

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
The Renaissance Centre
405 N. King Street, Suite 420
Wilmington, DE 19801
P: (302) 651-3940 / F: (302) 651-3939**

**APPLICATION FOR CERTIFICATE OF
LIMITED PRACTICE AS A MILITARY SPOUSE**

Title:	SSN:
First Name:	Sex:
Middle Name:	Date of Birth:
Last Name:	Place of Birth:
Suffix:	
Home Address:	Home Phone:
	Work Phone:
City:	Cell Phone:
State:	Fax:
ZIP/Postal Code:	Email:

Have you ever used or been known by any other name, alias, or surname?

Yes

No

If the answer to the above question is 'Yes', list all of the other names, aliases or surnames you have used or been known by in the table at the bottom of the page. For each instance, describe when, how, and why your name was changed (e.g., marriage, divorce, legal decree, etc.).

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If any change was the result of a legal decree, please remember to attach a copy of said decree.

Of what country are you a citizen?

--

If you are not a citizen of the United States, what is your immigration status?

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RESIDENCE HISTORY

Question 1

List in **forward chronological** order the street address for each location at which you have physically resided for a period of at least 30 consecutive days at any time during the last ten years. Attach additional Detail Entry pages as needed.

NOTE: For each location, the “From” and “To” information you provide is a representation that you physically resided at that location for the *entire* period of time listed. You may therefore need to list a single address multiple times if you temporarily resided at another location (such as during college).

Residence History - DETAIL ENTRY

From:	
To:	
Address:	
City:	
County:	
State:	
ZIP/Postal Code:	
Country:	

Date From:	
To:	
Address:	
City:	
County:	
State:	
ZIP/Postal Code:	
Country:	

Date From:	
To:	
Address:	
City:	
County:	
State:	
ZIP/Postal Code:	
Country:	

EDUCATION (OTHER THAN LAW SCHOOLS)

Question 2

List the names of all the colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Indicate if you did not receive a degree. Attach additional Detail Entry pages as needed.

Submit one official, certified transcript from each college or university you attended irrespective of whether you graduated from that college or university. This requirement may be satisfied by submitting a copy of your transcript in electronic PDF format, provided that (i) the college or university in question considers the electronic copy to be an official document, and (ii) the electronic copy has been digitally signed and certified by the college or university and the Board can validate its authenticity automatically.

Education (Other than Law Schools) – DETAIL ENTRY

From:	
To:	
College:	
City:	
State:	
Country:	
Degree Awarded:	

From:	
To:	
College:	
City:	
State:	
Country:	
Degree Awarded:	

From:	
To:	
College:	
City:	
State:	
Country:	
Degree Awarded:	

EDUCATION (LAW SCHOOLS)

Question 3

List the names of all the law schools you attended, their location (including the name of the campus, if the school had more than one), the dates attended, and the degree received. Indicate if you did not receive a degree. Attach additional Detail Entry pages as needed.

Submit one official, certified transcript for each law school you attended irrespective of whether you graduated from that law school. This requirement may be satisfied by submitting a copy of your transcript in electronic PDF format, provided that (i) the law school in question considers the electronic copy to be an official document, and (ii) the electronic copy has been digitally signed and certified by the law school and the Board can validate its authenticity automatically.

Submit one copy of your law school application for every law school you attended.

Education (Law Schools) – DETAIL ENTRY

From:	
To:	
Law School:	
Degree Awarded:	

From:	
To:	
Law School:	
Degree Awarded:	

From:	
To:	
Law School:	
Degree Awarded:	

From:	
To:	
Law School:	
Degree Awarded:	

EDUCATION (DISCIPLINE ISSUES)

Question 4

Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign or allowed to resign in lieu of discipline from any college, university, law school or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?

Answer

Yes

No

If you answered 'Yes', provide details using the following Detail Entry page. Attach additional Detail Entry pages as needed.

Education (Discipline Issues) – **DETAIL ENTRY**

Date of Action (mm/yyyy):	
Name of Institution:	
Narrative Explanation:	

ADMISSIONS IN OTHER JURISDICTIONS

Question 5

List, using the following Detail Entry page, every state or jurisdiction to which you have ever been admitted or reinstated to the Bar, or submitted an application to be admitted or reinstated to the Bar, whether by examination, motion or diploma privilege. Provide a brief narrative explanation of the circumstances surrounding the reasons for any withdrawals of applications or failures to be admitted (including denials other than those due to failing the examination). Attach additional Detail Entry pages as needed.

Submit a copy of your application to each such Bar as well as an official certificate in good standing for each Bar to which you are admitted.

Prior Applications for Admission – DETAIL ENTRY

State/Jurisdiction:	
Admission Method:	
Not Admitted:	
Application Date(s):	
Exam Date(s):	
Admitted or Readmitted (mm/yyyy):	
Bar ID Number:	
Narrative Explanation (if necessary):	

State/Jurisdiction:	
Admission Method:	
Not Admitted:	
Application Date(s):	
Exam Date(s):	
Admitted or Readmitted (mm/yyyy):	
Bar ID Number:	
Narrative Explanation (if necessary):	

State/Jurisdiction:	
Admission Method:	
Not Admitted:	
Application Date(s):	
Exam Date(s):	
Admitted or Readmitted (mm/yyyy):	
Bar ID Number:	
Narrative Explanation (if necessary):	

JUDICIAL OFFICE

Question 6

Have you ever held judicial office?

Answer

Yes

No

If you answered 'Yes', provide details about each office using the following Detail Entry page. Attach additional Detail Entry pages as needed.

Judicial Office — DETAIL ENTRY

Office Held:	
From:	
To:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Reason for termination, if applicable:	

Office Held:	
From:	
To:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Reason for termination, if applicable:	

Office Held:	
From:	
To:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Reason for termination, if applicable:	

MEMBERSHIP IN REGULATORY/DISCIPLINARY BODY

Question 7

List, using the following Detail Entry page, every court bar, bar association, disciplinary agency, regulatory body, or other entity that exercises regulatory or disciplinary authority over its members, in which you have ever been a member or have ever been subject to its authority. Attach additional Detail Entry pages as needed.

NOTE: This question covers regulatory or disciplinary entities for all professions, occupations, and industries, not just those which are law-related. It includes, for example, national bodies such as the Financial Industry Regulatory Authority (FINRA) and the American Institute of CPAs (AICPA), as well as state entities that regulate the practice of a profession or occupation within a state (such as, for example, the regulatory bodies identified in Title 24 of the Delaware Code).

Membership in Regulatory/Disciplinary Body — **DETAIL ENTRY**

Membership:	
From:	
To:	
Name of Bar Association or Regulatory/Disciplinary Body:	
Address:	
City:	
State:	
ZIP/Postal Code:	

Membership:	
From:	
To:	
Name of Bar Association or Regulatory/Disciplinary Body:	
Address:	
City:	
State:	
ZIP/Postal Code:	

Membership:	
From:	
To:	
Name of Bar Association or Regulatory/Disciplinary Body:	
Address:	
City:	
State:	
ZIP/Postal Code:	

DISCIPLINARY HISTORY

Question 8

A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?

Answer

Yes

No

B. Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding your conduct as an attorney?

Answer

Yes

No

If you answered 'Yes' to either of the above, provide details below, using the following Detail Entry page. Attach additional Detail Entry pages as needed.

Disciplinary History — **DETAIL ENTRY**

Action Date (mm/yyyy):	
Disciplinary Agency:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Agency Action:	
Narrative Explanation:	

CHARGE / COMPLAINT / GRIEVANCE HISTORY

Question 9

Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding the unauthorized practice of law?

Answer

Yes

No

If you answered 'Yes', provide details below, using the following Detail Entry page. Attach additional Detail Entry pages as needed.

Charge/Complaint/Grievance History — **DETAIL ENTRY**

Action Date (mm/yyyy):	
Regulatory Agency:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Agency Action:	
Narrative Explanation:	

SANCTION / DISQUALIFICATION HISTORY

Question 10

Have sanctions ever been entered against you or have you ever been disqualified from participating in any case?

Answer

Yes

No

If you answered 'Yes', provide details below, using the following Detail Entry page. Attach additional Detail Entry pages as needed.

Sanction/Disqualification History — **DETAIL ENTRY**

Type of Action:	
Case Number:	
Disqualified From (mm/yyyy):	
To:	
Name of Court:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Reason for the Disqualification or Sanction:	

MILITARY SERVICE

Question 11

A. Have you ever been a member of the United States Armed Forces, meaning the Army, Marine Corps, Navy, Air Force, Coast Guard, Army Reserve, Marine Corps Reserve, Navy Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard of the United States, or Air National Guard of the United States?

Answer

Yes

No

If 'Yes', complete **FORM 11A**.

B. Have you ever performed any other kind of military service, including service in a civilian auxiliary of the United States military (*e.g.*, Civil Air Patrol, Merchant Marines, Coast Guard Auxiliary), a state defense force (*e.g.*, Texas State Guard, Ohio Military Reserve, California Naval Militia), the Puerto Rico State Guard, or the military of another country (*e.g.*, Israeli Defense Forces)?

Answer

Yes

No

If 'Yes', complete **FORM 11B**.

PREAMBLE TO QUESTIONS 12 AND 13

For purposes of responding to Questions 12 and 13, the term “employment” means any kind of employment or work, without regard to whether the work was full-time, part-time, or temporary in nature, or whether you were compensated for the work. This includes, for example, self-employment, clerkships (judicial or otherwise), internships, externships, fellowships. It does not matter if you received school credit instead of monetary compensation for the work. Do not include military service, which is covered by Question 11.

EMPLOYMENT AND UNEMPLOYMENT HISTORY

Question 12

Using the detail entry below, list in **forward chronological** order your employment history for the past 10 years. If your work history includes temporary employment where you worked for an employer but were paid by a temporary staffing agency, you should identify the company for which you performed the work as the “employer” well as the temporary staffing agency. Attach additional Detail Entry pages as needed.

Your employment history must also account for each occasion during which you were unemployed (not working) for at least 30 consecutive days. For each such occasion, in the detail entry below you must identify the period of time you were not working using “From” and “To” to indicate the beginning and ending dates, and in the “Position” box describe what you were doing during that period of unemployment.

NOTE: The Board requires that you attempt to obtain a written verification of all employment, which you must attempt to obtain in the following manner:

- **Employer Currently In Business:** Complete a detail entry for that employer and mail a FORM 12 to the employer, who should return the FORM 12 directly to the Board. Write or type your name in the blank space at the top of the FORM 12 before you send it to the employer.
- **Employer No Longer In Business:** Complete only the detail entry for that employer, which should indicate the date when the employer went out of business. Do NOT mail a FORM 12 to that employer.
- **Self-Employment:** If you are self-employed, or were self-employed at any point during the time period covered by this question, complete the detail entry, which must identify a reference who can verify the nature and length of your self-employment.

You do not need to provide the Board with copies of the Form 12s that you have mailed. The Board will add the completed forms to your application file as they are received.

Employment History - DETAIL ENTRY

Position:	
From:	
To:	
Supervisor:	
Employer or Firm (at time of employment):	
Address:	
City:	
State:	
ZIP/Postal Code:	
Country:	
Phone:	

Use the name and address blocks below to provide additional information below if (1) the employer's current name and/or address are not the same as above, or (2) you were paid by another person or entity, such as a temporary staffing agency, for your work with the employer, in which case you must use the space below to identify the other person or entity:

Name:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Country:	
Phone:	

If you are self-employed, or were self-employed at any point during the time period covered by this question, provide a reference who can verify the nature and length of your employment:

Residence or Business Name:	
Address:	
City:	
State:	
ZIP/Postal Code:	
Country:	
Phone:	

EMPLOYMENT TERMINATION

Question 13

Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any employment?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

LICENSE DENIAL

Question 14

A. Have you ever been denied a license for a business, trade, or profession (*e.g.*, CPA, real estate broker, physician, etc.)?

B. Have you ever had a business, trade or professional license revoked?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

SUSPENSION / CENSURE / REPRIMAND / DISQUALIFICATION

Question 15

A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession or occupation, or as a holder of public office?

B. Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding your conduct as a member of another profession or occupation, or as a holder of public office?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

BOND SURETY

Question 16

Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Answer

Yes

No

If you answered 'Yes', complete **FORM 16**.

PREAMBLE TO QUESTION 17

For purposes of Question 17, "Affiliated Entity" means any entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest. This definition also applies to Questions 18, 19, 24, and 25.

CIVIL / ADMINISTRATIVE PROCEEDINGS

Question 17

A. Have you or an Affiliated Entity ever been named as a party in any civil, administrative, or other proceeding?

Answer

Yes

No

B. Has there ever been a civil, administrative, or other proceeding in which an allegation was made against you or the Affiliated Entity of fraud, deceit, misrepresentation, forgery or legal malpractice, without regard to whether you or the Affiliated Entity was a party in the proceeding?

Answer

Yes

No

NOTE: Family law matters (including orders for child support) should be included here. For an Affiliated Entity, "other proceeding" includes criminal proceedings.

If you answered 'Yes' to either of the above, complete **FORM 17** and attach copies of the complaint, answer, judgment or dismissal, and any final orders.

FAILURE TO FILE TAXES

Question 18

Have you or an Affiliated Entity ever failed to file a federal, state, or local tax return when due and without a lawful extension or have you or an Affiliated Entity ever failed to pay federal, state, or local taxes when due?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

BANKRUPTCY

Question 19

Have you or an Affiliated Entity ever filed a petition for bankruptcy, or had an involuntary petition for bankruptcy filed against you or an Affiliated Entity?

Answer

Yes

No

If you answered 'Yes', complete **FORM 19**.

VIOLATIONS OF LAW INVOLVING ALCOHOL OR DRUGS

Question 20

Have you ever been cited, arrested, charged, accused, prosecuted, or convicted for any offense, misdemeanor, felony, or other violation of any law (including moving traffic violations), which involved alcohol or drugs?

NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned, or otherwise cleared.

Answer

Yes

No

If you answered 'Yes', complete **FORM 20A** for each incident.

VIOLATIONS OF LAW NOT INVOLVING ALCOHOL OR DRUGS

Question 21

Have you ever been cited, arrested, charged, accused, prosecuted, or convicted for any offense, misdemeanor, felony, or other violation of any law, in which alcohol or drugs were **not** involved?

NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned, or otherwise cleared. This does not include moving traffic violations, which are covered by Questions 20 and 22.

Answer

Yes

No

If you answered 'Yes', complete **FORM 21** for each incident.

MOVING TRAFFIC VIOLATIONS

Question 22

Have you been charged with any moving traffic violations during the past ten years?

NOTE: This does not include moving traffic violations involving drugs or alcohol, which are covered by Question 20, and it does not include parking tickets.

Answer

Yes

No

If you answered 'Yes', complete **FORM 22**.

IMMUNITY / WITNESS

Question 23

Have you ever been offered or granted immunity, testified or been called as a witness in any criminal action or criminal proceeding in which you were not a party?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

PREAMBLE TO QUESTIONS 24 AND 25

For purposes of Questions 24 and 25, a “creditor” is any person or entity (i) to whom a debt is owed, (ii) that has the right to require the performance of any legal obligation, contract, or guaranty, (iii) that has a legal right to damages arising out of contract or tort, or (iv) that has extended or arranged for the extension of credit (such as a credit card or a home equity line of credit), even if there is currently a zero balance with that creditor.

CREDITOR ACTIONS

Question 24

A. Have you or an Affiliated Entity had any debts which have been more than 90 days past due within the past seven years?

Answer

Yes

No

B. Have you or an Affiliated Entity ever had a credit card or charge account revoked?

Answer

Yes

No

C. Have you or an Affiliated Entity ever defaulted on any debt?

Answer

Yes

No

D. Have you or an Affiliated Entity ever surrendered a credit account in lieu of a recovery action by one or more creditors?

Answer

Yes

No

If you answered ‘Yes’ to any of the above, complete **FORM 24**.

CREDITORS

Question 25

For you and any Affiliated Entity, list all creditors you have confirmed are **not** identified on credit reports from the three major credit bureaus (TransUnion, Equifax, Experian), including the name, address, and telephone number of the creditor, the account number (if applicable), and the balance on the debt or account as of the date of this application. Attach additional Detail Entry pages as needed. Attach a copy of the credit reports you reviewed in order to respond to this question, which must have been obtained thirty (30) or fewer days before you filed your application.

Creditors – DETAIL ENTRY

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

Creditor:	
Account Number:	
Balance:	

PREAMBLE TO QUESTIONS 26, 27, AND 28

Through this application, the Delaware Board of Bar Examiners (the “Board”) makes inquiry about circumstances that may affect an applicant’s ability to meet the professional responsibilities of a lawyer. This information, along with all other information, is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. Treatment, monitoring, or participation in a support group are not, by themselves, bases on which the Board will deny admission. The Board encourages applicants who may benefit from assistance to seek it.

The Board may deny issuance of a Certificate of Limited Practice as a Military Spouse to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board, and the applicant’s responsibility for demonstrating qualification to practice law.

The Board does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

PAST CONDUCT OR BEHAVIOR

Question 26

Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

IMPAIRMENT

Question 27

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 your ability to practice law in a competent and professional manner? For purposes of this question, “currently” means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

Answer

Yes

No

B. If you answered ‘Yes’ to Question 27A, are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring or support program?

Answer

Yes

No

If you answered ‘Yes’ to either Question 27A or Question 27B, complete **FORM 27A** and **FORM 27B**. Duplicate **FORM 27A** and **FORM 27B** as needed.

IMPAIRMENT RAISED AS ISSUE

Question 28

Within the past five years, have you asserted any condition, disability, or impairment as a defense to, in mitigation of, or as an explanation for your conduct in response to or in the course of any of the following:

- (a) any arrest;
- (b) any proposed or actual discipline, sanction, or warning;
- (c) any proposed or actual termination or suspension from school or employment;
- (d) any proposed or actual loss or suspension of a license;
- (e) any inquiry, investigation, or proceeding by an employer, educational institution, government agency, professional organization, or licensing authority;
- (f) any proceeding administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority; or
- (g) any allegation that you endangered the safety of others, breached fiduciary obligations, or violated workplace or academic conduct rules?

Answer

Yes

No

If you answered 'Yes' to one or more of (a) through (g), complete **FORM 28**.

ADDITIONAL INFORMATION

Question 29

Is there any information (event, incident, occurrence, *etc.*) that was not specifically addressed and/or asked of you in this application and/or in the instructions that could be considered a character issue?

Answer

Yes

No

If you answered 'Yes', provide additional details below:

