for completeness.**
- 2. Sign the acknowledgement before a notary public or commissioner of the superior court.**
- 3. Attach all the required forms (your individual case may require you to file forms in addition to those listed below):**
 - 1) Form M1 (Application)**
 - 2) Form M4 (Affidavit of Good Standing)**
 - 3) Form M5 (Certificate of Intention)**
 - 4) Form M6 (Summary sheet)**
 - 5) Form M7 (Return address labels)**
 - 6) Form M8 (Certificate of actual practice)**
 - 7) Form M9 (Status sheet)**

Note: Forms M12 (personal references), M13 (affidavit of Connecticut attorney), M14 (affidavit of attorney) and M20 (employer references) should be sent directly to the CBEC by the affiants. If applicable, Form M15 (affidavit of CT law school Dean) should be sent directly to the CBEC by the affiant. Form M19 should come directly from the law school with your transcript and law school application.

- 4. Enclose a certified check or money order in the amount of \$1800.00 payable to: Connecticut Bar Examining Committee. (Note: Fees are not refundable!!)**

Send your application, required supporting documents and fee to:

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

Form M1

Form M1	Official Use Only	Connecticut Bar Examining Committee Application for Admission to Practice As An Attorney in Connecticut	Admission Without Examination
DF			
App #			
<p>A. Read the rules, regulations and instructions before completing this form.</p> <p>B. Your answers must be typed and the application signed and notarized.</p> <p>C. Be sure your name appears at the top of the Authorization and Release.</p> <p>D. Pay the \$1,800.00 fee by certified check or money order payable to “Connecticut Bar Examining Committee.”</p>			

The undersigned applies for admission to practice as an attorney in Connecticut, and in support of such application submits the following sworn statement and attachments. **This application is a continuing application and I will notify the Bar Examining Committee of any changes in any information provided herein.** I have read the Rules and Regulations Governing Admission to the Bar and the Rules of Professional Conduct.

SECTION I. BIOGRAPHICAL INFORMATION

- | | | | | | | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Full Name | | | | (Last) | | | | (First) | | | | (Middle) | |
| 2. | Name as you wish it to appear on your admission certificate: | | | | | | | | | | | | | |
| | Full Name | | | | (Last) | | | | (First) | | | | (Middle) | |
| 3. | Place of Birth | | | | | | Date of Birth | | | | | | | |
| | | City/State/Country | | | | | | | mm/dd/yyyy | | | | | |
| 4a. | Social Security Number | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> |
| 4b. | NCBE Number | <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">N</div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | NA <input type="checkbox"/> |

[Pursuant to 42 USC §666(a)(13)(A) applicants are advised that providing their Social Security Number is required. The information is requested pursuant to Practice Book Sec. 2-4 and Article III of the Regulations of the Bar Examining Committee. The information will be used to match various records with your file.]

5. Permanent/home address and telephone number (a street address is required; a P.O. box number is not acceptable):

Street					
City					
State		Zip Code		Telephone	

6. Business address and telephone number (a street address is required; a P.O. box number is not acceptable):

Business Name					
Street					
City					
State		Zip Code		Telephone	

7. Correspondence address and telephone number:

Street					
City					
State		Zip Code		Telephone	

- Yes ☐ No ☐ 8. Have you ever made prior application for admission to the Connecticut bar (by examination or on motion without examination) or filed an application for registration as authorized house counsel or foreign legal consultant? If so, give the dates of each such application.

Form M1

9. List all names you have been known by, including those listed in Questions 1 & 2, and provide the dates and places of use for each. Do not list nicknames such as "Bob" for "Robert."

Name	Reason for use	
Dates of use	From To	Places of use

Name	Reason for use	
Dates of use	From To	Places of use

- Yes 10. Check the appropriate box below:

- ☐ I am a natural born citizen of the United States
- ☐ I am a naturalized citizen of the United States. (Attach a copy of your naturalization certificate)
Date of naturalization: _____
- ☐ I am an alien lawfully residing in the United States. (Describe your immigration status and provide your alien registration number and a copy of your resident alien card. If you do not have an alien registration number or resident alien card, explain and attach a copy of your INS issued documents.)

SECTION II. MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION

11. Check the option below on which you intend to rely to fulfill the requirement of Article IV:
Check only one box.

- ☐ I have taken/will take the Multistate Professional Responsibility Examination on _____ and have requested/will request that my score be sent to the Connecticut Bar Examining Committee.
- ☐ I have completed/will complete a course on Professional Responsibility/Legal Ethics on _____ at a law school approved by the Connecticut Bar Examining Committee

SECTION III. AFFIDAVITS

12. List the names and complete addresses of three persons unrelated to each other with whom you are personally acquainted and who are not related to you by blood or marriage. Personal references in this question may NOT be the same people supplying employer references required in Question 20. You must provide a Form M12 to each person named below for completion and transmittal to the Bar Examining Committee.

Name		
Street		
City	State	Zip Code

Name		
Street		
City	State	Zip Code

Name		
Street		
City	State	Zip Code

13. List the names and complete addresses of two Connecticut attorneys, not related to you by blood or marriage, who have been admitted to the Connecticut bar for at least five years and will supply affidavits (Forms M13) that will certify facts relating to your good moral character and fitness to practice law.

Name		
Street		
City	State	Zip Code

Name		
Street		
City	State	Zip Code

14. List the names and complete addresses of two attorneys, not related to you by blood or marriage, who have been admitted to practice law for at least five years and will supply affidavits (Forms M14) that will certify facts relating to your practice of law, good moral character and fitness to practice law.

Name		
Street		
City	State	Zip Code

Name		
Street		
City	State	Zip Code

15. List the name of the accredited law school at which you are a full-time faculty member or a full-time clinical fellow, the Dean of which will supply an affidavit (Form M15) that will certify facts relating to your employment relationship. Please note: Form M15 must be supplied in addition to Form M20.

☐ NA

Name		
City, State		

SECTION IV. RESIDENCES

16. List in chronological order (from oldest to most recent) every residence, permanent or temporary, for more than thirty days, since your eighteenth birthday or for the last ten years, whichever is shorter. Attach a Form M2 with additional residences if necessary.

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

From:		To:	
Street			
City			
State		Zip Code	

SECTION V. EDUCATION

- Yes ☐ No ☐ 17. Have you ever been expelled, dropped, suspended, warned, placed on scholastic or disciplinary probation or been the subject of or party to any disciplinary proceeding by any college, university or law school? If so, explain on Form 2.
- Yes ☐ No ☐ 18. Have you ever been absent from any post-secondary educational institution for more than ten consecutive days, other than for regularly scheduled school vacations? If so, explain on Form M2.
19. List in chronological order (from oldest to most recent) all colleges and universities attended (INCLUDING LAW SCHOOLS). If no degree was received, explain. Each school must submit an official, final transcript directly to the Bar Examining Committee (a student copy is NOT acceptable). Each law school must also submit Form M19 directly to the Bar Examining Committee with the official, final transcript and a copy of your application for admission to that law school attached.

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

School _____	Degree _____
City _____	State _____
Zip Code _____ From _____ To _____	
Explanation for no degree: _____	

SECTION VI. EMPLOYMENT AND LAW PRACTICE

20. Beginning with your sixteenth birthday or for the last ten years, whichever is shorter, list in chronological order (from oldest to most recent) the name of each employer. Include any periods of self-employment or unemployment. You must send a Form M20 to each employer named below covering the past five years for completion and transmittal to the Bar Examining Committee. **Exceptions to this are set forth in the instructions for Form M20.** For type of position use the following: P = Paid; CU = For Academic Credit and Unpaid; CP = For Academic Credit and Paid; or V = volunteer. Attach Form M20A if you need to list more than five employers.

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

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

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

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

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

Yes No 21. Have you ever been discharged or terminated by an employer? If so, explain on Form M2.
☐ ☐

Yes No 22. Have you ever resigned or been requested to resign in lieu of impending or anticipated disciplinary action by an employer? If so, explain on Form M2.
☐ ☐

Form M1

- Yes ☐ No ☐ 23. Have you ever been absent from a job for more than ten consecutive work days, other than regularly scheduled vacations? If so, explain on Form M2.
24. List below all applications for admission to the bar and/or to sit for the bar examination filed in a jurisdiction other than Connecticut. This must also include (1) applications which you have filed or intend to file to sit for an upcoming bar examination, (2) registration as a law student, (3) an application for reinstatement, (4) any application subsequently withdrawn, (5) applications for authorized house counsel and (6) applications for foreign legal consultant. Submit a copy of each application filed within the last ten years. If a copy of an application is not available, you must submit a letter from the appropriate authority attesting to that fact.

Jurisdiction	Date Filed
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

Jurisdiction	Date Filed
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

Jurisdiction	Date Filed
Type: <input type="checkbox"/> Exam <input type="checkbox"/> Motion/reciprocity <input type="checkbox"/> Law Student Registration <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other	
Current status (e.g.: pending, pass, fail, withdrawn)	

25. List the jurisdictions in which you are or have ever been a member of the bar. Submit a certificate of good standing for each jurisdiction. Original letters of good standing must be received in the CBEC Administrative Office no later than thirty (30) days after issuance. If you are not in good standing, explain.

Jurisdiction	Date of admission	License Number
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Jurisdiction	Date of admission	License Number
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Jurisdiction	Date of admission	License Number
Good standing Yes <input type="checkbox"/> No <input type="checkbox"/>		

- Yes ☐ No ☐ 26. Have you ever been reprimanded, suspended, disbarred or otherwise disciplined, or are there any charges or complaints pending against you as an attorney, or have you ever been accused of the unauthorized practice of law, or have you ever resigned or been requested to resign from the bar in lieu of impending or anticipated disciplinary action? If so, explain on Form M2.

- Yes ☐ No ☐ 27. Have you been entitled to practice law in each of the jurisdictions specified in Question 25 above and before each court continuously from the date you first became entitled until the date hereof? If not, state the dates during which you have not been so entitled, the nature of the disqualification, and the name and address of the person or authority in possession of the record thereof.

Jurisdiction	Dates of disqualification	From	To
Nature of disqualification			
Name of recordholder			
Address of recordholder			

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28. State the exact names and locations of courts before which your practice of law for the last ten years was chiefly conducted and the general nature of cases tried, if any, or the law schools (name and location) at which you currently teach or have taught law, including supervision of law students within a clinical program, for the last ten years.
29. Describe in detail the nature of your practice and the extent of same, or the titles of the classes that you currently teach or have taught, including clinical program(s) for which you currently supervise or have supervised law students, at a law school listed above.

SECTION VII. MILITARY SERVICE

Selective Service Registration. You can obtain information on the registration requirements and obtain your registration number at <http://www.sss.gov>. In brief, men born from March 29, 1957 to December 31, 1959 were never required to register because the registration program was not in operation at the time they turned 18. The requirement to register was reinstated in 1980 and applies to all men born on or after January 1, 1960.

- Yes No 30. Have you registered under the Selective Service Act?
☐ ☐
If Yes, list registration number _____
If No, state reason ☐ Female Other _____
- Yes No 31. Are you or have you ever been a member of the armed forces of the United States (including the National Guard or any reserve component)? If so, submit a Report of Separation DD214 or its equivalent for each period of active duty. Also complete Form M31 and submit it with your application.
☐ ☐

Branch of service	_____	Highest rank	_____
Dates	From _____	To _____	
Type of discharge	_____		

Branch of service	_____	Highest rank	_____
Dates	From _____	To _____	
Type of discharge	_____		

Branch of service	_____	Highest rank	_____
Dates	From _____	To _____	
Type of discharge	_____		

SECTION VIII. GENERAL QUESTIONS

Yes ☐ No ☐ 32. Have you failed to file any local, state or federal income tax return as required by law or failed to pay any taxes when due? If yes, give full details on Form M2 and furnish documentation showing that taxes are current.

Yes ☐ No ☐ 33. Have you ever been offered or been granted immunity, or have you ever testified or been called as a witness in any criminal action or proceeding in which you were not a party? If so, explain on Form M2.

Yes ☐ No ☐ 34. Have you ever applied for or held a license or permit, other than as an attorney at law, the procurement of which required proof of good character? If so state the name of authority to whom the application was made, the date granted or denied and the current status of that license or permit.

Type of license/permit				Name of authority		
Granted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	
				Current status		

Type of license/permit				Name of authority		
Granted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	
				Current status		

Yes ☐ No ☐ 35. Have you had any license or permit suspended or revoked because of unprofessional conduct? If so, explain on Form M2.

Yes ☐ No ☐ 36. Have you ever been bonded?

Yes ☐ No ☐ 37. If so, have you ever been refused a bond or has anyone ever sought to recover on or cancel such bond? If so, explain on Form M2.

NA ☐

Yes ☐ No ☐ 38. Within the past five years, have you engaged in any conduct that: (1) resulted in an arrest, discipline, sanction or warning; (2) resulted in termination or suspension from school or employment; (3) resulted in loss or suspension of any license; (4) resulted in 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; or (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules? If so, explain on Form M2 and include any asserted defense or claim in mitigation or as an explanation of your conduct and, if applicable to your explanation, Form M40A.

Yes ☐ No ☐ 39. 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? If so, explain on Form M2.

Question 40 – 41 address mental health and chemical or psychological dependency matters. The Committee asks these questions because of its responsibility to protect the public by determining the current fitness of an applicant to practice law, and the purpose of these questions is to determine an applicant's current fitness to practice law. This information, along with all other information, is treated confidentially by the Committee and the Administrative Office. Each applicant is considered on an individual basis. The mere fact of treatment for mental health problems or chemical or psychological dependency is not, in and of itself, a basis on which an applicant is ordinarily denied admission to the Connecticut bar. The Connecticut Bar Examining Committee regularly recommends licensing of individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical or psychological dependency issues. The Committee encourages applicants who may benefit from treatment to seek it, and the Committee views such treatment as a positive factor in evaluating an application. As indicated in the Rules, all proceedings conducted pursuant to the Rules and Regulations are confidential.

On occasion, a license may be denied when an applicant's ability to function is impaired in a manner that indicates that the applicant is currently unfit to practice law at the time the licensing decision is made, or when the applicant demonstrates a lack of candor and/or credibility by his or her response. Protection of the public that will receive legal services underlies the licensing responsibilities assigned to the Committee. Furthermore, each applicant is responsible for demonstrating that he or she possesses the qualifications necessary to practice law. Your response may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner.

The Connecticut Bar Examining Committee does not, by its questions, seek information that is characterized as situational counseling, such as stress counseling, domestic counseling, and grief counseling. Generally, the Committee does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

If you answer "YES" to Question 40, complete Forms M40A and M40B. Make as many copies of the forms as you need to describe the events.

Yes No 40. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in a material way affects your ability to practice law in a competent, ethical, and professional manner? "Currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer. If your answer is yes, continue to Question 41 and complete Forms M40A and M40B. If your answer is no, continue to Question 42.

☐ ☐

Yes No 41. If your answer to Question 40 is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

☐ ☐

SECTION IX. CREDIT

Questions 42 and 43 are limited to the last ten years

Yes No 42. Are you presently in arrears or have you ever been in default in the performance of the obligation on a student loan? If so, list each such loan, the name of the creditor, account number, amount owed and the steps you have taken to bring the account up to date.

☐ ☐

Creditor			
Account number		Amount	
Steps to bring current			

Creditor			
Account number		Amount	
Steps to bring current			

Creditor			
Account number		Amount	
Steps to bring current			

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- Yes ☐ No ☐ 43. Has judgment ever entered against you in favor of a creditor? If so, submit a copy of the complaint, answer, judgment and satisfaction of judgment.

Creditor					
Amount		Judgment satisfied	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Forum					

Creditor					
Amount		Judgment satisfied	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Forum					

SECTION X. CIVIL PROCEEDINGS

Questions 44 - 48 are limited to the last ten years

- Yes ☐ No ☐ 44. Are you in arrears or default in the performance of any court ordered duty or obligation? If so, submit a copy of the order and on Form M2 an explanation of the steps you have taken to remedy the arrearage or default.

- Yes ☐ No ☐ 45. Are you presently, or have you ever been, in arrears or default in the performance of any court approved agreement, judgment or court order concerning child support? If so, supply all documentation pertaining thereto and a statement on Form M2 outlining the steps you are presently taking to remedy such arrearage or default.

- Yes ☐ No ☐ 46. Have you ever filed a grievance against an attorney or a judge? If so, explain on Form M2.

- Yes ☐ No ☐ 47. Have you ever been a defendant in any civil proceeding in which allegations of fraud, misrepresentation or other improper conduct were made against you? If so, provide the information below and submit a copy of the complaint, answer, judgment and any pending motions.

EXAMPLE

A.	Title of case	Jones v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CV-02-001
D.	Date filed	01 Jan 02
E.	Nature of case	Personal injury
F.	Your position in case	Defendant
G.	Your attorney	Jane Doe
H.	Opposing attorney	Elizabeth Green
I.	Current status or disposition	Verdict for plaintiff

PHOTOCOPY AS NECESSARY

A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date filed	
E.	Nature of case	
F.	Your position in case	
G.	Your attorney	
H.	Opposing attorney	
I.	Current status or disposition	

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A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date filed	
E.	Nature of case	
F.	Your position in case	
G.	Your attorney	
H.	Opposing attorney	
I.	Current status or disposition	

Yes No 48. Except as provided in Questions 44 and 47 above, have you ever been a party to any civil or administrative proceeding or has any civil or administrative proceeding been instituted by you, on your behalf or against you including, but not limited to, suits in equity, actions at law, suits or petitions in bankruptcy, statutory proceedings, competency or commitment proceedings, divorce, civil restraining orders, guardianship, probate, paternity, any other civil and administrative proceeding, or any proceeding before a government agency, professional organization, licensing authority, the Law School Admission Council (LSAC), the National Collegiate Athletic Association (NCAA) or similar entity, or through online dispute resolution?

☐ ☐

A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date filed	
E.	Nature of case	
F.	Your position in case	
G.	Your attorney	
H.	Opposing attorney	
I.	Current status or disposition	

A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date filed	
E.	Nature of case	
F.	Your position in case	
G.	Your attorney	
H.	Opposing attorney	
I.	Current status or disposition	

SECTION XI. CRIMINAL AND MOTOR VEHICLE PROCEEDINGS

The Connecticut Bar Examining Committee (CBEC) will request Connecticut and Federal background checks for all applicants. You must submit your fingerprints and the proper fees to CBEC so that a request can be made. Detailed instructions on submitting your fingerprints and the proper fees to CBEC can be found on our website: <http://www.jud.ct.gov/cbec/faq3.htm>. Background checks received from applicants will **NOT** be accepted. Those who have previously filed an application for admission in CT should check their first status sheet in order to determine whether the background checks must be updated.

- Yes ☐ No ☐ 49. Have you ever been convicted of a criminal charge, been acquitted by reason of mental disease or defect, entered a pretrial diversion program or been the respondent in a criminal protective order or a family violence temporary restraining order? If so, submit a copy of the arrest report and all other documents relating to each conviction, acquittal by reason of mental disease or defect, pretrial diversion program, criminal protective order or family violence temporary restraining order. Submit an affidavit reciting in detail the facts and circumstances of each reported event. If you are uncertain as to whether a matter ought to be disclosed in accordance with this question, we advise you to disclose the matter fully.

SAMPLE

A.	Title of case	State v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CR-02-001
D.	Date of conviction/disposition	01 Jan 02
E.	Conviction offense	Larceny 3
F.	Initial charge (if different)	Grand theft auto

A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date of conviction/disposition	
E.	Conviction offense	
F.	Initial charge (if different)	

- Yes ☐ No ☐ 50. Are there any criminal charges pending against you? If so, submit a copy of the arrest report and all other documents related to each pending charge. Submit an affidavit reciting in detail the facts and circumstances related to each pending charge.

SAMPLE

A.	Title of case	State v. Smith
B.	Name of forum	Hartford Superior Court
C.	Docket number	CR-02-001
D.	Date of arrest	01 Jan 02
E.	Date of trial	01 Feb 02
F.	Offense charged	Grand theft auto

A.	Title of case	
B.	Name of forum	
C.	Docket number	
D.	Date of arrest	
E.	Date of trial	
F.	Offense charged	

- Yes ☐ No ☐ 51. Within the last five years, have you been charged with reckless driving, evading responsibility, driving under the influence (DUI) or driving while intoxicated (DWI)? On Form M2 submit a narrative of the events related to each charge.

SAMPLE

A.	Jurisdiction	Connecticut
B.	Date of charge	01 Jan 02
C.	Docket number (if any)	n/a
D.	Initial charge	DWI
E.	Current status or disposition	reckless driving

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A.	Jurisdiction	_____
B.	Date of charge	_____
C.	Docket number (if any)	_____
D.	Initial charge	_____
E.	Current status or disposition	_____

A.	Jurisdiction	_____
B.	Date of charge	_____
C.	Docket number (if any)	_____
D.	Initial charge	_____
E.	Current status or disposition	_____

52. List every jurisdiction and submit a **certified** driving record (or “no record” or “clearance” letter) from the Department of Motor Vehicles from each of the following:

1. Every jurisdiction in which you hold a motor vehicle driver’s license or operator’s permit;
2. Any jurisdiction during the past five years in which you have resided for sixty days or more, whether or not you ever held a driver’s license or operator’s permit in that jurisdiction; AND
3. Any jurisdiction in which your driving privileges have ever been suspended or revoked.

Original certified driving records and no record or clearance letters must be received in the CBEC Administrative Office no later than sixty (60) days after issuance for jurisdictions in which you are currently licensed and/or currently reside (whether permanent or temporary).

On Form M2 provide a narrative for each suspension or revocation.

SAMPLE

A.	Jurisdiction	Connecticut
B.	<input checked="" type="checkbox"/> License or permit held	<input type="checkbox"/> Resided for 60 days or more <input checked="" type="checkbox"/> Driving privileges suspended or revoked
B.	Date held	01 Jan 80 – present
C.	Type of license/permit	passenger car and motorcycle license
D.	Current status	active
E.	Ever revoked/suspended	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Suspended from 9/1/01 To 12/1/01

A.	Jurisdiction	_____
B.	<input type="checkbox"/> License or permit held	<input type="checkbox"/> Resided for 60 days or more <input type="checkbox"/> Driving privileges suspended or revoked
C.	Date held	From _____ To _____
D.	Type of license/permit	_____
E.	Current status	_____
F.	Driving privileges ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

A.	Jurisdiction	_____
B.	<input type="checkbox"/> License or permit held	<input type="checkbox"/> Resided for 60 days or more <input type="checkbox"/> Driving privileges suspended or revoked
C.	Date held	From _____ To _____
D.	Type of license/permit	_____
E.	Current status	_____
F.	Driving privileges ever revoked/suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from _____ To _____

SECTION XII. 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.

SECTION XIII. ACKNOWLEDGEMENT OF APPLICATION and AUTHORIZATION AND RELEASE

Dated at	City		State		on	
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(Signature of Applicant)

State of	
County of	

On this the _____ day of _____, 20____ before me, _____
(day) (month) (notary public/commissioner of the superior court)

personally appeared _____, known to me (or satisfactorily proven) to be the person
(applicant)
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 to the best of his/her knowledge.

In witness whereof I hereunto set my hand.

(notary public/commissioner of the superior court)