

# OREGON STATE BAR BOARD OF BAR EXAMINERS

16037 SW UPPER BOONES FERRY RD, PO BOX 231935, TIGARD, OR 97281-1935

(503) 620-0222, EXTS. 310, 311, 316, AND 419

[www.osbar.org/admissions](http://www.osbar.org/admissions)

## INSTRUCTIONS FOR FILING AN APPLICATION FOR IN-HOUSE COUNSEL ADMISSION (WEB VERSION)

- A. These instructions and forms are designed for those who wish to apply for admission by house counsel using the application forms obtained from the Admissions Department's web site.
1. **PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY BEFORE PROCEEDING.**
  2. The application forms contained on this web site are in writeable Portable Document Format (PDF). Therefore, your completed application must be **typewritten** and submitted in **hard copy form**. Please mail the completed forms, including payment, to the address at the top of this page. Applications submitted in electronic form **will not** be accepted or considered as correctly filed.
  3. Review the application, supplementary forms, and other contents contained within this PDF. A checklist has been provided to help aid in correctly completing and returning this application.
  4. Carefully read and adhere to the "General Instructions" set out on page 2 of the 13 page house counsel application.
  5. All forms that need an applicant signature must first be printed and then signed by the applicant in blue or black ink.
  6. If you are a repeat applicant, please contact the Admissions Department at [admissions@osbar.org](mailto:admissions@osbar.org) to obtain a copy of your previous application. This information may help you with filling out the current application.

7. Complete and mail back two (2) copies of the Application Information Sheet. One will be returned to you as your receipt.
8. Complete and mail back six (6) character and fitness statements with the addresses of each of your current and previous five (5) employers. If you have no current employer please leave one form blank, or if you have not had a total of six (6) employers, please only fill-out the number of character and fitness statements that correspond with how many jobs you have held.

## B. MULTISTATE PROFESSIONAL RESPONSIBILITY EXAM (MPRE)

You must pass the MPRE with a scaled score of 85 or higher within 13 months of the date of application. Please see rule RFA 7.05 here:

[http://www.osbar.org/\\_docs/rulesregs/admissions.pdf](http://www.osbar.org/_docs/rulesregs/admissions.pdf)

\*\*To have a current MPRE score transferred to Oregon, or to register for an upcoming MPRE please visit the National Conference of Bar Examiners website at <http://www.ncbex.org/multistate-tests/mpre/>.

## C. FILING DEADLINES

**There is no filing deadline for house counsel applicants, but please be aware that at certain times of the year (specifically around the bar exam deadlines) there may be a slight delay in processing of the application.**

## D. APPLICATION FEES

Application fees must accompany the completed application forms. For applicants using the forms obtained from the web site an application kit was not pre-purchased and the fees are as follows:

Total house counsel application fee is - \$850

\*\* For further questions, please see RFA 4.10.

## E. FILING OF APPLICATION

1. Send your completed application, fees, and supplementary documents to:

Oregon State Board of Bar Examiners  
16037 SW Upper Boones Ferry Rd, PO Box 231935  
Tigard, Oregon 97281-1935

2. An application missing the four (4) notarized affidavits, fingerprint card, and/or fees **will not** be considered correctly filed. Anything coming from a third party such as a Graduation Certificate, Good Standing Certificate, and Discipline Statement do not need to accompany the application to be considered filed.

# Application Checklist ✓

## Rule 16.05 – House Counsel

**PAYMENT** in the amount of: (Make check payable to “Oregon State Bar”)

<input type="checkbox"/>	\$850.00 total payment for PDF version of house counsel application
<input type="checkbox"/>	Application Information Sheet – both copies
<input type="checkbox"/>	One Completed Application
<input type="checkbox"/>	Four Notarized Affidavit and Authorizations (Pages 13) – four copies
<input type="checkbox"/>	Character and Fitness Statements, completed per instructions
<input type="checkbox"/>	One Certificate of Graduation (completed and signed by your law school)
<input type="checkbox"/>	Enclosed
<input type="checkbox"/>	Will be Forwarded
<input type="checkbox"/>	Completed Fingerprint Card ( <b>reminder</b> - top portion must be filled out and signed)
<input type="checkbox"/>	*One Certificate of Good Standing from each jurisdiction where you are admitted
<input type="checkbox"/>	Enclosed
<input type="checkbox"/>	Will Be Forwarded
<input type="checkbox"/>	*Separate disciplinary statement if good standing statement does not include required information. (See Rule For Admission 4.15(3))
<input type="checkbox"/>	Enclosed
<input type="checkbox"/>	Will Be Forwarded
<input type="checkbox"/>	*Proof of passage of a bar examination in a jurisdiction in which you are admitted.
<input type="checkbox"/>	Enclosed
<input type="checkbox"/>	Will Be Forwarded
<input type="checkbox"/>	Multistate Professional Responsibility Exam Card
<input type="checkbox"/>	Employer/Employee affidavit ( <b>you are responsible for providing this affidavit - no form enclosed</b> )
<input type="checkbox"/>	Demographics Request Form (optional)
<input type="checkbox"/>	Professionalism Statement Form - signed

\*Please contact the applicable bar association(s) for these items

**Please Return this Form with Completed Application to**

Oregon State Board of Bar Examiners  
 16037 SW Upper Boones Ferry Rd, PO Box 231935  
 Tigard, Oregon 97281-1935

## Application Information Sheet - Admission in Oregon

(Complete and return all copies with Application)

### For Office Use Only

Admissions Filing Number \_\_\_\_\_

**Reciprocity**    **In-House Counsel**    **Law Teacher**

**Rule 8.10**    **Pro Bono**

Date Received (Filed) \_\_\_\_\_

Check    Cash

Comments:   (Check#: \_\_\_\_\_)

Funds Remitted By: \_\_\_\_\_

(RCT# \_\_\_\_\_)

Amount of Fees Attached   \$ \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_

### APPLICABLE FEES

(PLEASE CHECK APPROPRIATE BOX(ES)) - SEE RULE 4.10 FOR FEE INFORMATION

#### DEADLINES:

FEBRUARY EXAM – 11/15 (TIMELY); 12/30 (LATE W/ADDITIONAL FEE)

JULY EXAM – 4/15 (TIMELY); 5/30 (LATE W/ADDITIONAL FEE)

Applicants who took but did not pass the February exam and desire to take the following July exam shall file an application not later than May 1 preceding the date of the July exam. No late filing fee will be assessed to these applicants if they file by this date.

### **Bar Examination Application**

- 101-4070-000 Total Application Fee - if not admitted in any other jurisdiction(s)   \$ 625.00
- 101-4320-000 Total Application Fee – if admitted in any other jurisdiction(s)   \$ 850.00
- 101-4320-000 Application Fee – if admitted in any other jurisdiction(s) and re-applying within one year of last application (**See Rule 4.10(2) - Please read before paying**)   \$ 800.00
- 101-4355-000 Late Filing Fee – **see deadline dates above**   \$ 250.00
- 101-\_\_\_\_\_ Other \_\_\_\_\_   \$ \_\_\_\_\_

### **Reciprocity**   **In-House Counsel**   **Law Teacher**   **Rule 8.10**   **Pro Bono**

- 101-4070-100 Alternative Admission Application Fee (**Reciprocity, House Counsel, and Law Teacher Admission**)   \$ 850.00
- 101-4320-100 Rule 8.10 Investigation only fee (**for Rule 8.10 and Pro Bono Applicants**)   \$ 225.00

<b>Total Applicable Fees Remitted</b>	<b>\$</b>
---------------------------------------	-----------

### Please Complete Address Information

\_\_\_\_\_ Name (First, Middle, Last)  
\_\_\_\_\_ Mailing Address  
\_\_\_\_\_ City, State, Zip Code

## Application Information Sheet - Admission in Oregon

(Complete and return all copies with Application)

### For Office Use Only

Admissions Filing Number \_\_\_\_\_

**Reciprocity**    **In-House Counsel**    **Law Teacher**

**Rule 8.10**    **Pro Bono**

Date Received (Filed) \_\_\_\_\_

Check    Cash

Comments: (Check#: \_\_\_\_\_)

Funds Remitted By: \_\_\_\_\_

(RCT# \_\_\_\_\_)

Amount of Fees Attached     \$ \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_

### APPLICABLE FEES

(PLEASE CHECK APPROPRIATE BOX(ES)) - SEE RULE 4.10 FOR FEE INFORMATION

#### DEADLINES:

FEBRUARY EXAM – 11/15 (TIMELY); 12/30 (LATE W/ADDITIONAL FEE)

JULY EXAM – 4/15 (TIMELY); 5/30 (LATE W/ADDITIONAL FEE)

Applicants who took but did not pass the February exam and desire to take the following July exam shall file an application not later than May 1 preceding the date of the July exam. No late filing fee will be assessed to these applicants if they file by this date.

#### **Bar Examination Application**

- 101-4070-000 Total Application Fee - if not admitted in any other jurisdiction(s)     \$ 625.00
- 101-4320-000 Total Application Fee – if admitted in any other jurisdiction(s)     \$ 850.00
- 101-4320-000 Application Fee – if admitted in any other jurisdiction(s) and re-applying within one year of last application (**See Rule 4.10(2) - Please read before paying**)     \$ 800.00
- 101-4355-000 Late Filing Fee – **see deadline dates above**     \$ 250.00
- 101-\_\_\_\_\_ Other \_\_\_\_\_     \$ \_\_\_\_\_

#### **Reciprocity**   **In-House Counsel**   **Law Teacher**   **Rule 8.10**   **Pro Bono**

- 101-4070-100 Alternative Admission Application Fee (**Reciprocity, House Counsel, and Law Teacher Admission**)     \$ 850.00
- 101-4320-100 Rule 8.10 Investigation only fee (**for Rule 8.10 and Pro Bono Applicants**)     \$ 225.00

<b>Total Applicable Fees Remitted</b>	<b>\$</b>
---------------------------------------	-----------

### Please Complete Address Information

\_\_\_\_\_ Name (First, Middle, Last)

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ City, State, Zip Code

# IN THE SUPREME COURT OF THE STATE OF OREGON

## In The Matter of the Application of

---

(Please type your name as you wish it to appear on all Oregon State Bar correspondence)

### For Admission to Practice Law in the State of Oregon

Application is being made for Admission under Rule 16.05 - House Counsel

- I hereby apply for admission as an active member of the Oregon State Bar and provide the following information in compliance with the Rules for Admission of Attorneys of the Supreme Court of the State of Oregon. I understand that the following answers and statements are submitted under oath and that failure to answer any item or to fully disclose any fact or information called for in this application, and accompanying forms, may result in the denial of my application for admission and/or in disciplinary action.
- I am an active member of the \_\_\_\_\_ Bar(s).
- I am an inactive member of the \_\_\_\_\_ Bar(s).
- I took and passed the \_\_\_\_\_ Bar Exam.
- I am a graduate of a law school approved by the American Bar Association.
- I will be employed as House Counsel for (Name and Address):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

### MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION

For more information regarding the Multistate Professional Responsibility Examination (MPRE) please see RFA 7.05 of the Rules for Admission of Attorneys of the Supreme Court of the State of Oregon which can be found at this link: <http://www.osbar.org/docs/rulesregs/admissions.pdf> **The Passing MPRE Score in Oregon is a Scaled Score of 85**

- I took the MPRE on the following date with the following resulting score (if known): \_\_\_\_\_
- I requested the National Conference of Bar Examiners (NCBE) to send my score results to Oregon.
- I did not have my scores transmitted to Oregon by the NCBE and, therefore, will contact them to do so.
- I must take the MPRE and expect to do so on (date or approx. time): \_\_\_\_\_ and will have my scores directed to Oregon by the NCBE.

# APPLICATION

## GENERAL INSTRUCTIONS

- If space is insufficient for any answer, complete your answer on a separate sheet of paper and attach that sheet to this application
- Err on the side of over-disclosure
- Answer every question
- If a question is not applicable to you, answer the question "Not Applicable"
- Include **four (4)** notarized originals of the Affidavit and Authorization Form (Page 13)
- Provide the **full** number, street name, city, state and zip code for each address.  
**P.O. Boxes will not be accepted.**
- If an answer to any question changes before your admission, you are obligated to update your application. (See #3 of Affidavit and Authorization Form (Page 16))
- Complete all the forms required
- Sign all the forms requiring your signature
- If you withdraw by the deadline (Rule 4.10 regarding Withdrawal) you will receive a partial refund
- It is an applicant's duty to obtain and provide the information requested (Rule 4.25)

<b>1</b>	Full Name:	Social Security Number:
<b>2</b>	Business Address where you can be reached:	Phone Number:  Fax Number:  E-Mail Address:
<b>3</b>	Mailing Address:	Phone Number:  Fax Number:  E-Mail Address:
<b>4</b>	Date of Birth:	Place of Birth:
<b>5</b>	If you have ever been known by any other name or surname, state that name and the reason(s) you used that name:	

6	Are you presently married? Yes <input type="checkbox"/> No <input type="checkbox"/>
7	If yes, provide date of marriage ____/____/____
8	Full name of Spouse _____
9	<p>Have you ever been divorced, separated or had a marriage annulled or set aside?  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide court and case number:  Court # _____  Case # _____</p>
10	<p>Have you ever been required to pay child support, alimony, or family support as a result of a divorce, annulment or other court proceeding?  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide information regarding the support order, including the case number and court or administrative agency.</p>
11	<p>Are you currently in the armed forces?  Yes <input type="checkbox"/> No <input type="checkbox"/> List which branch: _____</p> <p>Have you ever been a member of the armed forces?  Yes <input type="checkbox"/> No <input type="checkbox"/> List which branch: _____</p> <p>If you are no longer a member of the armed forces, were you honorably discharged?  Yes <input type="checkbox"/> No <input type="checkbox"/> (<b>please explain below</b>)</p> <p>Explanation:</p>

<b>12</b>	List all addresses where you have resided for the past five years and state the dates you resided at each address (attach additional sheet if necessary):	
	Address, City, State, and Zip Code	Period of Residence

<b>13</b>	List each jurisdiction that has ever issued you a driver's license: <b><i>You do not need to provide DMV records.</i></b> The Board of Bar Examiners will obtain your records.		
	<b>State (or country) issuing license</b>	<b>License # (if known)</b>	<b>Time period during which license was in effect</b>

<b>14</b>	List every post-secondary educational institution (other than law school) you have attended:			
	Institution:	Location:	Period of Attendance:	Degree:

<b>15</b>	List every Law School you have attended:				
	Law School	Location	Period of Attendance	Date or Expected Date Graduation	Day or Evening Student

<b>16</b>	If this is not your first application for admission to practice law in Oregon, give the date of each previous application, the reason(s) why you were not then admitted and, if an application was withdrawn, the reason(s) for the withdrawal.	
	Month and Year of Examination and/or Month & Year of Reciprocity Application	Reason Not Admitted / Reason Withdrawn

17

Specify each application you have made to practice law in any jurisdiction (other than Oregon):

Application By:	State or Country	Active or Inactive?	Date of Admission, if applicable	If Not Admitted, State the Reason(s) Why Not Admitted
<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> On Motion				
<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> On Motion				
<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> On Motion				
<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> On Motion				
<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> On Motion				

<b>18</b>	If, in connection with any application you made for admission to practice law in any other state, territory, or country, you were requested to give any information regarding character and fitness beyond completing that jurisdiction's standard application for admission, explain what occurred:
<b>19</b>	Attach a statement describing your practice since first being admitted in any jurisdiction, include in that statement part-time or temporary work and show, in each instance: <ol style="list-style-type: none"><li>1. The dates between which you were actively engaged in the practice of law;</li><li>2. The exact addresses of the offices or places at which you were so engaged and, in connection with that practice, the names and address of all former employers, partners, associates and persons with whom you shared office space;</li><li>3. The nature and extent of your practice; and</li><li>4. The reason for the termination of each such employment, partnership, association, relationship or period of practice.</li></ol>
<b>20</b>	If anyone, to your knowledge, has ever complained to any bar association, court or administrative officer about your professional services or conduct, state the facts fully, identifying the client, the approximate date the complaint was made, the bar association, judge or officer to which it was made and the disposition made of the complaint. Attach separate sheet(s) in responding to this question, if necessary.

**21** If you have ever been the subject of any disciplinary proceeding in connection with your practice of law in any jurisdiction, or have ever received a warning, reprimand or sanction concerning your practice, state the facts fully, identifying the nature of the alleged violation, the disposition of the matter and the name and address of the person or entity who would have the record.

Attach separate sheet(s) in responding to this question, if necessary.

**22** If your answer to any of the portions of this question is "YES," attach a separate sheet of paper to this application with a full explanation of the circumstances that required you give an affirmative answer to that portion of the question. Be as complete and detailed as you can. If the information is not sufficiently complete and detailed to give the Board of Bar Examiners a full understanding of the circumstances, your application will not be considered complete until you provide the necessary additional information. If your explanation refers to a court case or administrative proceeding, give the number of the case or proceeding and sufficient information so that the Board of Bar Examiners can locate the record.

	<b>YES</b>	<b>NO</b>
a. Have you ever been dropped, suspended, expelled, disciplined or subjected to a disciplinary inquiry or proceeding by any college or law school for any cause whatsoever?		
b. Have you ever been discharged or requested, formally or informally, to resign from or terminate employment?  If yes, explain and provide the date, circumstances, and name, address, phone number and email address of employer, as well as the name and title of individual making such request if other than the listed employer (attach supplemental sheet)		
c. Have you ever been a party to any civil proceeding, including any bankruptcy or administrative proceeding?		

<b>22</b>  <b>C</b> <b>o</b> <b>n</b> <b>t</b> <b>,</b> <b>d</b>		<b>YES</b>	<b>NO</b>
	d. Have you ever been charged with fraud or dishonesty in any civil proceeding?		
	e. Have you had more than five checks dishonored because of insufficient funds during the past three years?		
	f. Have you ever had a check for more than \$100 dishonored because of insufficient funds?		
	g. Do you now have any loans, accounts, judgments or financial obligations of any nature, including child support payments and student loans, past due for payment more than 60 days?		
	h. Has any surety on any bond on which you were the principal or obligor been required to pay any money on your behalf?		
	i. Have you ever been denied a bond, had a bond revoked, or had anyone seek to recover on or cancel a bond?		
	j. Have you ever been arrested, charged with or convicted of any criminal offense? If yes, complete the information below. For purposes of this question, you must list any criminal offenses, even if the offense was subsequently expunged or set aside. <b>You may only omit juvenile matters which were expunged or set aside.</b>		
	k. Have you ever been charged with contempt of court?		
	l. Have you ever been accused of dishonesty in connection with employment?		
	m. Have you ever applied for a license, other than as an attorney at law, the procurement of which required proof of "good moral character" (i.e., CPA, patent agent, notary public, real estate broker, physician, nurse)?		
n. Has any proceeding ever been instituted to declare you an incompetent person, an insane person or a mentally diseased person?			
o. Have you ever had a dependency upon, undergone treatment for, or been discharged from employment for the use of a controlled substance or alcohol?			

<b>22</b>  <b>C</b> <b>o</b> <b>n</b> <b>t</b> <b>'</b> <b>d</b>		<b>YES</b>	<b>NO</b>
	p. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner? ("Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.)		
	q. Have you ever been treated for any mental or emotional condition which, if active or untreated, could affect your ability to practice law in a competent and professional manner?		
	r. If your answer to (p) or (q) is affirmative, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?		
	s. Have you or anyone you have worked with ever been charged with the unauthorized practice of law as a result of your conduct?		
	t. Have you or anyone you have worked with ever been sanctioned, censured, reprimanded, disciplined, suspended, disqualified or disbarred as a member of any profession or as a practitioner before any administrative agency as a result of your conduct?		
	u. Have you ever been suspended or removed from public office because of conduct reflecting adversely upon your character?		
	v. Have you ever been subject to any disciplinary action in connection with military service?		
	w. Is there any additional information with respect to possible misconduct or lack of moral qualification or general fitness on your part that is not otherwise disclosed by your answers to questions in this application?  If yes, explain		

23

List your **current** and **previous** five employers and state the dates you were employed by them. **(Indicate supervisor where applicable)**. Provide the full and correct name, number, street name, address, city, state, and zip code for each address.

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

Name and Complete Address

Occupation / Position:

Period of Employment:

Reason for Leaving:

24

Identify **five** responsible people who are in a position to attest to your character and fitness to practice law. If possible, at least two of the people should be members of the Oregon State Bar or of another jurisdiction. **Do not** list people related to you by blood or marriage. Your acquaintance with the people listed **should be more than casual and of a substantial duration.**

Name and Exact Mailing Address	Occupation	Nature and Length of Acquaintance
Name and Exact Mailing Address	Occupation	Nature and Length of Acquaintance
Name and Exact Mailing Address	Occupation	Nature and Length of Acquaintance
Name and Exact Mailing Address	Occupation	Nature and Length of Acquaintance
Name and Exact Mailing Address	Occupation	Nature and Length of Acquaintance

**All Applicants MUST complete the following:**

**AFFIDAVIT AND AUTHORIZATION**

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, state that:

1. I am the applicant named in the foregoing application for admission to practice law in Oregon;
2. I have read the Rules of the Supreme Court of the State of Oregon relating to admission to practice law in Oregon, and I make this application in accordance with those rules;
3. I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one and, accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted that would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Board of Bar Examiners and furnish the necessary information to correct or complete my application;
4. I agree to give any further information which may be required in reference to my past record;
5. I hereby authorize the Supreme Court of the State of Oregon and the Board of Bar Examiners, or their agents or authorized representatives, to make a complete investigation of my character, financial responsibility and general fitness to practice law in Oregon and to disclose such information about me as may be reasonably necessary to conduct such an investigation;
6. I hereby authorize every person, firm, company, corporation, governmental agency, court, association, bar admissions or discipline authority, or educational or other institution, including, without limitation, colleges, universities, and law schools, having control of documents relating to me, including, without limitation, driving records, post-secondary educational institution and law school records, military records, credit reports, litigation records, professional disciplinary records, and employment records, to provide that information and those documents to the Supreme Court of the State of Oregon and the Board of Bar Examiners and their agents or authorized representatives;
7. To investigate and reach a determination respecting my moral character, reputation, fitness for the practice of law, I hereby release, discharge and exonerate the Oregon Board of Bar Examiners, their members, agents and representatives and any person, entity furnishing documents, records or other organization supplying requested information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
8. I understand, subject to the exceptions in the Rules for Admission, and agree, and as noted in this application, or as required by law, that all documents, records and other information pertaining to me, furnished to the Oregon State Board of Bar Examiners in connection with this application are privileged and confidential and will not be disclosed to persons outside the Supreme Court of Oregon and the Board of Bar Examiners and their agents or authorized representatives without my prior consent and that this application is and shall remain the property of the Supreme Court.
9. I fully realize that the determination of whether I may be allowed to practice law in Oregon depends on the truth and completeness of my answers in this application and the information furnished with it;
10. I have read the foregoing application and the answers that I have given in it are true and complete.

\_\_\_\_\_(Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\* \_\_\_\_\_

Notary Public For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*Note: Each copy of this application must be separately signed by the applicant and separately notarized. The signatures may not be carbon or photocopied signatures.**

**All Applicants MUST complete the following:**

**AFFIDAVIT AND AUTHORIZATION**

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, state that:

1. I am the applicant named in the foregoing application for admission to practice law in Oregon;
2. I have read the Rules of the Supreme Court of the State of Oregon relating to admission to practice law in Oregon, and I make this application in accordance with those rules;
3. I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one and, accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted that would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Board of Bar Examiners and furnish the necessary information to correct or complete my application;
4. I agree to give any further information which may be required in reference to my past record;
5. I hereby authorize the Supreme Court of the State of Oregon and the Board of Bar Examiners, or their agents or authorized representatives, to make a complete investigation of my character, financial responsibility and general fitness to practice law in Oregon and to disclose such information about me as may be reasonably necessary to conduct such an investigation;
6. I hereby authorize every person, firm, company, corporation, governmental agency, court, association, bar admissions or discipline authority, or educational or other institution, including, without limitation, colleges, universities, and law schools, having control of documents relating to me, including, without limitation, driving records, post-secondary educational institution and law school records, military records, credit reports, litigation records, professional disciplinary records, and employment records, to provide that information and those documents to the Supreme Court of the State of Oregon and the Board of Bar Examiners and their agents or authorized representatives;
7. To investigate and reach a determination respecting my moral character, reputation, fitness for the practice of law, I hereby release, discharge and exonerate the Oregon Board of Bar Examiners, their members, agents and representatives and any person, entity furnishing documents, records or other organization supplying requested information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
8. I understand, subject to the exceptions in the Rules for Admission, and agree, and as noted in this application, or as required by law, that all documents, records and other information pertaining to me, furnished to the Oregon State Board of Bar Examiners in connection with this application are privileged and confidential and will not be disclosed to persons outside the Supreme Court of Oregon and the Board of Bar Examiners and their agents or authorized representatives without my prior consent and that this application is and shall remain the property of the Supreme Court.
9. I fully realize that the determination of whether I may be allowed to practice law in Oregon depends on the truth and completeness of my answers in this application and the information furnished with it;
10. I have read the foregoing application and the answers that I have given in it are true and complete.

\_\_\_\_\_(Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\* \_\_\_\_\_

Notary Public For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*Note: Each copy of this application must be separately signed by the applicant and separately notarized. The signatures may not be carbon or photocopied signatures.**

**All Applicants MUST complete the following:**

**AFFIDAVIT AND AUTHORIZATION**

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, state that:

1. I am the applicant named in the foregoing application for admission to practice law in Oregon;
2. I have read the Rules of the Supreme Court of the State of Oregon relating to admission to practice law in Oregon, and I make this application in accordance with those rules;
3. I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one and, accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted that would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Board of Bar Examiners and furnish the necessary information to correct or complete my application;
4. I agree to give any further information which may be required in reference to my past record;
5. I hereby authorize the Supreme Court of the State of Oregon and the Board of Bar Examiners, or their agents or authorized representatives, to make a complete investigation of my character, financial responsibility and general fitness to practice law in Oregon and to disclose such information about me as may be reasonably necessary to conduct such an investigation;
6. I hereby authorize every person, firm, company, corporation, governmental agency, court, association, bar admissions or discipline authority, or educational or other institution, including, without limitation, colleges, universities, and law schools, having control of documents relating to me, including, without limitation, driving records, post-secondary educational institution and law school records, military records, credit reports, litigation records, professional disciplinary records, and employment records, to provide that information and those documents to the Supreme Court of the State of Oregon and the Board of Bar Examiners and their agents or authorized representatives;
7. To investigate and reach a determination respecting my moral character, reputation, fitness for the practice of law, I hereby release, discharge and exonerate the Oregon Board of Bar Examiners, their members, agents and representatives and any person, entity furnishing documents, records or other organization supplying requested information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
8. I understand, subject to the exceptions in the Rules for Admission, and agree, and as noted in this application, or as required by law, that all documents, records and other information pertaining to me, furnished to the Oregon State Board of Bar Examiners in connection with this application are privileged and confidential and will not be disclosed to persons outside the Supreme Court of Oregon and the Board of Bar Examiners and their agents or authorized representatives without my prior consent and that this application is and shall remain the property of the Supreme Court.
9. I fully realize that the determination of whether I may be allowed to practice law in Oregon depends on the truth and completeness of my answers in this application and the information furnished with it;
10. I have read the foregoing application and the answers that I have given in it are true and complete.

\_\_\_\_\_(Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\* \_\_\_\_\_

Notary Public For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*Note: Each copy of this application must be separately signed by the applicant and separately notarized. The signatures may not be carbon or photocopied signatures.**

**All Applicants MUST complete the following:**

**AFFIDAVIT AND AUTHORIZATION**

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, state that:

1. I am the applicant named in the foregoing application for admission to practice law in Oregon;
2. I have read the Rules of the Supreme Court of the State of Oregon relating to admission to practice law in Oregon, and I make this application in accordance with those rules;
3. I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one and, accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted that would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Board of Bar Examiners and furnish the necessary information to correct or complete my application;
4. I agree to give any further information which may be required in reference to my past record;
5. I hereby authorize the Supreme Court of the State of Oregon and the Board of Bar Examiners, or their agents or authorized representatives, to make a complete investigation of my character, financial responsibility and general fitness to practice law in Oregon and to disclose such information about me as may be reasonably necessary to conduct such an investigation;
6. I hereby authorize every person, firm, company, corporation, governmental agency, court, association, bar admissions or discipline authority, or educational or other institution, including, without limitation, colleges, universities, and law schools, having control of documents relating to me, including, without limitation, driving records, post-secondary educational institution and law school records, military records, credit reports, litigation records, professional disciplinary records, and employment records, to provide that information and those documents to the Supreme Court of the State of Oregon and the Board of Bar Examiners and their agents or authorized representatives;
7. To investigate and reach a determination respecting my moral character, reputation, fitness for the practice of law, I hereby release, discharge and exonerate the Oregon Board of Bar Examiners, their members, agents and representatives and any person, entity furnishing documents, records or other organization supplying requested information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
8. I understand, subject to the exceptions in the Rules for Admission, and agree, and as noted in this application, or as required by law, that all documents, records and other information pertaining to me, furnished to the Oregon State Board of Bar Examiners in connection with this application are privileged and confidential and will not be disclosed to persons outside the Supreme Court of Oregon and the Board of Bar Examiners and their agents or authorized representatives without my prior consent and that this application is and shall remain the property of the Supreme Court.
9. I fully realize that the determination of whether I may be allowed to practice law in Oregon depends on the truth and completeness of my answers in this application and the information furnished with it;
10. I have read the foregoing application and the answers that I have given in it are true and complete.

\_\_\_\_\_(Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\* \_\_\_\_\_

Notary Public For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*Note: Each copy of this application must be separately signed by the applicant and separately notarized. The signatures may not be carbon or photocopied signatures.**



Oregon State  
Board of  
Bar Examiners

**OREGON STATE BOARD OF BAR EXAMINERS**

16037 SW Upper Boones Ferry Road, Tigard, OR 97224  
Inside Oregon: 1-800-452-8260 - (503) 620-0222, Exts. 310, 311, 316 and 419

[www.osbar.org](http://www.osbar.org)

To: All Applicants for Admission to Practice Law in Oregon  
From: Oregon State Board of Bar Examiners  
Re: Character and Fitness Statements

**Enclosed you will find six (6) Employment Character and Fitness Statements. Complete the top part of each form ONLY with:**

- Your name on the line below the words "**In the Matter of the Application of**"
- The name and complete address of each of your places of employment. **(Please type inside the guide marks [shaded brackets], as these statements will be mailed in window envelopes.)**
- The name of your supervisor if that person is still employed by that company. If not, please address the reference to HR or Personnel Department
- Dates of employment, where applicable

List the names and contact information of **five personal character references** who are in a position to attest to your character and fitness to practice law. There are no statements for these references. The Board of Bar Examiners will contact these people if deemed necessary.

**House Counsel Applicants** – The employer references from page 11 should auto-complete in the shaded brackets on the six (6) character and fitness statements provided.

We will mail the forms to your references.

**DO NOT MAIL OR GIVE THESE STATEMENTS  
TO YOUR REFERENCES – PLEASE RETURN WITH  
YOUR COMPLETED APPLICATION**

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?  YES  NO  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:
  - YES  NO been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?
  - YES  NO been a party to legal or administrative proceedings?
  - YES  NO been charged with, arrested for or convicted of any traffic or criminal offense?
  - YES  NO been accused of a violation of trust?
  - YES  NO been denied admission to the Bar of any other state?
  - YES  NO had a pattern of unexcused absences from school or work?
  - YES  NO demonstrated violent or disruptive behavior?
  - YES  NO been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?
  - YES  NO been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?
  - YES  NO had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?
  - YES  NO been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**
  - The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.
  - The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.
  - The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?       **YES**       **NO**  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:  
 **YES**     **NO**    been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?  
 **YES**     **NO**    been a party to legal or administrative proceedings?  
 **YES**     **NO**    been charged with, arrested for or convicted of any traffic or criminal offense?  
 **YES**     **NO**    been accused of a violation of trust?  
 **YES**     **NO**    been denied admission to the Bar of any other state?  
 **YES**     **NO**    had a pattern of unexcused absences from school or work?  
 **YES**     **NO**    demonstrated violent or disruptive behavior?  
 **YES**     **NO**    been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?  
 **YES**     **NO**    been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?  
 **YES**     **NO**    had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?  
 **YES**     **NO**    been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**  
 The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.  
 The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.  
 The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?       **YES**       **NO**  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:
  - YES**     **NO**    been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?
  - YES**     **NO**    been a party to legal or administrative proceedings?
  - YES**     **NO**    been charged with, arrested for or convicted of any traffic or criminal offense?
  - YES**     **NO**    been accused of a violation of trust?
  - YES**     **NO**    been denied admission to the Bar of any other state?
  - YES**     **NO**    had a pattern of unexcused absences from school or work?
  - YES**     **NO**    demonstrated violent or disruptive behavior?
  - YES**     **NO**    been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?
  - YES**     **NO**    been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?
  - YES**     **NO**    had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?
  - YES**     **NO**    been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**
  - The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.
  - The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.
  - The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?       **YES**       **NO**  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:  
 **YES**     **NO**    been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?  
 **YES**     **NO**    been a party to legal or administrative proceedings?  
 **YES**     **NO**    been charged with, arrested for or convicted of any traffic or criminal offense?  
 **YES**     **NO**    been accused of a violation of trust?  
 **YES**     **NO**    been denied admission to the Bar of any other state?  
 **YES**     **NO**    had a pattern of unexcused absences from school or work?  
 **YES**     **NO**    demonstrated violent or disruptive behavior?  
 **YES**     **NO**    been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?  
 **YES**     **NO**    been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?  
 **YES**     **NO**    had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?  
 **YES**     **NO**    been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**  
 The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.  
 The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.  
 The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?  YES  NO  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:
- YES  NO been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?
- YES  NO been a party to legal or administrative proceedings?
- YES  NO been charged with, arrested for or convicted of any traffic or criminal offense?
- YES  NO been accused of a violation of trust?
- YES  NO been denied admission to the Bar of any other state?
- YES  NO had a pattern of unexcused absences from school or work?
- YES  NO demonstrated violent or disruptive behavior?
- YES  NO been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?
- YES  NO been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?
- YES  NO had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?
- YES  NO been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**
- The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.
- The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.
- The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE SUPREME COURT OF THE STATE OF OREGON  
EMPLOYMENT CHARACTER AND FITNESS STATEMENT**

**\*\*Employer References – Please answer the questions below and mail back in the return envelope provided. If unable to complete this form, please make a note of this and return the form anyway.\*\***

**In the Matter of the Application of:**

\_\_\_\_\_ (PRINT TYPE YOUR NAME HERE)

[		]
[		]
[		]
[		]

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

1. My name is: \_\_\_\_\_ 2. My occupation is: \_\_\_\_\_
2. I am a member in good standing of the Bar of : *(if none, write none)*
3. I have been acquainted with the applicant for \_\_\_\_\_ years under the following circumstances:
4. Do you believe the applicant to be trustworthy?  YES  NO  
*(If you answer NO, provide a short summary of details)*
5. Please check yes or no. If your answer to any is YES, provide a short summary. To your knowledge has the applicant:
  - YES  NO been accused of a violation of the honor code or student conduct code, warned, placed on scholastic or disciplinary probation, suspended, requested or advised to discontinue studies, dropped, expelled, or requested to resign or otherwise subject to discipline for academic or personal conduct reasons by any educational institution?
  - YES  NO been a party to legal or administrative proceedings?
  - YES  NO been charged with, arrested for or convicted of any traffic or criminal offense?
  - YES  NO been accused of a violation of trust?
  - YES  NO been denied admission to the Bar of any other state?
  - YES  NO had a pattern of unexcused absences from school or work?
  - YES  NO demonstrated violent or disruptive behavior?
  - YES  NO been addicted to or dependent upon the use of narcotics, drugs or intoxicating beverages within the past 10 years?
  - YES  NO been hospitalized during the past 10 years for treatment of any of the following: schizophrenia or other psychotic disorder; bipolar or major depressive mood disorder; drug or alcohol abuse; impulse control disorder, including kleptomania, pyromania, explosive disorder, pathological or compulsive gambling; or paraphilia such as pedophilia, exhibitionism or voyeurism that could impair or limit the ability to practice law in a competent and professional manner?
  - YES  NO had a mental health condition that currently impairs or limits, or if left untreated could impair or limit, the ability to practice law in a competent and professional manner?
  - YES  NO been delinquent in any financial obligations?
6. I am \_\_\_\_\_ / I am not \_\_\_\_\_ able to give factual, accurate, and reliable appraisal of the applicant's moral character and general fitness to practice law. If not, why not?
7. I believe: **(check one)**
  - The applicant is qualified by general fitness and good moral character to practice law and I make this statement without reservation.
  - The applicant is qualified by general fitness and good moral character to practice law, but I am aware of facts set forth concerning the applicant's background, history, experience, or activities which may have a bearing on this question and should be brought to the attention of the examining authorities.
  - The applicant is not qualified to practice law for the reasons set forth (attach a separate sheet)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Oregon State  
Board of  
Bar Examiners

**IN THE SUPREME COURT OF THE STATE OF OREGON**

**Certificate of Law School Graduation**

**Please Forward this Form to the Registrar of your Law School**

Application for Admission to the Bar of:

\_\_\_\_\_ **(Student's Full Name)**

I do hereby certify that:

A. The applicant named above studied law at: \_\_\_\_\_

B. Applicant was awarded the degree of: \_\_\_\_\_

C. Applicant received said degree on: \_\_\_\_\_  
**(Date conferred)**

D. Applicant's record does not reflect adversely on his/her fitness to practice law; and during his/her attendance at this law school, he/she has not been subject to any disciplinary action, except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Said law school **WAS ACCREDITED BY THE AMERICAN BAR ASSOCIATION** on or before the date on which applicant received said degree; and

F. At said law school I hold the title of: \_\_\_\_\_

Certified by: \_\_\_\_\_  
**(Print Name)**

Signature: \_\_\_\_\_  
**(Original Signature Required)**

Date of Certification: \_\_\_\_\_

**(SCHOOL OR NOTARY SEAL)**

If school has no official seal, a notary execution must reflect the official and verified status of this certificate.

**Please return this completed form to:**

Oregon Board of Bar Examiners  
16037 SW Upper Boones Ferry Rd  
PO Box 231935  
Tigard, OR 97281-1935



Oregon State  
Board of  
Bar Examiners

# ***Notice:***

## Fingerprinting Instructions

To complete your application you will need to have your fingerprints taken. Included in the application is an example of the required fields that must be completed on the fingerprint card.

1. You *must* submit your completed fingerprint card with your application.
2. Your fingerprints must be taken by an agency authorized to perform fingerprinting. Most municipal police departments and local sheriff's offices can do this for you. The Admissions Department does **not** provide fingerprinting services.
3. For obvious reasons, the application obtained from the Admissions web site does not include a blank fingerprint card for your use. Any agency authorized to perform fingerprinting should be able to provide you a fingerprint card.
4. The Board of Bar Examiners' ORI # is OR0030SB0. Include this number on your fingerprint card.
5. Repeat exam takers applying within four (4) years of previous application do **not** need to have their fingerprints taken again.

Fingerprinting Services in Oregon (please call business for hours of operation):

**Public Safety Training Center**  
12700 SW 83<sup>rd</sup> Avenue  
Clackamas, OR - 503-794-8065


**Oregon State Police**  
3772 Portland Road, NE Building C  
Salem, OR – 503-378-3070

**Fingerprinting Services & Investigations**  
319 SW Washington Street, Suite 606  
Portland, OR – 888-680-2973  
[www.fingerprintingservices.net](http://www.fingerprintingservices.net)

**Univ. of Oregon – Dept. of Public Safety**  
1319 E 15<sup>th</sup> Avenue, Straub Hall  
Eugene, OR – 541-346-2919  
<http://safetyweb.uoregon.edu/>

**Beaverton City Hall**  
4755 SW Griffith  
Beaverton, OR – 503-526-2222  
Mon-Thu 11:30-1:30 – no appt necessary

**Washington County Sheriff's Office**  
215 SW Adams Avenue  
Hillsboro, OR – 503-846-2761

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME <u>John</u>		MIDDLE NAME <u>Z</u>					
SIGNATURE OF PERSON FINGERPRINTED 		ALIASES <u>AKA</u> <u>N/A</u>		OR I		OR0030SBO		DATE OF BIRTH <u>DOB</u> Month <u>01</u> Day <u>01</u> Year <u>1900</u>			
RESIDENCE OF PERSON FINGERPRINTED <u>123 ABC Street</u> <u>City, State, Zip</u>		CITIZENSHIP <u>CIT</u> <u>USA</u>		SEX <u>M</u>		RACE		HGT <u>6'2"</u>		WGT <u>200</u>	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		EYES <u>Gr</u>		HAIR <u>Br</u>		PLACE OF BIRTH <u>POB</u> <u>City, State</u>	
EMPLOYER AND ADDRESS <b>BOARD OF BAR EXAMINERS</b> <b>16037 S.W. Upper Boones Ferry Rd.</b> <b>Tigard, OR 97224</b>		FBI NO. <u>FBI</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u> <u>000-00-0000</u>		MISCELLANEOUS NO. <u>MNU</u>		LEAVE BLANK	
REASON FINGERPRINTED <b>BAR EXAMINATION APPLICANT</b>								CLASS _____		REF. _____	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY +				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY +			

Oregon State Bar

## Statement of Professionalism

*Adopted by the Oregon State Bar House of Delegates and  
Approved by the Supreme Court of Oregon effective November 16, 2006*

As lawyers, we belong to a profession that serves our clients and the public good. As officers of the court, we aspire to a professional standard of conduct that goes beyond merely complying with the ethical rules. Professionalism is the courage to care about and act for the benefit of our clients, our peers, our careers, and the public good. Because we are committed to professionalism, we will conduct ourselves in a way consistent with the following principles in dealing with our clients, opposing parties, opposing counsel, the courts, and the public.

- I will promote the integrity of the profession and the legal system.
- I will work to ensure access to justice for all segments of society.
- I will avoid all forms of unlawful or unethical discrimination.
- I will protect and improve the image of the legal profession in the eyes of the public.
- I will promote respect for the courts.
- I will support the education of the public about the legal system.
- I will work to achieve my client's goals, while at the same time maintain my professional ability to give independent legal advice to my client.
- I will always advise my clients of the costs and potential benefits or risks of any considered legal position or course of action.
- I will communicate fully and openly with my client, and use written fee agreements with my clients.
- I will not employ tactics that are intended to delay, harass, or drain the financial resources of any party.
- I will always be prepared for any proceeding in which I am representing my client.
- I will be courteous and respectful to my clients, to adverse litigants and adverse counsel, and to the court.
- I will only pursue positions and litigation that have merit.
- I will explore all legitimate methods and opportunities to resolve disputes at every stage in my representation of my client.
- I will support pro bono activities.



Oregon State  
Board of  
Bar Examiners

**(Please Sign and Returned this Form to  
the Board of Bar Examiners With Your Application)**

OREGON STATE BAR

Committee on Professionalism

I, \_\_\_\_\_ (please print name),  
declare that I am an applicant for membership in the Oregon  
State Bar and that I have read the Statement of Professionalism  
provided by the Board of Bar examiners. Furthermore, I declare  
that while I am engaged in the practice of law as a member of  
the Oregon State Bar, I will subscribe to the principles set out in  
the Statement of Professionalism.

---

Signature

## Oregon State Bar Request for Demographic Information

The Oregon State Bar (OSB), through its Affirmative Action Program, relies on this voluntary form to establish demographic statistics. *Please complete this form for every application.*

### FAQs:

#### 1. Why would the OSB request demographic information?

The bar and the public frequently requests demographic statistics of Oregon's bar members. Your response will help to establish as accurate database as possible.

#### 2. Why is the OSB Affirmative Action Program (AAP) involved in this request?

The AAP's mission is to increase access to justice. Based on the substance and timing of your response, the AAP might contact you to let you know of programs and resources for which you are eligible. Such programs and resources are not restricted to racial/ethnic minorities. See <http://www.osbar.org/programs/aap/aapindex.html>

#### 3. If I am a repeat applicant, should I submit this form again?

Yes. This form triggers AAP notification of programs and resources.

#### 4. Will my responses be available to the public?

Upon admission to the bar, your responses become a permanent part of your membership file and are subject to the Oregon Public Records law.

**Thank you for your assistance. Questions? Contact the AAP at 503.431.6337 or [fgarcia@osbar.org](mailto:fgarcia@osbar.org).**

---

Application Date (Month and Year): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Law School: \_\_\_\_\_ Graduation Month & Year: \_\_\_\_\_

Check or describe all that apply:

Asian/Pacific Islander

Black/African American

Hispanic/Mexican American

Native American/American Indian

White/Caucasian

Disability

Multicultural (describe) \_\_\_\_\_

Sexual Orientation Disclosure: \_\_\_\_\_

Other<sup>1</sup> : \_\_\_\_\_

---

<sup>1</sup> The AAP's access to justice mission includes "... increasing membership diversity to reflect the diversity of the people of Oregon, ... educating attorneys about the cultural richness and diversity of the clients they serve and by removing barriers to justice." There is no exhaustive list which represents Oregon's diversity or groups that have experienced barriers to justice. Please briefly name or describe other groups with which you identify under "Other" – e.g., "severe economic and social disadvantage that impacted my education."



Oregon State  
Board of  
Bar Examiners

## OREGON STATE BOARD OF BAR EXAMINERS

16037 SW UPPER BOONES FERRY ROAD

TIGARD, OR 97224

503.620.0222, EXTS. 310, 311, 316 AND 419

TOLL FREE IN OREGON 1.800.452.8260

FAX: 503.684.1366

[www.osbar.org](http://www.osbar.org)

---

### Questions about the Admission Process?

- ✓ **General Questions** – You can go to the Admissions home page on the Oregon State Bar website:  
<http://www.osbar.org/admissions>
- ✓ **Rules** – You can find a complete set of rules at the link below:  
<http://www.osbar.org/docs/rulesregs/admissions.pdf>
- ✓ **Frequently Asked Questions** – please refer to:  
<http://www.osbar.org/docs/admissions/Q&A.pdf>
- ✓ **Forms Library** – For Special Accommodation forms, Laptop Exam Information, Change of Address form, Certificate of Graduation, please refer to:  
<http://www.osbar.org/admissions/index.html#forms>