

**APPENDIX. APPLICATION FOR REINSTATEMENT**

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF BAR OVERSEERS  
OF THE SUPREME JUDICIAL COURT

_____ )	
IN THE MATTER OF )	SUPREME JUDICIAL COURT
_____ )	APPLICATION FOR REINSTATEMENT
PETITIONER, )	AS AN ATTORNEY AT LAW
_____ )	
_____ )	SJC No.

**REINSTATEMENT QUESTIONNAIRE Part I**

**Filing and Service Instructions**

In accordance with the provisions of Sections 3.62 and 3.63 of the Rules of the Board of Bar Overseers, the petitioner shall complete the Reinstatement Questionnaire, setting forth fully and accurately the information requested under the pains and penalties of perjury. Part I of this Questionnaire, as filed with the Board, shall become part of the record in the reinstatement proceeding.

- 1. File with the Court.** The petitioner must file the Petition for Reinstatement with the Clerk of the Supreme Judicial court for Suffolk County. The Reinstatement Questionnaire should not be part of this filing.
- 2. File with the Board.** When the Petition for Reinstatement is filed with the Court, the petitioner must also file one copy with the Board of Bar Overseers, along with four copies of Part I only of the Reinstatement Questionnaire and a check in the amount of \$500.
- 3. Serve Upon Bar Counsel.** When the Petition for Reinstatement is filed with the Board and the Court, the petitioner must also serve one copy on Bar Counsel, along with the originals of Part I and Part II of the Reinstatement Questionnaire.

**1. Personal Information**

- A. Full Name:
- B. Current Mailing Address:
- C. Telephone Number(s):
- D. E-mail address:

## **2. Professional Status**

A. List each jurisdiction, court, and tribunal to which you have been admitted to practice with the dates of each admission. State your current status in each jurisdiction listed and state whether or not the jurisdiction was advised of the disciplinary action or transfer to disability inactive status ordered by the Supreme Judicial Court for the Commonwealth of Massachusetts.

B. Describe the misconduct that led to your suspension, disbarment, or resignation from the practice of law. If you were transferred to disability inactive status, describe the physical or mental disability which led to your transfer to disability inactive status. Attach to this Questionnaire a copy of the order of disbarment, suspension, acceptance of resignation, or transfer to disability inactive status entered by the Supreme Judicial Court together with the opinion of the Court or the summary published by the Board of Bar Overseers.

C. Attach to this Questionnaire a copy of all orders of reprimand, suspension, disbarment, acceptance of resignation, or transfer to disability inactive status entered by any other jurisdiction or tribunal together with the published opinion or summary.

D. If the sanction was imposed following the conviction of a crime, attach a copy of the judgment of conviction. Provide the name and address of your probation or parole officer, if any. If you have been discharged from probation or parole, attach the order or certificate of release.

## **3. Conduct since sanction imposed**

*Unless otherwise specified, this section pertains to conduct during the period of disbarment, suspension, resignation or disability in active status*

A. Describe in detail your occupation or employment and provide the name and address of each employer, together with the name of each of your immediate supervisor(s), a description of each employment, the dates of each, and the reason(s) for leaving;

(1) If self-employed, provide the name and address of each business or occupation, together with a description of each such business or occupation and the dates of each.

B. List and describe all charitable endeavors, community work, and other activities in which you have engaged which you consider relevant to your current moral character and fitness to practice law.

C. State whether any charges, formal or informal, of fraud, malpractice, or errors or omissions were made or claimed against you. For each such charge or claim, state the date it was made, the name and current address of the claimant(s), the substance of the claims or charge, the forum where the charges are being or were considered, if any, and its current status.

D. List all claims paid by the Clients' Security Board as restitution on your account. As to each claim, list the name of the claimant, the CSB docket number, the amount of the award, the date of the award, and the date of your reimbursement to the Clients' Security Board. This information may be obtained by calling the Clients' Security Board at (617) 728-8700.

E. Describe all financial or other actions taken by you or on your behalf to make restitution or provide other appropriate compensation or payment to persons injured by your professional misconduct. If you have not made restitution, compensation, or payment, please set forth your reasons for not doing so.

F. Give the date(s) you took the MPRE and attach a certification that you obtained a passing score to this Questionnaire.

G. List all courses taken by you to acquire or maintain learning in the law and knowledge of your ethical obligations. As to each, list the name of the course, the school or program sponsoring the course, the date or dates of attendance, and, if applicable, the grade you received in the course. Please attach to the Questionnaire certificates of attendance.

H. List by name and author, if applicable, all periodicals, newspapers, and books to which you have regularly subscribed or which you have read which you believe have assisted you in acquiring or maintaining learning in the law and knowledge of your ethical obligations.

I. List every civil or administrative action commenced or pending in any jurisdiction in which you were a party or in which you had or claimed an interest, and for each such action list the date on which it was commenced, the case caption, court, and docket number. Provide a summary of the allegations made in each such action, its final disposition if any, and its current status. If judgment entered against you, state the amount of the judgment and whether or not you have paid the judgment.

J. Criminal, administrative, or investigative proceedings.

(1) List every matter involving your arrest or prosecution in any jurisdiction for any crime, whether felony or misdemeanor. Identify each charge brought, the disposition of the charge, if any, and its current status.

(2) State whether or not you have been a target of a Federal or State investigation into alleged criminal conduct and state whether or not you gave testimony or information to any such authority under a grant of immunity. If so, please identify the authority conducting each investigation; the name, title, and address of the prosecutor conducting each investigation; and the date and the matter in which you testified.

K. State whether you have made any application for reinstatement or original admission as an attorney at law in any jurisdiction, or any application for other license requiring proof of good character for its procurement. For each such application, please state the date of the application, the name and address of the authority to whom it was addressed, whether or not any hearing was held in connection with you application, and the disposition thereof.

L. List all procedures or inquiries held concerning your standing as a member of any profession or organization, or holder of any license or office, which involved your censure, removal, suspension, revocation of license, or discipline; and as to each such procedure or inquiry, state the dates, facts, and the disposition thereof, and the name and address of the authority in possession of the record thereof.

#### **4. Practice after Reinstatement**

A. Describe your plans for practicing law if you are reinstated. Include the nature of the intended practice; the type and volume of cases you intend or expect to handle; the field or fields in which you intend to concentrate, if any; whether you intend to be a sole practitioner or to be associated with others; the intended location of your practice; your intended procedures for docket control and office management; and your intended procedures for maintaining client and other trust funds.

B. Identify by name and address all persons with whom you plan to associate as well as those on whom you intend to rely as mentors, supervisors, monitors, or accountants if you are reinstated. Explain how you expect each person so identified to function or assist you in connection with your practice of law.

C. Describe the efforts you have undertaken to be covered by professional liability insurance if you are reinstated and state the results of those efforts.

#### **5. References**

A. List names, address, and telephone numbers of three references, at least two of whom are members in good standing of the Massachusetts Bar, who would recommend your

reinstatement to the Bar of this Commonwealth and who would attest to your character and conduct since disbarment or suspension.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**6. Personal Statement**

Provide a concise statement of facts to justify your reinstatement to the Bar of this Commonwealth.

I, \_\_\_\_\_, being duly sworn, state as follows:

That all of the information contained in the foregoing Reinstatement Questionnaire is true and correct to the best of my knowledge;

That I have fully abided by the terms of the order of discipline or disability inactive status; I have not practiced law, identified myself as “Esq.” or “Esquire,” or otherwise held myself out as an attorney during the term of my disbarment, resignation, suspension, or disability inactive status; I have not listed myself as a lawyer on any sign, letterhead or stationery, or in any directory, or in any electronic or computer-accessed media; I have not engaged in paralegal work during the term of my disbarment, resignation, suspension, or disability inactive status; and I have not been employed by a lawyer in any capacity during said term, except as authorized by the Supreme Judicial Court on [date] or as described above.

\_\_\_\_\_ (signature)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Notary Public

(SEAL) My Commission Expires: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF BAR OVERSEERS  
OF THE SUPREME JUDICIAL COURT

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IN THE MATTER OF )  
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\_\_\_\_\_, )  
PETITIONER )  
\_\_\_\_\_) SJC No.

SUPREME JUDICIAL COURT  
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**REINSTATEMENT QUESTIONNAIRE Part II**

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**1. Personal Information**

- Full Name:
- Current Mailing Address and Street Address:
- Social Security Number:
- Date of Birth:
- Marital Status:
- For each of your dependents, state the full name, address, date of birth, and relationship:

G. List all residences maintained by you during the period of discipline or disability inactive status, with the names and addresses of landlords, if any.

## **2. Financial Information**

A. List your gross monthly salary, commissions, or earnings from each employment, occupation, or business that you have engaged in during the period of your disbarment, suspension, resignation, or disability inactive status.

B. List your monthly income from all sources other than employment, occupation, or business, including gifts and loans, and the sources from which all such earnings and income were derived, during the period of your disbarment, suspension, resignation, or disability inactive status, or during the eight (8) years preceding the filing of the petition for reinstatement, whichever is less.

C. List all monthly expenses during the period of your disbarment, suspension, resignation, or disability inactive status, or during the eight (8) years preceding the filing of the petition for reinstatement, whichever is less.

D. Are you subject to an order or agreement to pay child and /or spousal support? If yes, attach a copy of the support order or agreement and proof that such payments are current.

E. Since the date of your disbarment, suspension, resignation, or transfer to disability inactive status, have you commenced proceedings in any capacity in bankruptcy or given an assignment for the benefit of creditors? If so, please give the case name(s), docket number(s), the name and address of assignee, and identify the court(s) where the proceedings related to such action were commenced, and describe the status of each.

F. Tax returns

- (1) State whether or not you have filed all State and Federal income tax returns for the previous eight (8) years.
- (2) Attach to Part II (not Part I) of this Questionnaire copies of all Federal income tax returns filed by you or on your behalf in any capacity for eight (8) years preceding the filing of the petition for reinstatement or for all tax years including and since the date of your suspension, disbarment, resignation, or transfer to disability inactive status, whichever is less.
- (3) State whether or not you will provide the Board or Bar Counsel upon demand the authorization required by governmental taxing authorities to release the original returns.

G. Assets

- (1) List all real estate which you owned or record or in which you have or had a beneficial interest at any time from the date of the order of disbarment, resignation, suspension, or transfer to disability inactive status to the present. For each such property, list its location, and current fair market value, or, if disposed of, the fair market value as

of the date of the order of discipline or transfer to disability inactive status, the date of its disposition, and the consideration paid.

(2) List all other assets of a value of or exceeding \$1,000 to which you have or held title or in which you have had a beneficial interest at any time during the period of disbarment, resignation, suspension, or disability inactive status. For each, identify the nature of the asset, its location, and its current value, or, if disposed of, the value of the asset as of the date of the order imposing discipline or transferring you to disability inactive status, the date of disposition of the asset, and the amount received for it.

#### H. Financial obligations

(1) List all your financial obligations not previously listed, above, as of the date of the filing of the petition for reinstatement. For each such obligation, list the name and address of the creditor or obligee, the amount of the obligation, the date the obligation was incurred, whether the obligation is fixed or disputed, and whether any agreement or judgment exists regarding the obligation. Please attach a copy of any such agreement or judgment. If no writing exists regarding the agreement for payment, please provide the name and address of the individual with whom the agreement was made and set forth the terms of the agreement and the date on which it was made. If the creditor is either the Massachusetts Department of Revenue (DOR) or the Internal Revenue Service (IRS), please provide a release on a form approved by the IRS and the DOR which will permit the Office of Bar Counsel and the Board of Bar Overseers to obtain information regarding your tax or support obligations.

(2)(a) List the names of all financial institutions in which you are or were signatory to accounts, safe deposit boxes, deposits or loans during the period of discipline or disability inactive status.

(b) Please state the number of each account, box, deposit, or loan; the date each account, box, deposit, or loan was opened, approved, or made; and the date each account, box, or loan was closed, discharged, or paid.

### **3. Professional Status Information**

List the names and addresses of all persons who complained or testified against you in the proceeding which resulted in your resignation, disbarment, or suspension in this Commonwealth and in any other jurisdiction or court.

### **4. Emotional Disorder/Addiction/Substance Abuse Information**

If you have been incapacitated from employment or from carrying out employment due to any physical or emotional impairment, alcoholism, use of prescription or non-prescription drugs, or other reason since the effective date of the discipline; or if you are seeking reinstatement from an order transferring you to disability inactive status; or if you raised in mitigation during any proceeding regarding your license to practice law or any other profession a claim that your physical or mental condition caused or contributed to the alleged misconduct. Describe the nature of the impairment or disability, its effect on your ability to obtain or maintain employment, and the treatment sought to address the impairment or disability. Provide the name

and address of each institution and provider who has provided or who is providing treatment or consultation to you, the dates of treatment, and your current diagnosis or prognosis.

**Additional Statement:**

Provide a statement as to any other matter not previously described in the Questionnaire which should, in the interest of full disclosure, be brought to the attention of the Board of Bar Overseers in considering your petition for reinstatement.

I, \_\_\_\_\_, being duly sworn, state as follows:

That all of the information contained in the foregoing Reinstatement Questionnaire is true and correct to the best of my knowledge;

That I authorize all providers who have examined or treated me and all institutions in which I have been examined or treated for any physical or mental disorder or addiction since the date of the order imposing discipline or transferring me to disability inactive status to provide to agents and employees of the Office of Bar Counsel and the Board of Bar Overseers all hospital and medical records, reports, treatment notes, and information regarding care, consultation, evaluation, diagnosis and prognosis, and I will cooperate with the Office of Bar Counsel and the Board of Bar Overseers in providing such further information and authorizations as required to release information to the Office of Bar Counsel and the Board of Bar Overseers;

That I further authorize all financial institutions listed in response to question 2(H)(2) to provide to agents or employees of the Office of Bar Counsel and the Board of Bar Overseers copies of statements of account, canceled checks, box records, and loan records, and I will cooperate with the Office of Bar Counsel and the Board of Bar Overseers in providing such further information and authorizations as required to release information to the Office of Bar Counsel and the Board of Bar Overseers.

\_\_\_\_\_  
(signature)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(SEAL) My commission expires: \_\_\_\_\_