

CIVIL NO.

Page 1 of 14
SUFFOLK, SS.

IN THE MATTER OF

.....
Full Name

PETITION

FOR ADMISSION ON 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

PETITION FOR ADMISSION TO THE BAR OF THE COMMONWEALTH OF MASSACHUSETTS
On Motion without Examination

I, _____ hereby petition for admission on motion to the bar of the Commonwealth. I acknowledge this is an action at law and subject to public access.* I further acknowledge that I have received notice that certain public case information may be provided electronically to third parties after the execution of a Non-Disclosure Agreement.

I represent that I am of good moral character and over the age of eighteen years, having been born on _____. I further represent that I was duly admitted as an attorney of the highest judicial court of the state of _____ on _____, and that I have engaged in the actual practice or teaching of law in _____, and the nature of my practice or teaching is _____ and has continued from _____ to _____.

Petitioner Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Ext: _____

Email Address: _____ Telephone No.: _____

Attorney Registration No.: _____ NCBE No.: _____

Date: _____

**RECOMMENDATION OF A MEMBER OF THE BAR OF THE COMMONWEALTH OF MASSACHUSETTS OR OF
ANY STATE, DISTRICT OR TERRITORY OF THE UNITED STATES**
(Supreme Judicial Court Rule 3:01, subsection 1.2.1)

I, _____, an attorney of the bar of _____ respectfully recommend that the foregoing petition be granted, and certify that the petitioner is of good moral character.

Attorney Signature: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Ext: _____

Email Address: _____ Telephone No.: _____

Attorney Registration No.: _____ Registration Status: _____

Date: _____

* In accordance with M.G.L. c. 93H, personal identifying information is safeguarded to protect the risk of identity theft or fraud.

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: _____
(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: _____
(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: _____
(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: _____
(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: _____
(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: _____
(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: _____

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.)

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

Served From: _____ Served To: _____

Reason for Leaving: _____

Do you have any additional elected, appointed or judicial office positions to add? Yes _____ No _____

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

Last Name: _____ First Name: _____ Middle Name: _____

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: _____

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.

Petitioner's Signature: _____ **Date:** _____

Last Name: _____ First Name: _____ Middle Name: _____