



MAURA S. DOYLE  
CLERK

# The Commonwealth of Massachusetts

Petition for Admission to the  
Massachusetts Bar

By Motion

## COVER SHEET

# SUPREME JUDICIAL COURT

FOR SUFFOLK COUNTY

JOHN ADAMS COURTHOUSE

ONE PEMBERTON SQUARE, SUITE 1300

BOSTON, MASSACHUSETTS 02108-1707

WWW.SJCCOUNTYCLERK.COM

**Complete and File with your Petition. Responses are MANDATORY. Print legibly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip Ext: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Personal Identifying Information (Not available to the public):

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ NCBE No.: \_\_\_\_\_

When did you sit for the MPRE? \_\_\_\_\_ What was your Score? \_\_\_\_\_

Confirm/Mark the required documents listed below are attached to this **mandatory** Cover Sheet.

Documents are NOT accepted Separately. All signatory documents must be original. Photocopies are NOT accepted.

**Petition For Admission** requiring dates and **original** signatures (Page 2: your **original** signature and the recommending attorney's **original signature**; Page 12; and, Page 13).

**MPRE Score Report** (indicating your NCBE Number).

**Three current** (dated within 6 months) **LETTERS OF RECOMMENDATION** (Photocopies are **NOT** accepted)

**Certificate Of Admission And Good Standing** (dated within 90 days) from each each state, district, territory, province or foreign country to which you are admitted. (Photocopies are NOT accepted)

**Grievance Letter** or **Disciplinary Letter** (dated within 90 days) from each state, district, territory, province or foreign country to which you are admitted indicating that there are no charges pending against you.

**FEE** (**NO Personal Checks**) of \$1,015.00 in the form of a **MONEY ORDER** or **BANK CHECK** payable to the Commonwealth of Massachusetts.

CIVIL NO.

SUFFOLK, SS.

IN THE MATTER OF

.....  
Full Name

PETITION

FOR ADMISSION BY MOTION

TO THE BAR

OF THE COMMONWEALTH OF MASSACHUSETTS

Pursuant to Supreme Judicial Court Rule 3:01, Section 6

Petition Filed.....

*(Court Use Only)*

Suffolk, SS

Supreme Judicial Court For Suffolk County

In the matter of \_\_\_\_\_

(Petition for Admission to the Bar of the Commonwealth of Massachusetts)

**PETITIONER'S STATEMENT****Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip Ext: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Personal Information**

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

(last four digits: xxx-xx-1234)

NCBE No.: \_\_\_\_\_

**Surname Information**

Have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following former name information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Name Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_ Place of Name Change: \_\_\_\_\_  
(i.e. Marriage) (i.e. City, State)

Do you have additional surnames? Yes \_\_\_\_\_ No \_\_\_\_\_

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

**Parental Information****Parent One:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)**Parent Two:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)**Residential Information**

State every residence you have had during the last ten years or since admission to the bar, whichever is longer. Begin with your current residential address:

(a) Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

From: \_\_\_\_\_ To: \_\_\_\_\_

(b) Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

From: \_\_\_\_\_ To: \_\_\_\_\_

(c) Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

From: \_\_\_\_\_ To: \_\_\_\_\_

(d) Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

From: \_\_\_\_\_ To: \_\_\_\_\_

(e) Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

From: \_\_\_\_\_ To: \_\_\_\_\_

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Education****Law School:** Provide your law school education. Complete the section below. Do not leave blank.

(a) Law School Conferring Degree: \_\_\_\_\_

Law School Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Attendance From: \_\_\_\_\_ Attendance To: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

(b) Secondary Law School: \_\_\_\_\_

Law School Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Attendance From: \_\_\_\_\_ Attendance To: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

**Other Education:** Colleges and universities. Complete the section below. Do not leave blank.

(a) Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Attendance From: \_\_\_\_\_ Attendance To: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

(b) Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Attendance From: \_\_\_\_\_ Attendance To: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

**Academic Information:** Do not leave blank.Have you ever been reprimanded, sanctioned, disciplined, suspended, or expelled from a college,  
university or law school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a statement of details.

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Employment**

Have you ever been a member of the Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the type of discharge. If dishonorably discharged, state circumstances surrounding your release and the details thereof, where the record can be obtained, your service number and rank, and the branch and dates of actual service. \_\_\_\_\_

**Legal Employment**

List any legal employment you have held within the last ten years, or since admission to the bar, whichever is longer. Include self-employment, part or full-time employment, and if applicable, any military service. Information must be provided in same format as below.

(a) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., civil litigation, corporate law, etc.)

Position Held: \_\_\_\_\_  
(i.e., full/part time principal, partner, associate, sole practitioner, etc.)

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

(b) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., civil litigation, corporate law, etc.)

Position Held: \_\_\_\_\_  
(i.e., full/part time principal, partner, associate, sole practitioner, etc.)

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

(c) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., administrative, medical, etc.)

Position Held: \_\_\_\_\_  
(i.e., full/part time principal, partner, associate, sole practitioner, etc.)

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**General Employment**

List any non-legal employment you have held within the last ten years, or since admission to the bar, whichever is longer. Include self-employment, part or full time employment, and if applicable, any military service. Information must be provided in same format as below.

(a) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., administrative, medical, etc.)

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

(b) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., administrative, medical, etc.)

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

(c) Name of Employer/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Nature of Business: \_\_\_\_\_  
(i.e., administrative, medical, etc.)

Position Held: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Reference: \_\_\_\_\_  
Provide a reference to verify any firms, businesses, or employers that no longer exist.

**Employment Information**

Have you ever been terminated, or resigned in lieu of termination, from any position?

If yes, attach a statement of details with applicable records. Yes \_\_\_\_\_ No \_\_\_\_\_

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Other Applications for Admission**

Have you previously applied for admission as an attorney in Massachusetts? Yes \_\_\_\_\_ No \_\_\_\_\_

State every jurisdiction you have applied for admission to the Bar. Include admission by examination, on motion, any other manner of application for admission, and applications for reinstatement or withdrawal. Do not leave blank. You must indicate if a response is not applicable.

(a) Jurisdiction: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application Type: \_\_\_\_\_

(Examination, Motion, etc.)

Dates of Examination: \_\_\_\_\_

Result of Examination: \_\_\_\_\_

(pass, fail, etc.)

Disposition: \_\_\_\_\_

(b) Jurisdiction: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application Type: \_\_\_\_\_

(Examination, Motion, etc.)

Dates of Examination: \_\_\_\_\_

Result of Examination: \_\_\_\_\_

(pass, fail, etc.)

Disposition: \_\_\_\_\_

(c) Jurisdiction: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application Type: \_\_\_\_\_

(Examination, Motion, etc.)

Dates of Examination: \_\_\_\_\_

Result of Examination: \_\_\_\_\_

(pass, fail, etc.)

Disposition: \_\_\_\_\_

(d) Jurisdiction: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application Type: \_\_\_\_\_

(Examination, Motion, etc.)

Dates of Examination: \_\_\_\_\_

Result of Examination: \_\_\_\_\_

(pass, fail, etc.)

Disposition: \_\_\_\_\_

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_



**Other Admissions**

State each jurisdiction and court in which you have been admitted to practice law and provide the requested information below. Do not leave blank. You must indicate if a response is not applicable. Attach a Certificate of Admission and Good Standing with applicable Grievance letter (dated within 90 days of this Petition).

(a) Jurisdiction: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Bar Registration No: \_\_\_\_\_

If applicable, which Court(s) within this Jurisdiction are you admitted? \_\_\_\_\_

Where have you engaged in the actual practice or teaching of law? \_\_\_\_\_

What is the nature of your practice or teaching of law? \_\_\_\_\_

The nature of your practice or teaching of law has continued

From: \_\_\_\_\_ To: \_\_\_\_\_

(b) Jurisdiction: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Bar Registration No: \_\_\_\_\_

If applicable, which Court(s) within this Jurisdiction are you admitted? \_\_\_\_\_

Where have you engaged in the actual practice or teaching of law? \_\_\_\_\_

What is the nature of your practice or teaching of law? \_\_\_\_\_

The nature of your practice or teaching of law has continued

From: \_\_\_\_\_ To: \_\_\_\_\_

(c) Jurisdiction: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Bar Registration No: \_\_\_\_\_

If applicable, which Court(s) within this Jurisdiction are you admitted? \_\_\_\_\_

Where have you engaged in the actual practice or teaching of law? \_\_\_\_\_

What is the nature of your practice or teaching of law? \_\_\_\_\_

The nature of your practice or teaching of law has continued

From: \_\_\_\_\_ To: \_\_\_\_\_

Has your authorization to practice in any Jurisdiction/Court ever been interrupted since the date of your Admission? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Professional Information**

Have you ever filed any application for an official position or for professional licensure, other than as an attorney, that required proof of good character? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

(a) Official License/Position: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_  
(i.e., CPA)

Date of Application: \_\_\_\_\_

Dates of Examination: \_\_\_\_\_ Result of Examination: \_\_\_\_\_  
(pass, fail, etc.)

Disposition: \_\_\_\_\_ Date of License/Position: \_\_\_\_\_

(b) Official License/Position: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_  
(i.e., CPA)

Date of Application: \_\_\_\_\_

Dates of Examination: \_\_\_\_\_ Result of Examination: \_\_\_\_\_  
(pass, fail, etc.)

Disposition: \_\_\_\_\_ Date of License/Position: \_\_\_\_\_

Have you ever held any license, other than as an attorney, which required proof of good character?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

(a) License Type: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date License was Granted: \_\_\_\_\_ License Status: \_\_\_\_\_

(b) License Type: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date License was Granted: \_\_\_\_\_ License Status: \_\_\_\_\_

Have you ever held any elected, appointed or judicial office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

(a) Elected/Appointed/Judicial Office: \_\_\_\_\_  
(i.e., 1st Circuit Court Clerk, etc.)

Office Address: \_\_\_\_\_  
(i.e., 0000 Sample Ave., Sample Building, City, State, Zip and Country)

Served From: \_\_\_\_\_ Served To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Professional Information (continued)**

Have any charges, grievances or complaints ever been made concerning your conduct as a member of any profession, other than an attorney, or as a holder of any public office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

(a) License Type: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Dates of Complaint: \_\_\_\_\_ Complaint Status: \_\_\_\_\_

Reason for the Complaint: \_\_\_\_\_

(b) License Type: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Dates of Complaint: \_\_\_\_\_ Complaint Status: \_\_\_\_\_

Reason for the Complaint: \_\_\_\_\_

Have any of your licenses or positions ever been suspended or revoked as a member of any profession, other than an attorney, or as a holder of any public office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information:

(a) License/Position: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Date of Suspension/Revocation: \_\_\_\_\_ License Status: \_\_\_\_\_

Reason for Action Taken: \_\_\_\_\_

Attach a statement of details with applicable records.

(b) License/Position: \_\_\_\_\_ State: \_\_\_\_\_

Authorizing Office: \_\_\_\_\_

Date of Suspension/Revocation: \_\_\_\_\_ License Status: \_\_\_\_\_

Reason for Action Taken: \_\_\_\_\_

Attach a statement of details with applicable records.

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Practice of Law Information**

Have you ever been charged with or been the subject of any investigation pertaining to the unauthorized practice of law? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Have any charges, grievances or complaints ever been made concerning your conduct as an attorney?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Have you ever been disbarred, suspended, reprimanded, censured, admonished or otherwise disciplined or disqualified as an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

**Legal Proceedings**

Have you ever been a party on either side in a civil action, or a proceeding involving a claim of fraud, conversion, breach of fiduciary duty, professional malpractice or other wrongful conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Have you ever been a party, other than as representing counsel, in any other legal or administrative proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Have you ever been charged with or been the subject of any investigation for a felony or misdemeanor other than a minor traffic charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Have you ever been adjudged bankrupt or insolvent? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records.

Are there any unsatisfied judgments or any court orders of continuing effect against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement of details with applicable records. Include names and addresses of creditors, amounts, dates and the nature of the debts, judgments or any non-compliance with court orders.

You must respond to all questions. You must indicate if a response is not applicable. The Petition for Admission will be delayed without any further action for failure to respond.

ATTACH RIDER PAGE(S) IF NECESSARY. Information must be provided in same format as above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Filing Requirements**

When did you sit for the Multistate Professional Responsibility Examination (MPRE)? \_\_\_\_\_  
(Date)

What was your Scaled Score? \_\_\_\_\_  
(Score)

Have you attached three current letters of recommendation? Are these letters addressed to the Board of Bar Examiners, stating facts relative to your character by attorneys, one of which is a member of your same bar? Please call to the attention of the author that statements should not be conclusions but should contain facts tending to help the Board of Bar Examiners reach conclusions about your character and fitness to be admitted to the bar. (See Information for Letters of Recommendation). Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attached a Certificate of Admission and Good Standing with applicable Grievance letter (dated within 90 days of this Petition) from every jurisdiction and court you are admitted to?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Statement of Details**

All responses within this Petition for Admission are mandatory. The Petition for Admission will be delayed without any further action for failure to respond. The statement of details, as required by certain responses, must provide the following:

- Chronology beginning with most recent issue;
- Narrative with dates stating the facts;
- Names and locations of court, tribunal or record of authority (if any);
- Case numbers, references to court records or account numbers;
- Names and addresses of all persons and parties involved, including all counsel; and,
- The current disposition of the matter.

**Certificate**

I understand that I am obligated, by the Board of Bar Examiners Rule V.1.2., to file in writing with the Clerk's Office of the Supreme Judicial Court for the County of Suffolk any changes or additions to answers that I have made on this Petition. I understand that this obligation shall continue until I am admitted to the practice of law in the Commonwealth of Massachusetts, or until such time as my Petition is withdrawn or denied by the Supreme Judicial Court.

I understand that my failure or refusal to supply information deemed relevant by the Board of Bar Examiners may be grounds for denial of a recommendation for admission.

I, the Petitioner, certify that each of the foregoing answers are true, complete and candid and that I have not altered the wording of any question.

I further certify that I have answered all questions and have attached rider pages with statements of details for any applicable response within this Petition.

**Petitioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Commonwealth of Massachusetts  
Board of Bar Examiners

**AUTHORIZATION**

I, \_\_\_\_\_  
First Name Middle Name Last Name

residing at:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip Ext: \_\_\_\_\_

and born on \_\_\_\_\_, having filed a Petition for admission to the bar of the  
(Date of Birth)

Commonwealth, hereby consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of law.

I hereby authorize every person, firm, company, corporation, governmental agency, law enforcement agency, court, bar association, or institution having control of any documents or records regarding charges or complaints filed against me, including any complaints expunged by law, whether formal or informal, pending or closed, or any other pertinent data to provide them to the Massachusetts Board of Bar Examiners.

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**Petitioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_