SUPREME COURT OF ARKANSAS
Office of Professional Programs

State Board of Law Examiners
Arkansas Continuing Legal Education Board

CHRISTOPHER THOMAS, DIRECTOR
2100 RIVERFRONT DRIVE, SUITE 110
LITTLE ROCK, ARKANSAS 72202-1747
TEL. (501) 374-1855
FAX (501) 374-1853

ADMISSION ON MOTION
COVER MEMORANDUM

From: Christopher Thomas, Executive Secretary
Arkansas State Board of Law Examiners

The admission on motion application follows this cover memorandum. I offer this cover memorandum as a source of additional guidance and information to applicants seeking admission on motion to the Bar of Arkansas.

You are obliged to obtain fingerprints from an authorized law enforcement agency and return them to this office. The appropriate fingerprint card will be sent to you upon receipt of the application. **Do not submit a fingerprint card with your application.**

Please understand that processing of your application and completion of the admission on motion process is likely to take at least four months, perhaps more depending upon the circumstances of each individual application. Be aware that upon receipt of your application and filing fee, an initial review will be done, which generally takes several weeks. After that you will receive an acknowledgment letter with further instructions, including fingerprinting. **We offer no expedited service.**

While all questions on the application are important, and must be fully completed, you should direct particular attention to responding to **questions 4 and 12.** Please remember the burden is on the applicant to establish he or she meets the requirements of "active practice of law" as defined on page 3 of the application package. Thus, when completing the response to question 4 concerning previous employment, you are encouraged to take special care in elaborating upon the nexus between your employment and one of the various categories which qualify as "active practice of law." With regard to question 12, please pay particular attention to subsection (d) of that question, noting that **two** separate documents are required from each jurisdiction in which you are licensed.

Finally, for those periods during which you were engaged in the private practice of law either as a solo practitioner or as a member of a law firm, you must complete the **certificate of practice** which appears as page 15 of the application.

ADMISSION ON MOTION

INSTRUCTIONS TO APPLICANTS
IN PREPARING CHARACTER QUESTIONNAIRE AND ATTACHMENTS

FIRST: THE CHARACTER QUESTIONNAIRE

1. Mail or deliver to: STATE BOARD OF LAW EXAMINERS
   2100 Riverfront Dr., Suite #110
   LITTLE ROCK, ARKANSAS 72202

2. The answers must be typed or printed legibly;

3. The answers must be full and complete; and,

4. **IF THE APPLICATION IS ACCESSED THROUGH OUR WEB SITE, THE FORMAT CAN NOT BE ALTERED IN ANY FASHION.**

SECOND: THE FEE

1. **FEE FOR APPLICATION - A single MONEY ORDER OR CASHIER'S CHECK payable to the CLERK OF THE SUPREME COURT in the amount of $1500.00. The payment should be attached to the front of the questionnaire. Make certain that your check or money order is negotiable for at leastsix months from the date of issuance.**

2. The fee is non refundable. However, if it develops you are not eligible for admission on motion you may take the next Arkansas Bar Exam, at no cost, for which the application deadline has not passed.

THIRD: **YOU ARE RESPONSIBLE FOR SEEING THAT YOUR LAW SCHOOL CERTIFIES YOU TO THE BOARD AS A GRADUATE.**

You **must** utilize the form which appears as **page 14** of the application package, **or** an original letter of certification of graduation that contains similar affirmations as those that appear on the form. This completed document must accompany your application.

You must be a graduate of a law school which was **accredited by the American Bar Association at the time of your graduation.**

FOURTH: It is your responsibility to provide sufficient evidence to establish that you meet the requirements for admission on motion pursuant to Rule XVI of the *Rules Governing Admission to the Bar of Arkansas.* In addition to your completed questionnaire and attachments, the Board, in its discretion, may require further evidence relating to your eligibility for admission on motion.

CHARACTER QUESTIONNAIRE FOR ADMISSION TO THE BAR OF ARKANSAS BY MOTION

NOTICE TO APPLICANT: Complete, sign, and make affidavit to this form. Print legibly or use typewriter. You must sign and return the "Record Check Form" and the "General Release" which are attached to the back of this Character Questionnaire. All statements are to be based on your knowledge, unless the statement is expressly qualified to the source of your information. If the space for an answer is insufficient, you must complete your answer on a separate attached sheet.

PLEASE ANSWER EVERY QUESTION. IF INAPPLICABLE, PLEASE INSERT N / A.

1. (a) Full Name _____

(b) Social Security Number _____ E-Mail: _____

The provision of your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. Your social security number will be used for purposes of investigation and verification, in order to avoid errors of identity. The request for your social security number is made by the Arkansas State Board of Law Examiners pursuant to authority given it under the Rules Governing Admission to the Bar of Arkansas.

(c) Driver's License number and issuing State _____

(d) Have you ever used or been known by any other name?_____(Enter Yes or No)
If yes, state in full each name and the reasons for each name.

_____

_____

(e) If your name has ever changed, other than by operation of marriage or divorce, attach a certified copy of the order or other evidence of change.

(f) Present Address, including zip code _____

_____

(g) Present Telephone Number _____ (h) Work Phone: _____

(i) Home Address _____

_____ Zip code: _____

(j) Home Telephone Number _____

IF YOUR ADDRESS CHANGES SUBSEQUENT TO SUBMITTING THIS DOCUMENT, IMMEDIATELY PROVIDE WRITTEN NOTICE TO THE EXECUTIVE SECRETARY OF THE BOARD OF LAW EXAMINERS

2. (a) Date of Birth _____ Age _____

(b) Place of Birth _____
(City) (State) (Country)

(c) Are you a U.S. Citizen? _____ (Enter yes or no). If no, explain current residency status on an attachment to this application and provide appropriate documentation.

3. State every residence you have had for the preceding 10 years, **beginning with the most recent.** Show periods of residence by month (mo.) and year (yr.).

(a) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(b) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(c) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(d) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(e) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(f) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

(g) Street Address: _____

City and State: _____ Zip Code: _____

Mo. & Yr. to Mo. & Yr. _____

STOP! It is unnecessary to make further entries even though the entries above do not extend for the full 10 year period requested.

4. Make a complete statement of all employment you have had, or business or occupation in which you have been engaged during the preceding 10 years. **Begin with the most recent employment.** Include temporary or part-time work. For each period of private practice, either as a solo practitioner or member of a firm, complete and attach the "Certificate of Practice" (pg. 15).

Admission on Motion in this jurisdiction requires that you have been engaged in the "active practice of law" for five of the last seven years. The "active practice of law" is defined by the Arkansas Supreme Court as one or more of the following categories:

Representation of one or more clients in the practice of law;
Service as a lawyer with a local, state, territorial or federal agency, including military service; Teaching law at a law school approved by the Council of the Section of Legal Education and Admissions to the Bar of the American Bar Association; Service as a judge in a federal, state, territorial or local court of record; Service as a judicial law clerk; or, Service as a corporate counsel.

With this information in mind, the following inquiries are designed to determine whether your history of employment meets one or more of those standards. **If more space is required for explanation of your employment history, please duplicate the next page (4) as necessary and attach as an addendum to this application.** For solo practice enter your name as "Employer."

State as to each employment, business or other occupation, the following:

(a) Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Position: _____ mo./year to mo./year _____

Reason for Termination: _____

Direct Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Referencing the categories set out above; state under which category this employment might qualify:

_____

Was this employment full time? _____ (Enter Yes or No)

Detail responsibilities. _____

_____

_____

_____

_____

(b) Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Position: _____ mo./year to mo./year _____

Reason for Termination: _____

Direct Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Referencing the categories set out above; state under which category this employment might qualify:

_____

Was this employment full time? _____ (Enter Yes or No)

Detail responsibilities. _____

_____

_____

_____

_____

(c) Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Position: _____ mo./year to mo./year _____

Reason for Termination: _____

Direct Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Referencing the categories set out above; state under which category this employment might qualify:

_____

Was this employment full time? _____ (Enter Yes or No)

Detail responsibilities. _____

_____

_____

_____

_____

(d) Have you been discharged or asked to resign from any employment? _____(Enter Yes or No);
If yes, state the circumstances and name and address of employers.

_____

_____

_____

_____

5. My legal education was received as follows:

(a) Institution: _____

Location: _____

From _____, _____, to _____, _____.
(Month) (Year) (Month) (Year)

(b) Institution: _____

Location: _____

From _____, _____, to _____, _____.
(Month) (Year) (Month) (Year)

(c) Enter legal degrees received:

DEGREE	DATE	INSTITUTION

You **must** submit the form which appears at page 14 of this character questionnaire.

6. (a) Have you ever served in the Armed Forces of the United States? _____ (Enter Yes or No). If you have been discharged, attach a copy of the document evidencing the discharge. (DD214 or equivalent) If you have not been discharged, please state current status on an attachment to this application.

(b) Have you ever been a defendant in any court-martial?_____(Enter Yes; No; or N/A)

(c) If the answer to (b) is yes, on a separate sheet which refers to this question, state the date, the nature of the charge, the facts, disposition of the matter and the location and designation of the military establishment where such proceedings took place.

(d) **If** you wish to count your military service as "the active practice of law" provide officer evaluation reports or similar documents to establish your "service as a lawyer."

7. (a) I presently owe money which has been past due for more than 90 days to the following: (Please enter NONE if appropriate; list all such debt. - attach a separate sheet as necessary.)

Name of Creditor	Date Incurred	Original Amount of Debt	Balance Due

(b) Are there any unsatisfied judgments against you? _____(Enter Yes or No). If yes, state the same, giving names, address and zip codes of creditors, amounts, dates, and nature of judgments: (Attach a separate sheet as necessary.)

_____

_____

_____

8. (a) Have you ever been a party to, or had, or claimed any interest in, civil proceedings, including bankruptcy?_____(Enter Yes or No)

(b) Have you ever been charged with, arrested for, convicted of, or plead guilty or *nolo contendere* for a violation of any law? _____ (Enter Yes or No) Exclude minor traffic violations not resulting in or subject to incarceration **unless you have received three (3) or more such citations within the last two (2) years.**

(c) Have you ever been accused of or charged with fraud, deceit, conversion of the property of another, or assault or battery of another in any civil proceedings? (civil includes any proceedings other than criminal)_____(Enter Yes or No)

(d) Are you now being or have you ever been treated for the use of controlled substances as defined by the Arkansas Code or addiction to drugs in any form?_____(Enter Yes or No)

NOTE: If your answers to any of the above are "Yes", on a separate sheet which references the question at issue, give full details for each incident, including dates, the court, case style, case caption and docket number. State the facts, and ultimate disposition of the matter. Give names and addresses of all parties involved, and the name and address of legal counsel for all parties involved.

According to Rule XIII of the Rules Governing Admission to the Bar of Arkansas - "every applicant for admission and every applicant for readmission or reinstatement of license to practice must be of good moral character and mentally and emotionally stable." The determination of the eligibility of every such applicant shall be made by the Board and the burden of establishing eligibility shall be on the applicant.

The following questions 8 (e) through 8 (g) are designed to elicit information in light of the standards set forth above. Your responses to the following questions are treated in absolute confidence by the Arkansas State Board of Law Examiners. However, in the event your responses to the inquiries below establish serious concerns about your current qualifications to represent the citizens of Arkansas as a licensed lawyer, further inquiry may result. Such additional inquiries will be as limited in scope as possible, and will likewise remain confidential to the extent possible.

Applicants with a history of mental or emotional infirmity, or history of substance or alcohol abuse have been admitted to the Bar of Arkansas in the past. The mere revelation of treatment for mental or emotional infirmities, or substance or alcohol abuse, is not, in itself, a basis upon which an applicant is ordinarily denied admission. The questions below have been narrowly drawn to acquire information on the most serious instances of mental or emotional infirmity, or substance or alcohol abuse. The Arkansas State Board of Law Examiners does not seek information that is fairly characterized as "situational counseling." Examples of such counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

e) Have you ever been declared, or are you presently, a ward of any court of competent jurisdiction; or have you ever been adjudicated, or are you presently, an incompetent or insane person as determined by any court of competent jurisdiction? _____(Enter Yes or No)

_____

_____

(f) Do you currently have any condition or impairment including, but not limited to, mental or emotional infirmity, alcoholism, substance abuse, or nervous disorder or condition which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner in this jurisdiction?_____(Enter Yes or No) If yes, briefly describe the condition or impairment.

_____

_____

(g) Are you currently utilizing or being treated with prescription drugs or other substances in order to manage a mental or emotional infirmity, alcoholism, substance abuse, or nervous disorder or condition?_____(Enter Yes or No) If yes, briefly describe the prescription drugs or substances.

_____

_____

NOTE: "Currently" means sufficiently recent so that the condition could reasonably be expected to have an impact on your ability to function as a lawyer.

If your answer is "Yes" to 8 (e), (f) , or (g) , on a separate sheet which references the question at issue, give the names and addresses of any doctors or other persons who have counseled, evaluated, or treated you, and the names and addresses of any institutions in which you were hospitalized, either as a patient or an outpatient. Also attach authorization addressed to each of the doctors or other persons and institutions listed authorizing the release to this Board of any information concerning your treatment or counseling.

9. Have you ever held any judicial office? _____(Enter Yes or No). If yes, state where, when, and offices held.

_____

_____

10. (a) Have you ever been bonded under a Fidelity or Surety Bond? _____ (Enter Yes or No). If yes, specify nature of office or position for which you were bonded, dates, amount of bond, name of surety company, if known, and whether anyone ever sought to recover upon your bond or cancel same.

_____

_____

(b) Have you ever been refused a fidelity or other bond? _____ (Enter Yes or No.) If yes, state facts and circumstances.

_____

_____

11. Excepting this application, have you ever made application for admission to the Bar, or taken a Bar examination in any state or jurisdiction, **including Arkansas**? _____ (Enter Yes or No). If yes, state when, where, and the disposition made of such application, or the result of the examination.

_____

_____

_____

12. List all jurisdictions in which you are licensed to practice law, including dates and places of admission.

(a) Jurisdiction:_____ Date of Admission: _____

Jurisdiction:_____ Date of Admission: _____

Jurisdiction:_____ Date of Admission: _____

(b) State names and addresses of **three persons in each jurisdiction** where you practiced law with whom you were personally acquainted and who are able to confirm your status as an attorney engaged in the "active practice of law" as defined on page 3 of this application. **If you have completed a "Certificate of Practice" (Pg. 15) those two attorney's names may appear here as well.**

JURISDICTION: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

JURISDICTION: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

(c) Have you ever received a disciplinary action or had your license suspended or revoked? _____ (Enter Yes or No). If yes, state full details, including current status of such disciplinary actions or revocation.

_____

_____

(d) Attach the following reports, letters or certificates if you are or were ever licensed in any jurisdiction:

(i) **Original Certificate(s) of Good Standing or letter from the Clerk of the highest Court of each state in which you are currently or have been licensed to practice law.** The Certificate or letter should verify that you are currently in good standing or at the time your privilege to practice law terminated, you were in good standing in said state;

AND

(ii) **An original letter or Certificate (Separate From the Clerk's Letter or Certificate Mentioned Above) from each Committee on Professional Conduct or Disciplinary Board for each state in which you are currently or have been licensed to practice law.** The letter or Certificate should detail each complaint made against you, **including pending complaints,** and the action taken by the committee or verify no complaints have been made.

13. (a) Have you ever applied for or been granted a license, **other than as an attorney at law**, the procurement of which required proof of good moral character or examination, (i.e., Certified Public Accountant, Patent Attorney, Real Estate Broker, etc.)? _____ (Enter Yes or No). As to each application for, or license granted, state the date it was granted, or withdrawn, and the name and address of the authority issuing it.

_____

_____

_____

(b) If withdrawn or denied, provide details.

_____

_____

_____

(c) If any license has been revoked or terminated, state the date the license was revoked or terminated, the manner of termination or revocation, and the reasons for the termination or revocation.

_____

_____

_____

(d) Was any disciplinary action ever taken against you by the authority issuing the license or governing your conduct as a licensee? _____(Enter Yes or No). If yes, state the dates such action was taken, the details of each complaint, and the results of any action taken by the issuing or governing authority.

_____

_____

14. Are there any unfavorable incidents in your life, whether at law school, business, or otherwise, which may have a bearing upon your character or your fitness to practice law, not called for by the questions contained in this questionnaire or disclosed in your answers? _____ (Enter Yes or No) If yes, give full details on a separate sheet which references this question.

15. Do you, knowing its aims and having the specific intent to bring them about, belong to, or have you ever belonged to, any organization or group which advocates the overthrow of the Government of the United States or of Arkansas by force and violence? _____(Enter Yes or No). If the answer is "Yes", give full details on a separate sheet which references this question.

16. I certify that I have read the following Arkansas Court Rules:
   (a) Rules Governing Admission to the Bar;
   (b) Arkansas Rules for Minimum Continuing Legal Education;
   (c) Rules of the Court Regulating the Professional Conduct of Attorneys at Law;
   (d) Model Rules of Professional Conduct; and,
   (e) Arkansas Code of Judicial Conduct.

STATE OF _____

COUNTY OF _____

I, _____ swear or affirm that I have read and understood this Character Questionnaire and information sought herein, and I have fully and truthfully answered the questions, and have provided the information in the attached documents to the best of my own knowledge and ability. I affirm my signature on the "Record Check Form" which is attached and incorporated herein. I further understand that I am under **a continuing duty** to disclose any information pertinent to the questions asked in this character questionnaire. I will inform the Board of Law Examiners of any such information that develops subsequent to submission of this character questionnaire.

_____
Applicant's Signature

Subscribed and sworn to before me on this _____day of _____, 20_____.

_____
Notary Public

My commission expires:

_____

NOTE:

Attach a cashier's check or money order in the amount of $1,500.00, payable to the CLERK OF THE SUPREME COURT, to the front of this Character Questionnaire. A personal or business check will not be accepted.

State of Arkansas
ARKANSAS STATE POLICE
#1 State Police Plaza Drive, Little Rock, Arkansas 72209

ORI NO. AR92011OZ

RECORD CHECK FORM

PLEASE PRINT

FULL NAME: _____/_____/_____/_____
(applicant) LAST FIRST MIDDLE MAIDEN

DATE OF BIRTH: _____/_____/_____/ AGE_____SEX____RACE_____
(Month) (Day) (Year)

SOCIAL SECURITY #_____-_____-_____

DRIVERS LICENSE #_____ STATE ISSUED _____

MAILING ADDRESS: _____

_____

ZIP CODE: _____ COUNTY _____

I HEREBY AUTHORIZE THE FOLLOWING BOARD TO OBTAIN A CRIMINAL RECORD CHECK THROUGH THE ARKANSAS STATE POLICE:

ARKANSAS STATE BOARD OF LAW EXAMINERS
120 JUSTICE BUILDING
625 MARSHALL
LITTLE ROCK, AR 72201

_____ _____
(Applicant signature) Date

I.D. BUREAU USE ONLY

_____ 82001 Civil Record Check

_____ 80000 FBI Record Check (02-24-95)

GENERAL AUTHORIZATION AND RELEASE

I, (Name)_____, born at

(City)_____, (State)_____,(Country)_____.

on (Date)_____, having filed an application for admission to the Bar of Arkansas, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received. I agree to give any further information which may be required concerning my past record.

I also authorize and request every person, firm, company, corporation, governmental agency (including bar admission boards or committees),law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Arkansas State Board of Law Examiners 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 Arkansas State Board of law Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information.

A photocopy of this release shall be acceptable in lieu of the original. I hereby release, discharge and exonerate the Arkansas State Board of Law Examiners, its agents and representatives, and any person furnishing information 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 Arkansas State Board of Law Examiners.

_____
Signature of Applicant
(Sign in black ink)

_____
Date

SUPREME COURT OF ARKANSAS
Office of Professional Programs

State Board of Law Examiners
Arkansas Continuing Legal Education Board

CHRISTOPHER THOMAS, DIRECTOR
120 Justice Building
625 Marshall
Little Rock, Arkansas 72201
Tel. (501) 374-1855
Fax. (501) 374-1853

To: Arkansas State Board of Law Examiners
120 Justice Building
625 Marshall
Little Rock, AR 72201

Law School: _____

Address: _____

_____

Re: _____

Graduate's Full Name

_____

SS#

_____

Date of Graduation

Board:

The graduate noted above received the Juris Doctor Degree from this institution on the date shown above. The graduate's records do not indicate any honor code violations or any other derogatory information bearing on the graduate's character or fitness to practice law.

This graduate is recommended for admission to the Bar of Arkansas.

This law school was fully accredited by the American Bar Association in the year of _____.

Signature: _____

(S E A L)

_____
Title

_____
Date

CERTIFICATE OF PRACTICE
COMPLETE ONLY FOR PERIODS OF PRIVATE PRACTICE

I, _____, Judge of _____
(Name of Court)
of the State of _____, certify that I am well acquainted with

_____, City of _____,
(Attorney Name)
State of _____, and I personally know that this individual was legally engaged in the active and continuous practice of law for the following period of time:

_____ to _____. At the present time he or she is
mo./yr. mo./yr.
an attorney and counselor-at-law in good standing and a person of good moral character.

DATED this _____ day of _____, 20____.

_____
Signature

_____
Address City State Zip

We _____ and _____
certify that we are members of the Bar of the Judicial District in which the City of
_____ is situated. We know _____
(Attorney Name)
and we personally know that he or she was legally engaged in the active and continuous practice of law for the following period of time._____ to _____.
mo./yr. mo./yr.

At the present time he or she is an attorney and counselor-at-law in good standing and a person of good moral character.

DATED this _____ day of _____, 20____.

_____	_____
Signature	Signature
_____	_____
Address	Address
_____	_____
City State Zip	City State Zip
Telephone No.: _____	Telephone No.: _____