

In The Supreme Court Of The State Of Oregon

In The Matter Of The Application Of _____)
)
)
) **BR 8.1 Reinstatement**
)
 For Reinstatement As An Active Member Of The Oregon State Bar)
)
)

Application

I hereby apply for reinstatement as an active member of the Oregon State Bar and provide the following information in compliance with the Rules of Procedure of the Oregon State Bar. 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 may result in the denial of my application for reinstatement and/or in disciplinary action.

Personal History

1 Full Name: _____ Bar # _____

2 Other names or surnames by which you have been known: _____

3 Current addresses and telephone numbers:

Email Address:

Residence Address:

Phone: _____

Business Address:

Phone: _____

4 List former addresses at which you have resided from the date you ceased to be an active member of the Oregon State Bar. Attach additional sheet if necessary. (Indicate dates resided): _____

5 Date and Place of Birth: _____

6 Date that you ceased to be an active member of the Oregon State Bar and the reason(s) for the change in your membership status:

Date:

Reason(s):

Personal History

7 Since you last applied for admission to the Oregon State Bar:

a have you been charged with, arrested for or convicted of a violation of any federal, state, municipal or other law, statute or ordinance (excluding minor traffic violations)? Yes No

b have you been accused of or charged with fraud or dishonesty in any proceeding, or in connection with employment, or relating to actions taken while serving in a fiduciary capacity? Yes No

c have you been a party to, or been named or described in any civil action, suit or proceeding, including bankruptcy or mental competency proceeding? Yes No

d have you been denied any license or certificate that requires proof of good moral character? Yes No

e have you been charged with contempt of court? Yes No

f have you had a dependency upon, undergone treatment for, or been discharged from employment due to the use of a controlled substance or alcohol? Yes No

If you answered "yes" to any part of item 7, attach an explanation of the circumstances. If applicable, provide dates, parties, court, proceeding, facts and disposition, and the name and address of the person or body possessing the record of any proceeding or information regarding the described circumstances.

8 a 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 affects, or if untreated could affect, your ability to practice law in a competent and professional manner? Yes No

b If so, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring program? Yes No

If you answered yes to item 8(a), attach an explanation of the condition or impairment, along with a description of any treatment you receive or program in which you participate.

9 Do you presently have any unsatisfied judgments, decrees or tax liens against you? Yes No

If so, attach a statement describing the nature and date of such judgments, decrees or liens, including the amount owing, the names and addresses of the creditors and the jurisdictions in which the debts arose.

10 Have you filed timely your federal and state income tax returns for each of the three years preceding the current year? Yes No

If not, explain on an attached sheet, Note: you may be required to provide copies of your tax returns upon the request of Disciplinary Counsel.

Employment History

- 11 Attach a list of your occupations or employment since you were last an active member of the Oregon State Bar. Include the following:
- ✓ the name and address of each employer;
 - ✓ the nature of the business and your position;
 - ✓ the nature and extent of your law practice if you practiced in another jurisdiction;
 - ✓ the period of your employment;
 - ✓ the reason for termination of your employment.

This list should account for the entire period since you last were an active member of the Oregon State Bar. Indicate periods of unemployment, service in the armed forces, enrollment in school or other activities where appropriate.

- 12 Has anyone ever complained to any lawyer licensing authority or bar association (other than the Oregon State Bar), court or administrative officer about your professional services or conduct? Yes No

If so, describe the facts, parties, court, case number, dates and disposition on an attached sheet.

- 13 Have you ever been a party to a suit for legal malpractice? Yes No

If so, describe the facts, parties, court, case number, dates and disposition on an attached sheet.

- 14 During the period you were not an active member of the Oregon State Bar, did you engage in the practice of law in Oregon, or in any jurisdiction where you were not authorized by law to do so? Yes No.

If so, explain on an attached sheet.

- 15 Have you ever had a lawyer trust account check dishonored because of insufficient funds? Yes No

If so, explain on an attached sheet.

- 16 Have you ever held judicial office? Yes No

If so, describe the office, the period and location of your tenure, and the reason for termination of office on an attached sheet.

- 17 Have you ever been bonded? Yes No

If so, has anyone sought to recover on the bond? Yes No

If so, describe on an attached sheet the nature of the claim, the circumstances of your employment in the bonded position, the name of the bonding company, the amount of the bond and the disposition of the claim.

- 18 Have you ever been denied a bond? Yes No

If so, describe the facts on an attached sheet.

Bar History

19 Date of admission to the Oregon State Bar:

- 20 Have you ever applied for admission to practice law in any other jurisdiction? Yes No

If so, provide on an attached sheet the name of the jurisdiction, the date of the application, the disposition thereon and the present status of your membership. If you currently are not in good standing in a jurisdiction where you were once admitted, specify the reasons for and date of your change in membership status in each instance.

- 21 Provide a certificate of good standing from the bar association or highest court in each jurisdiction other than Oregon where you are admitted to practice law.
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- 22 Have you ever been admonished, censured, reprimanded, suspended, disbarred or otherwise disciplined as a member of the legal profession in any jurisdiction? Yes No

If so, attach a description of the proceedings, including the date of sanction and the reason(s) therefor. If the proceeding took place outside of Oregon, provide copies of the findings, conclusions and disposition issued by the fact-finding body, the opinion of each appellate court or the findings, conclusions and recommendations of each investigatory body that acted upon the allegations against you.

- 23 Attach a copy of each petition or application for reinstatement (except this application) filed by you or on your behalf in any jurisdiction and of each finding, decision or order made or entered in connection therewith.
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References

24 Provide the names of five persons, each of whom is able and hereby authorized to provide a factual, accurate and reliable appraisal of your character. These persons should not be related to you by blood or marriage and the acquaintances should be more than casual and of a substantial duration. Three of these references must be members of the Oregon State Bar unless, because of prior residence, you are unable to meet this requirement. In that instance, three of these references must be members in good standing of another state bar or jurisdiction.

a	Name Mailing Address/Phone #	Occupation Nature and Length of Acquaintance
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b	Name Mailing Address/Phone #	Occupation Nature and Length of Acquaintance
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c	Name Mailing Address/Phone #	Occupation Nature and Length of Acquaintance
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d	Name Mailing Address/Phone #	Occupation Nature and Length of Acquaintance
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e	Name Mailing Address/Phone #	Occupation Nature and Length of Acquaintance
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Additional Information

25 Do you intend to engage in the practice of law or be employed in a law-related position upon reinstatement?

If yes, explain where and in what capacity.

● 26 Provide the following materials with your application for reinstatement:

A completed fingerprint card (provide all information requested on the card) and executed releases provided by the Oregon State Bar.

The required forms have been supplied with your application packet.

Applicant's Signature _____

Date _____

State of _____)
) ss.
 County of _____)

I, the undersigned, being first duly sworn, state that: I am the applicant who signed the foregoing application; before signing the application, I read and understood each inquiry in the application. I realize that whether I am reinstated as an active member of the Oregon State Bar may depend largely upon the truth, falsity or completeness of my answers in this application; I will give any further information that may be required concerning my past record but, to my knowledge, the answers that I have provided in this application are true and complete; I hereby authorize the Supreme Court of the State of Oregon and the Oregon State Bar, or any agent or authorized representative thereof, to make a complete investigation of my character, financial responsibility and general fitness to practice law in Oregon and of the completeness of my answers provided in this application; and I hereby release and exonerate those so authorized, and any person or organization supplying requested information, from liability of any kind resulting from investigating or providing the information.

Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public for _____

My Commission Expires: _____

Please Return To:
Oregon State Bar
Regulatory Services
P.O. 231935
Tigard, OR 97281-1935

Authorization and Release Driving and Motor Vehicle License Records

To: Department of Motor Vehicles, 1905 Lana Avenue, Salem, OR 97314, and all other agencies in the United States registering and licensing the operation of motor vehicles.

Said agencies are authorized by the undersigned to supply the Oregon State Bar, Board of Governors, 16037 SW Upper Boones Ferry Rd., P.O. Box 231935, Tigard, OR 97281-1935 (an instrumentality of the Judicial Department of the State of Oregon), photographic reproductions or substantial summaries of my driving or motor vehicle license record of offenses.

Name		Date of Birth	
Place of Birth		Social Security Number	
Other Last Names			
Operator License Number	State of License	Date of License	
Signature X			Date
Address			
City/State/Zip			