JURISDICTION			
Application to			
DELAWARE			
Applying as			
<ul> <li>Bar Examination Ap</li> <li>Foreign Legal Consu</li> <li>Military Spouse</li> <li>Rule 55</li> </ul>	plicant (exam date <i>(Mo/Yr)</i> Itant	)	
PERSONAL INFO	ORMATION		
Applicant Informe	ation		
Name			
 First	Middle	Last	Suffix
NCBE Number			
Social Security Numb	Der		
Date of birth			
Month		Day	Year
Email address			
Email Address			
Alternate Email Addre	255		
Sex			
Female     Male	e 🗆 Other		
Place of birth			
Citv		State	
Citizonchin			

If you are not a citizen of the United States, what is your immigration status (include visa type if applicable date)?	and expiration	
Have you ever used or been known by a different name?		
<b>Note</b> : Your name(s) will be used for identification in correspondence sent to schools, employers, coureferences, etc.	urts,	
🗆 Yes 🗆 No		
First Middle Last Su	ıffix	
From Mo/Yr To Mo/Yr Reason for change		
Contact Information	nout civ	
Please provide the mailing address and telephone numbers at which you can be reached during the months.	next six	
If business, name of firm		
Address/P.O. Box		
City State Zip		
Country Province		
Mobile or Home Phone		
Office Phone		
APPLICATIONS, AUTHORIZATIONS AND CONDUCT		
Law Student Registration		
1. Have you ever submitted an application to register as a law student?		
<b>Note:</b> This question refers to jurisdiction sponsored law student registration programs (not law school applications nor law student practice applications).		
□ Yes □ No		
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction		
Name and address of foreign bar authority		

Date application made		
Explanation		
Bar Exam		
2. Have you ever applied to take a bar exam, including the Uniform Bar Exam (UBE)?		
<b>Note</b> : Report all exams for which you have applied or registered, even if you did not sit for the exam (including all previous Delaware bar exam applications). Report all exams even if you did not apply for admission to that jurisdiction and regardless of admission status. Omit the MPRE and First-Year Law Student Examinations.		
□ Yes □ No		
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction		
Name and address of foreign bar authority		
Date application made Date examination taken		
Admission or readmission date (Mo/Day/Yr) Bar number		
Admitted/registered as: 🗆 Attorney 🗆 In-House Counsel 🗆 Foreign Legal Consultant 🗆 Other		
Reason not admitted (if applicable): 🗆 Failed exam 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason		
Explanation		
Limited License		
3. Have you previously applied for a Delaware limited practice license (Rule 55BR 42 Attorney, Rule 55 BR Attorney, Foreign Legal Consultant or Military Spouse)?		
If yes, for each application provide the date applied and, if applicable, the date of admission and current status of license.		
□ Yes □ No		
Explanation		
Transferred UBE Score         4. Have you ever applied for admission by transferred Uniform Bar Examination (UBE) score?		
Name of U.S. jurisdiction		
Date application made		
Admission or readmission date (Mo/Day/Yr) Bar number		

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Admitted/registered as: 🗆 Attorney 🗆 In-House Counsel 🗆 Foreign Legal Consultant 🗆 Other
Reason not admitted (if applicable): 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason
Explanation
Motion
5. Have you ever applied for admission on motion?
Note: Do not list U.S. federal court or pro hac vice admissions in response to this question.
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: 🗆 Attorney 🗆 In-House Counsel 🗆 Foreign Legal Consultant 🗆 Other
Reason not admitted (if applicable): 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason
Explanation
Explanation Diploma Privilege
Diploma Privilege
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?         Image: Yes image: Im
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?         Image: Yes in No         Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Diploma Privilege   6. Have you ever applied for admission by diploma privilege?   □ Yes   □ No   Name of U.S. jurisdiction, tribal court, or foreign jurisdiction   Name and address of foreign bar authority
Diploma Privilege   6. Have you ever applied for admission by diploma privilege?     I Yes   Name of U.S. jurisdiction, tribal court, or foreign jurisdiction     Name and address of foreign bar authority   Date application made
Diploma Privilege   6. Have you ever applied for admission by diploma privilege?     Yes   Name of U.S. jurisdiction, tribal court, or foreign jurisdiction     Name and address of foreign bar authority   Date application made     Admission or readmission date (Mo/Day/Yr)     Bar number
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?         9 Yes       No         Name of U.S. jurisdiction, tribal court, or foreign jurisdiction         Name and address of foreign bar authority         Date application made         Admission or readmission date (Mo/Day/Yr)         Bar number         Other
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?         Yes       No         Name of U.S. jurisdiction, tribal court, or foreign jurisdiction         Name and address of foreign bar authority         Date application made         Admission or readmission date (Mo/Day/Yr)         Bar number         Other         Reason not admitted (if applicable):         Withdrew application
Diploma Privilege         6. Have you ever applied for admission by diploma privilege?         Yes       No         Name of U.S. jurisdiction, tribal court, or foreign jurisdiction         Name and address of foreign bar authority         Date application made         Admission or readmission date (Mo/Day/Yr)         Bar number         Other         Reason not admitted (if applicable):         Withdrew application

Foreign Legal Consultant
7. Have you ever registered as a foreign legal consultant?
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as:   Attorney  In-House Counsel  Foreign Legal Consultant  Other
Reason not admitted (if applicable): 🗆 Failed exam 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason
Explanation
In-House Counsel
8. Have you ever registered as in-house counsel?
□ Yes □ No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority
Date application made
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: 🗆 Attorney 🗆 In-House Counsel 🗆 Foreign Legal Consultant 🗆 Other
Reason not admitted (if applicable): 🗆 Failed exam 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason
Explanation
Other
9. Have you ever otherwise submitted an application to, or been authorized to practice law in, any U.S. or foreign jurisdiction or tribal court?
<b>Note:</b> In this context, "otherwise" means other than reported in response to questions 1 to 7. Do not list U.S. federal court or pro hac vice admissions in response to this question.
🗆 Yes 🗆 No
Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority

Date application made Date examination taken
Admission or readmission date (Mo/Day/Yr) Bar number
Admitted/registered as: 🗆 Attorney 🗆 In-House Counsel 🗆 Foreign Legal Consultant 🗆 Other
Reason not admitted (if applicable): 🗆 Failed exam 🗆 Withdrew application 🗆 Pending 🗆 Denied 🗆 Other reason
Explanation
Bar Association Membership
10. List the full name and address of each mandatory or voluntary bar association which you have been or are currently a member.
Note: You do not need to report membership when you were a law student.
Bar association
Dates of membership: From Mo/Yr To Mo/Yr
Address
City State Zip
Country Province
Attorney Discipline
11. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?
If Yes, upload a copy of the associated action or complaint to: 1. this NCBE online application and 2. your Delaware bar application at bbede.org.
□ Yes □ No □ Never admitted to practice law
Name of regulatory agency
Address
City State Zip
Country Province
Case number (if applicable) Date
Action taken
Explanation

Attorney Complaint			
12. Have you ever been the subject of any formal charge, complaint or g	rievance concerning you	ur conduct as an attorney,	
including any now pending?			
If Yes, upload a copy of the associated action or complaint to: 1. this NC application at bbede.org.	BE online application an	d 2. your Delaware bar	
□ Yes □ No □ Never admitted to practice law			
Name of regulatory agency			
Address			
City	_State	_Zip	
Country Province			
Case number (if applicable)	_Date		
Action taken			
Explanation			
Unauthorized Practice of Law			
<ul> <li>13. Have you ever been the subject of any formal charge, complaint, or grievance alleging that you engaged in the unauthorized practice of law, including any now pending?</li> <li>If Yes, upload a copy of the associated action or complaint to: 1. this NCBE online application and 2. your Delaware bar application at bbede.org.</li> </ul>			
application at bbede.org.       □ Yes     □ No			
Name of regulatory agency			
Address			
City	_State	_Zip	
Country Province			
Case number (if applicable)	_Date		
Action taken			
Explanation			
Sanction or Disqualification			
14. Have sanctions ever been entered against you, or have you ever been	en disqualified from part	icipating in any case?	
If Yes, upload a copy of the order of sanction or disqualification to: 1. this NCBE online application and 2. your Delaware bar application at bbede.org.			

□ Yes □ No □ Never admitted to practice law		
Name of Court		
Address		
City State Zip		
Country Province		
Case number		
Case name		
Action taken		
From Mo/Yr To Mo/Yr		
Explanation		
EDUCATION		
Law School Attendance		
15. List complete information regarding all law school attendance and law degrees (J.D., L.L.B., L.L.M., etc.).		
Note: If you studied abroad during law school, complete an entry for each study abroad period. Indicate the sponsoring		
institution, if different from the school listed.		
I have never attended law school		
Law School		
ABA Approved     Non-ABA Approved		
Mailing address		
City State Zip		
Country Province		
From To		
Date degree received or expected (from this school)		
Degree received or expected to be received (from this school) or No Degree		
□ J.D. Degree (from this school)		
Full-time student     Part-time student		
Check if enrollment was primarily online.		

Law School Discipline			
resign, allowed to withdraw in lieu of discipline, or otherwise	on scholastic or disciplinary probation, expelled, requested to subjected to discipline, or requested or advised to discontinue		
your studies by any law school?			
If Yes, upload all documentation regarding the nature of each including any disciplinary action taken to your: 1. Delaware b	charge, your defenses to it and how the charge was resolved, ar application at bbede.org.		
🗆 Yes 🗆 No			
□ Yes □ No			
Name of institution			
Action taken	Date		
Explanation			
College/University Attendance			
17. List complete information regarding all college/university	attendance (other than law school).		
<b>Note:</b> If you studied abroad, complete an entry for each study abroad period. Indicate the sponsoring institution, if different from the school listed. Upload copies of transcripts from all colleges and universities listed even if you did not receive a degree.			
If Yes, upload copies of transcripts from all colleges and univer Delaware bar application at bbede.org.	ersities listed, even if you did not receive a degree, to your: 1.		
□ I have never attended a college or university, other than as reported in the law school section.			
College			
Mailing address			
City Stat	eZip		
Country	Province		
From	То		
Degree received (No degree, B.A., M.S., etc.)	Field of study		
Check if enrollment was primarily online.			
College/University Discipline			
	on scholastic or disciplinary probation, expelled, requested to subjected to discipline, or requested or advised to discontinue		
If Yes, upload all documentation regarding the nature of each	charge, your defenses to it and how the charge was resolved,		

including any disciplinary action taken, to your: 1. Delaware bar application at bbede.org.

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🗆 Yes 🗆 No			
Name of institution			
Action taken		Date	
Explanation			
RESIDENCES			
Residence History			
19. List every permanent or temporary physica last ten years or since age 18, whichever perio	•	a period of one mo	onth or longer for the
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip
Country	Province		
■ From Mo/Yr	To Mo/Yr		
Physical address			
City	County/Parish	State	Zip

# EMPLOYMENT

Employment History
20. List all employment and unemployment information for the last ten years or since age 18, whichever period is shorter. In addition, list all law-related employment you have ever had.
Notes:
<b>Employment</b> - In this context, employment encompasses all part-time and full-time employment, including self- employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment.
<b>Unemployment</b> - Provide a brief, but specific, description of your activities while unemployed (e.g. seeking employment, preparing for law school, attending < <i>school name</i> >, vacation, studying for bar exam).
<b>Employment References</b> - If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. <b>Do not list yourself or a relative as a verifying reference</b> . <b>reference</b> .
<b>Details</b> - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.
From Mo/Yr To PRESENT
Employment position/Description of unemployment
Name of supervisor or associate
Email of supervisor or associate
Email unknown
Employer or firm name
Mailing address
City State Zip
Country Province
Telephone
<ul> <li>Business is defunct</li> <li>Self-employed or employed by a relative</li> <li>Business has new name/address</li> </ul>

Verifying reference name / Business name		
Address		
City	State	_Zip
Country	Province	
Telephone	E-mail	
Details		
■ From Mo/Yr	To Mo/Yr	
Employment position/Description of unemployment		
Name of supervisor or associate		
Email of supervisor or associate		
Email unknown		
Reason for Leaving		
Employer or firm name		
Mailing address		
City	State	_Zip
Country	Province	
Telephone		
<ul> <li>Business is defunct</li> <li>Self-employed or employed by a relative</li> <li>Business has new name/address</li> </ul>		
Verifying reference name / Business name		
Address		
City	State	_Zip
Country	Province	
Telephone	E-mail	

Details		
-		
From Mo/Yr	To Mo/Yr	
Employment position/Description of unemployment		
Name of supervisor or associate		
Email of supervisor or associate		
🗆 Email unknown		
Reason for Leaving		<u> </u>
Employer or firm name		
Mailing address		
City	State	Zip
Country	Province	
Telephone		
<ul> <li>Business is defunct</li> <li>Self-employed or employed by a relative</li> <li>Business has new name/address</li> </ul>		
Verifying reference name / Business name		
Address		
City	State	Zip
Country	Province	
Telephone	E-mail	
Details		
•		
From Mo/Yr	To Mo/Yr	
Employment position/Description of unemployment		

Name of supervisor or associate	
Email of supervisor or associate	
Email unknown	
Reason for Leaving	
Employer or firm name	
Mailing address	
City	State Zip
Country	Province
Telephone	
<ul> <li>Business is defunct</li> <li>Self-employed or employed by a relative</li> <li>Business has new name/address</li> </ul>	
Verifying reference name / Business name	
Address	
City	StateZip
Country	Province
Telephone	E-mail
Details	
Employment Actions	
21. With respect to a job, have you ever been terminated, suspect termination?	ended, disciplined, or permitted to resign in lieu of
Note: If Yes, any associated periods of employment must be list	ted in response to the Employment History question before
proceeding.	
□ Yes □ No	
Employer	
Dates of employment: From Mo/Yr	To Mo/Yr
Disposition:   Terminated  Suspended  Disciplined	□ Laid off □ Permitted to resign

Date of disposition	Explanation of circumstances
Employment Offe	
	examiners of the Delaware Supreme Court has adopted this question; please contact the Delaware ou require additional information.
Have you ever had an accepting the offer?	offer of employment withdrawn or rescinded or presented in such a way as to discourage you from
If Yes, for each occurre	ence provide the name of prospective employer, relevant dates, and an explanation of circumstances.
🗆 Yes 🗆 No	
Explanation	
Judicial Office	
23. Have you ever held	judicial office?
Office held	From Mo/Yr To Mo/Yr
Name of court	
Address	
City	StateZip
Country	Province
Reason for terminatio	n (if annlicable)
Reason for terminatio	
Military Service	
24. Have you ever bee	n a member of the armed forces of the United States, its reserve components, or the National Guard?
	f all of your military separation papers (DD Form 214 or equivalent) to: 1. this NCBE online application bar application at bbede.org. Forms must indicate character of service.
,	
🗆 Yes 🗆 No	
•	your reports of separation (e.g., DD Form 214 – member copy #4, NGB Form 22, etc.). The DD Form must indicate your character of service.
Choose Branch:	Regular Armed Forces – Air Force
	Regular Armed Forces – Army
	<ul> <li>Regular Armed Forces – Coast Guard</li> <li>Regular Armed Forces – Marine Corps</li> </ul>

Regular Armed Forces – Navy	
<ul> <li>Regular Armed Porces – Navy</li> <li>Reserve Components – Air Force</li> </ul>	
Reserve Components – Army	
Reserve Components – Coast Guard	
Reserve Components – Marine Corps	
Reserve Components – Navy	
National Guard – Air Force     National Guard – American	
National Guard - Army	
State for National Guard service	
Serial number	Rank
Dates of service: From Mo/Yr	To Mo/Yr
Present duty station	
Address	
City State	e Zip
Country	Province
Telephone	
Name of commanding officer	
(1). Were you ever court-martialed?	
□ Yes □ No	
Date of action	
Explanation of circumstances	
Result, including any punishment	
(2). Were you ever awarded non-judicial punishment (Art. 15 UCMJ)	?
🗆 Yes 🗆 No	
Date of action	
Explanation of circumstances	
Result, including any punishment	

(3). Did you receive an honorable discharge?
□ Yes □ No
Date of action
Explanation of circumstances
Result, including any punishment
(4). Were you allowed to resign in lieu of court-martial?
□ Yes □ No
Date of action
Explanation of circumstances
Result, including any punishment
(5). Were you administratively discharged?
□ Yes □ No
Date of action
Explanation of circumstances
Result, including any punishment
Licenses
25. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?
□ Yes □ No
Type of license
DELAWARE APPLICATION

Issued to (include business name, if applicable)		
Current status of license		
License number (if applicable)		
Application date (Mo/Yr)		
Expiration/Inactive date (Mo/Yr)		
Issuing authority		
Address		
City		
Country		_ Province
Telephone		
License Denial/Revocation		
26. Have you ever been denied a license or had a license revoke	d for a b	pusiness, trade, or profession?
□ Yes □ No		
License		_ Action taken:   □ Denial  □ Revocation
Name of regulatory agency		
Address		
City		Zip
City Country	_State _	Zip
	_State _	Zip
Country	_ State _	Zip
Country	_ State _	Zip
Country	_ State _	Zip
Country	_ State _	Zip
CountryAction Date	_ State _	Zip

<b>If Yes</b> , upload a copy of the associated action or complaint to: application at bbede.org.		
□ Yes □ No		
Name of regulatory agency		
Address		
City	State	Zip
Country	Provin	ice
Case number (if applicable)		
Action taken		Date
Explanation		
Professional Complaint		
28. Have you ever been the subject of any charges, complaints as a member of any profession (other than as a lawyer), or as a		
<b>If Yes</b> , upload a copy of the associated action or complaint to: application at bbede.org.		
🗆 Yes 🗆 No		
Name of regulatory agency		
Address		
City	State	Zip
Country	Provin	ice
Case number (if applicable)		
Action taken		Date
Explanation		
Bond		
29. Has any surety on any bond on which you were the princip	al been required t	to pay any money on your behalf?
🗆 Yes 🗆 No		
Name of surety		

Address
City State Zip
Country Province
Amount of money paid by surety
Date money paid
Reason for bond
Detailed comlenation
Detailed explanation
Conduct or Behavior
30. 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?
🗆 Yes 🗆 No
Explanation
Delevent deter
Relevant dates
Delawara Chamatan and Eita eee Ducamahla
Delaware Character and Fitness Preamble
PREAMBLE TO QUESTIONS 31 AND 32
NOTICE TO DELAWARE APPLICANTS ONLY:
The Poard of Par Examiner of the Supreme Court of Delaware has adopted questions 21, 22 which must be answered by
The Board of Bar Examiner of the Supreme Court of Delaware has adopted questions 31-32 which must be answered by applicants for admission in Delaware.
I have read the information above.

#### **Condition or Impairment**

31. The purpose of this inquiry is to allow the Delaware Board of Bar Examiners to determine the current fitness of an applicant to practice law. The fact that an applicant has received or is receiving treatment, counseling, or monitoring, or has participated in a support group is not, in itself, a basis upon which admission will be denied. The Delaware Board of Bar Examiners routinely certifies for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. Applicants who may benefit from assistance should by all means seek it; the Board encourages applicants to promote their own well-being. In the context of the following question, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer upon admission.

The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.			
Do you currently have any condition, disorder or impairment which affects your conduct in a way that may materially hinder your ability to practice law in a competent, ethical, and professional manner?			
🗆 Yes 🗆 No			
Are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?			
□ Yes □ No			
Service provided: From Mo/Yr	_To Mo/Yr	-	
Describe the condition or impairment		_	
Describe any treatment, or any program that includes monitor	ing or support	_	
Name of attending physician or counselor (if applicable)		-	
Address		_	
City	_StateZip	_	
Country	Province	_	
Telephone		-	
Name of hospital or institution (if applicable)		_	
Address		_	
City	_StateZip	_	
Country	Province	-	
Telephone		_	
• • • • •			

#### Defense or Explanation

32. The purpose of this inquiry is to allow the Delaware Board of Bar Examiners to determine the current fitness of an applicant to practice law. The fact that an applicant has received or is receiving treatment, counseling, or monitoring, or has participated in a support group is not, in itself, a basis upon which admission will be denied. The Delaware Board of Bar Examiners routinely certifies for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. Applicants who may benefit from assistance should by all means seek it; the Board encourages applicants to promote their own well-being.

The National Conference of Bar Examiners encourages applicants who may benefit from assistance to seek it.

Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in connection with any of the following: (1) an arrest or other charge of criminal conduct, (2) proposed or actual discipline, termination or suspension from an educational institution or employment, (3) loss or suspension of a license of any type?

□ Yes □ No

Name of entity before which the issue was raised		
Address		
City	_State	Zip
Telephone		
Country	Province	
Nature of the proceeding		
Relevant date(s)		
Disposition, if any		
Explanation		
LEGAL PROCEEDINGS		
Civil Action		
33. Have you ever been a named party to any civil action?		
Note: Family law matters (including divorce actions and continu	uing orders for child	d support) should be included here.
<b>If Yes</b> , upload a copy of the associated pleadings, judgments, fir this NCBE online application and 2, your Delaware bar application		ent agreement and/or docket report to: 1.

					0
🗆 Yes	□ No				
Complete	e title of action	ı			
Court file	number				
Date filed	łł				
Trial date	2			_ Date of final disposi	ition
Dispositio	on				
Are you t	he subject of a	any continuing c	ourt order (e.g.	, for child support or	payment of a money judgment)?
	□ No				

If the disposition resulted in a judgment, has the judgment b	een satisfied	?
🗆 Yes 🗆 No		
Date satisfied		
Amount still owing		
Detailed explanation of suit		
Name of court		
Address		
City	State	Zip
Country	P	rovince
Plaintiff's name		
Address		
City	State	Zip
Country	P	rovince
Name of plaintiff's attorney		
Defendant's name		
Address		
City	State	Zip
Country	P	rovince
Name of defendant's attorney		
34. The Board of Bar Examiners of the Delaware Supreme Co Admissions Office if you require additional information.	urt has adop	ted this question; please contact the Delaware
Has an entity in whose management or control you have parti beneficially owned at least a 5% interest ever been a named p	•	
If Yes, upload a copy of the associated pleadings, judgments, to your: 1. Delaware bar application at bbede.org.	inal orders, s	ettlement agreement and/or docket report to
□ Yes □ No		

Complete title of action	
Court file number	
Date filed	
Trial date Date of final disp	position
Disposition	
Are you the subject of any continuing court order (e.g., for child support	or payment of a money judgment)?
□ Yes □ No	
If the disposition resulted in a judgment, has the judgment been satisfied	d?
Name of court	
Address	
City State	Zip
Country F	Province
Plaintiff's name	
Address	
City State	Zip
Country F	Province
Name of plaintiff's attorney	
Defendant's name	
Address	
City State	Zip
Country F	Province
Name of defendant's attorney	
□ Yes □ No	
Date satisfied	
Amount still owing	

Detailed explanation of suit			
Administrative Action			
35. Have you ever had a complaint or action (including, but no forgery, or malpractice) initiated against you in any administra		gations of fraud, deceit, misrepresentation,	
If Yes, upload a copy of the associated administrative record to: 1. this NCBE online application and 2. your Delaware bar application at bbede.org.			
□ Yes □ No			
Date action/complaint initiated			
Name of administrative forum or body			
Address			
City	State	Zip	
Country	Provi	ince	
Name of investigative agency			
Address			
City	State	Zip	
Country	Provi	ince	
Date of final disposition			
Disposition			
Detailed explanation			
Criminal Action			
36. Have you ever been cited, arrested, charged with, accused other violation of law?	of, prosecuted,	or convicted for any misdemeanor, felony, or	
<b>Note:</b> Include any action subject to a diversionary program, deferred prosecution, pardon or otherwise set aside, but do not include moving violations or expunged matters.			
If Yes, upload a copy of the associated arrest report, complain docket report, and appeal, if any, to: 1. this NCBE online applic		• • • • • • • • • • • • • • • • • • • •	
□ Yes □ No			
Date (or time period) of incident			

Incident location (city, county, state)			
Country	Province		
Title of complaint, indictment, or citation			
Court file number			
Detailed description of violation			
Name of court involved			
Address			
City Sta	tate Zip		
Country	Province		
Name of law enforcement agency involved			
Address			
City Sta	tateZip		
Country	Province		
Attorney name			
Date of initial court hearing			
Charge(s) at time of initial court hearing			
Date of final disposition			
Charge(s) at time of final disposition			
Final disposition			
Alcohol or Drug Related Traffic Violation			
37. Have you ever been cited, arrested, charged with, or convicted o	of any alcohol or drug related traffic violation?		
<b>Note:</b> Include any action subject to a diversionary program, deferred prosecution or otherwise set aside, but do not include expunged matters.			
If Yes, upload a copy of the associated arrest report, complaint, indic docket report, and appeal, if any, to: 1. this NCBE online application			
□ Yes □ No			
Date (or time period) of incident			

Incident location (city, county, state)			
Country	Province		
Title of complaint, indictment, or citation			
Court file number			
Detailed description of violation			
Name of court involved			
Address			
City Sta	te Zip		
Country	Province		
Name of law enforcement agency involved			
Address			
City Sta	te Zip		
Country	Province		
Attorney name			
Date of initial court hearing			
Charge(s) at time of initial court hearing			
Date of final disposition			
Charge(s) at time of final disposition			
Final disposition			
Traffic Violation	· · · ·		
38. Have you been cited for, arrested for, charged with, or convicte years?	l of any moving traffic violation during the past five		
<b>Note:</b> Include any action subject to dismissal, diversionary programs, deferred prosecution or otherwise set aside. Omit parking violations.			
If Yes, upload a copy of the associated arrest report, complaint, ind docket report, and appeal, if any, to: 1. Delaware bar application at			
□ Yes □ No			

■ Date of violation (Mo/Yr)	
Charge(s) at time of final disposition	
Final disposition	
Description of violation	
Name of law enforcement agency	
Violation location (city, county, state)	
Country	Province
■ Date of violation (Mo/Yr)	
Charge(s) at time of final disposition	
Final disposition	
Description of violation	
Name of law enforcement agency	
Violation location (city, county, state)	
Country	Province
■ Date of violation (Mo/Yr)	
Charge(s) at time of final disposition	
Final disposition	
Description of violation	
Name of law enforcement agency	
Violation location (city, county, state)	
Country	Province
39. List all driver's licenses held during the last ten years.	
$\square$ I have not had a driver's license during the last ten years.	
Driver's License state, province, or country	

Driver's License number (if unavailable, enter "unknow	vn")
Current	
Driver's License state, province, or country	
Driver's License number (if unavailable, enter "unknow	vn")
Current	
Driver's License state, province, or country	
Driver's License number (if unavailable, enter "unknow	vn")
Current	
FINANCIAL RESPONSIBILITY	
Revocation	
40. Have you ever had a credit card or charge account re	evoked that was not resolved in bankruptcy?
	r showing proof of payment or current balance to: 1. Delaware bar
🗆 Yes 🗆 No	
Type of debt: 🗆 Charge account 🗆 Credit card	
Last four digits of account number	Original amount of debt
Current balance	_ Date of last payment
No Payments Made	
Current status of this debt	
Describe the history of this debt	
Name of entity extending credit	
Address	
City	State Zip
Country	Province

Telephone number			
Name of retailer if different from above			
Check if name or address of current creditor or collect	tion agency is different fro	om above.	
Name of current creditor or collection agency if differen	nt from above		
Address			
City	State	Zip	
Country	Province _		
Telephone number			
Last four digits of current account number			
Other Defaulted Debt			
41. Have you ever defaulted on any debt other than a st	udent loan that was not res	olved in bankruptcy?	
<b>If Yes</b> , upload a statement from each applicable creditor application at bbede.org.			
🗆 Yes 🗆 No			
Type of debt: □ Charge account** □ Credit card**	Property/real estate as	sessment*	
Utility/Telephone* Other			
(*Last four digits of) Account number	Original amount o	of debt	
Current balance	-		
No Payments Made			
Current status of this debt			
Describe the history of this debt (if this is a medical debt, include date of service and institution name)			
Name of entity extending credit			
Address			
City	State	Zip	
Country	Province _		

Name of retailer if different from above		
Check if name or address of current creditor or colle	ection agency is different fr	om above.
Name of current creditor or collection agency if differe	ent from above	
Address		
City	State	Zip
Country	Province	
Telephone number		
Current account number		
* For real estate and utility/telephone debt, provide a	ddress of property/teleph	one number associated with debt:
Address		
City	State	Zip
Country	Province	
Past Due Debt		
42 Hove you had any debt that has been more than 120		nast three years that was not resolved in
42. Have you had any debt that has been more than 120 bankruptcy?	0 days past due within the	
· · ·		
bankruptcy? If Yes, upload a statement from each applicable credito		
bankruptcy? If Yes, upload a statement from each applicable credito application at bbede.org.	r showing proof of paymen	t or current balance to: 1. Delaware bar
bankruptcy? If Yes, upload a statement from each applicable credito application at bbede.org. I Yes INO	r showing proof of paymen	t or current balance to: 1. Delaware bar
<ul> <li>bankruptcy?</li> <li>If Yes, upload a statement from each applicable credito application at bbede.org.</li> <li>Yes  <ul> <li>No</li> </ul> </li> <li>Type of debt:  <ul> <li>Charge account</li> <li>Credit card**</li> </ul> </li> </ul>	<ul> <li>r showing proof of paymen</li> <li>Property/real estate asso</li> </ul>	t or current balance to: 1. Delaware bar
bankruptcy? If Yes, upload a statement from each applicable credito application at bbede.org. Yes No Type of debt: Charge account Credit card** C Utility/Telephone* Other	<ul> <li>Property/real estate asso</li> <li>Original amount</li> </ul>	t or current balance to: 1. Delaware bar essment*   Student loan of debt
bankruptcy?  If Yes, upload a statement from each applicable credito application at bbede.org.  Yes No  Type of debt: Charge account Credit card** Utility/Telephone* Other (**Last four digits of) Account number	<ul> <li>Property/real estate asso</li> <li>Original amount</li> </ul>	t or current balance to: 1. Delaware bar essment*   Student loan of debt
bankruptcy?  If Yes, upload a statement from each applicable credito application at bbede.org.  Yes No  Type of debt: Charge account Credit card** Utility/Telephone* Other	<ul> <li>Property/real estate asso</li> <li>Original amount</li> <li>Date of last payment</li> </ul>	essment*  Student loan of debt
bankruptcy?  If Yes, upload a statement from each applicable credito application at bbede.org.  Yes No  Yes No  Type of debt: Charge account Credit card** Utility/Telephone* Other (**Last four digits of) Account number Current balance No Payments Made Current status of this debt	<ul> <li>Property/real estate asso</li> <li>Original amount</li> <li>Date of last payment</li> </ul>	essment*  Student loan of debt
bankruptcy?  If Yes, upload a statement from each applicable credito application at bbede.org.  Yes No  Type of debt: Charge account Credit card** Utility/Telephone* Other	<ul> <li>Property/real estate asso</li> <li>Original amount</li> <li>Date of last payment</li> </ul>	essment*  Student loan of debt

Name of entity extending credit		
Address		
City	State	Zip
Country	Province	
Telephone number		
Name of retailer if different from above		
Check if name or address of current creditor or collection a	gency is different from above.	
Name of current creditor or collection agency if different from	n above	
Address		
City	State	Zip
Country	Province	
Telephone number		
Current account number		
* For real estate and utility/telephone debt, provide address	of property/telephone numbe	r associated with debt:
Address		
City	State	Zip
Country	Province	
Telephone number		
Tax Debt		
43. Have you ever failed to timely file tax returns or pay any perincome taxes; state, county or municipal private property taxes were owed or refunds due?		•
If Yes, upload a copy of supporting documentation (IRS tax accepted) etc.) to: 1. this NCBE online application and 2. your Delaware b		statement of amount due,
□ Yes □ No		
Type of debt:   Income  Property/Real Estate Assessme	ent 🗆 Other	
Full account number Origi	nal amount of debt	
DELAWARE APPLICATION		

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Current balance	_ Date of last payment	
No Payments Made		
Current status of this debt		
Describe the History of This Debt (include applicable ta	x year(s))	
Name of agency		
Address		
City		
Country	Province	
Telephone number		
Bankruptcy		
44. Have you ever filed a petition for bankruptcy?		
If Yes, upload associated schedule of indebtedness, petion order to: 1. this NCBE online application and 2. your Dela	• •	de la construcción de la
□ Yes □ No		de.org.
Date filed Title of action		
Type of bankruptcy		
Court file number		
Name of court involved		
Address		
City	State	Zip
Country	Province	
Total amount discharged in U.S. dollars		
Date of disposition		
Disposition		
Were any adversary proceedings instituted?	s 🗆 No	

Were there any allegations of fraud?	🗆 Yes	□ No	
Were any debts not discharged?	🗆 Yes	□ <b>No</b>	
Detailed description of circumstances surrounding	; filing		
The Board of Bar Examiners of the Delaware S Delaware Admissions Office if you require add	-		• •
Revocation: Affiliated Entity			
45. Has an entity in whose management or control directly or beneficially owned at least a 5% interest bankruptcy?	•		
If Yes, upload a statement from each applicable cre bar application at bbede.org.		wing proof of payment or curre	nt balance to your: 1. Delaware
□ Yes □ No			
Type of debt: 🗆 Charge account 🗆 Credit card			
Last four digits of account number	Oriį	ginal amount of debt	
Current balance	Dat	e of last payment	
No Payments Made			
Current status of this debt			
Describe the history of this debt			
Name of entity extending credit			
Address			
City		State	Zip
Country		Province	
Telephone number			
Name of retailer if different from above			

Check if name or address of current creditor or collecti	on agency is different	t from above.				
Name of current creditor or collection agency if different	from above					
Address						
City	State	Zip				
Country	Provin					
Telephone number						
Last four digits of current account number						
Past Due Debt: Affiliated Entity						
46. Has an entity in whose management or control you ha directly or beneficially owned at least a 5% interest had an three years that was not resolved in bankruptcy?						
If Yes, upload a statement from each applicable creditor s bar application at bbede.org.						
🗆 Yes 🗆 No						
Type of debt: □ Charge account □ Credit card** □ F	Property/real estate a	ssessment* 🗆 Student Ioan				
Utility/Telephone* Other						
(**Last four digits of) Account number	Original amou	nt of debt				
Current balance D	Date of last payment _					
No Payments Made						
Current status of this debt						
Describe the history of this debt (if this is a medical debt, include date of service and institution name)						
Nome of outity outending credit						
Name of entity extending credit						
Address						
City						
Country	Province					
Telephone number						

Name of retailer if different from above							
Check if name or address of current creditor or college	ction agency is different fro	om above.					
Name of current creditor or collection agency if different from above							
Address							
City	State	Zip					
Country	Province						
Telephone number							
Current account number							
* For real estate and utility/telephone debt, provide ad	ddress of property/telepho	ne number associated with debt:					
Address							
City	State	Zip					
Country	Province						
Telephone number							
Tax Deht: Affiliated Entity							
<ul> <li>Tax Debt: Affiliated Entity</li> <li>47. Has an 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 ever failed to timely file tax returns or pay any personal taxes, including but not limited to any federal or state income taxes; state, county or municipal private property taxes; or real estate assessment taxes, whether or not any taxes were owed or refunds due?</li> <li>If Yes, upload all supporting documentation (IRS tax account transcript, release of lien, statement of amount due, etc.) to</li> </ul>							
your: 1. Delaware bar application at bbede.org.	ount transcript, release of h	len, statement of amount due, etc.) to					
🗆 Yes 🗆 No							
Type of debt: 🗆 Income 🗆 Property/Real Estate Ass	sessment 🗆 Other						
Full account number	_Original amount of debt _						
Current balance	_ Date of last payment						
No Payments Made							
Current status of this debt							
Describe the History of This Debt (include applicable ta	ax year(s))						

Province					
•	•	• •		e	
• •	•	•	Ũ	•	
	State		Zip		
		Province			
□ Yes	⊓ No				
🗆 Yes	□ No				
ding filing					
	crol you have rest ever file ess, petition ede.org.	StateStateState	State Province rrol you have participated, or any non-purest ever filed a petition for bankruptcy? ess, petition for bankruptcy, docket reporede.org. State Province Province Province	rrol you have participated, or any non-public entity in which you hav rest ever filed a petition for bankruptcy? ess, petition for bankruptcy, docket report and discharge from bank ede.org. StateZip Province	

## JURSIDICTION-SPECIFIC QUESTIONS

#### **Required Documentation**

49. The Delaware Board of Bar Examiners may regard your application as incomplete if supporting documentation regarding affirmative answers to any of these questions is not provided: 11, 12, 13, 14, 16, 17, 18, 24, 27, 28, 33, 34, 35, 36, 37, 38, 40, 41, 42, 43, 44, 45, 46, 47 and 48.

You must upload the required supporting documentation to your Delaware bar application at bbede.org **no later than** September 1 (for July exam) /April 1 (for February exam).

□ I have read the information above.

### **DELAWARE DEADLINES**

50. Finalize your application and submit required documents to National Conference of Bar Examiners (NCBE) only during the appropriate Delaware Board of Bar Examiners registration period. Failure to meet the appropriate deadline may result in rejection of your NCBE Character Report Application and forfeiture of fees paid to NCBE.

Registration Periods:

- Bar Exam Applications (February) September 1 to December 1 check Delaware Board of Bar Examiners website for specific dates at: <u>courts.delaware.gov/bbe/index.aspx#dates</u>.
- Bar Exam Applications (July) February 1 to May 1 check Delaware Board of Bar Examiners website for specific dates at: <u>courts.delaware.gov/bbe/index.aspx#dates</u>.
- Rule 55, Foreign Legal consultant, and Military Spouse Applications may be submitted at any time.

Bar Exam Applicant Notice: You should apply during the registration period that leads up to the exam for which you plan to sit. Here are two examples:

- If you plan to sit for the February 2024 exam, you may apply beginning on September 1, 2023.
- If you plan to sit for the July 2024 exam, you may apply beginning on February 1, 2023.

Do not finalize your application before the registration period begins. If you started an application before the registration period began, log back in to your NCBE Account and finalize during the registration period. All your information in the application must be current at the time you finalize.

□ I have read the information above.

## **ADDITIONAL INFORMATION**

#### Additional Information

51. Is there any information not specifically addressed in the foregoing that could be considered as reflecting adversely on your character or fitness to practice law in a competent, ethical and professional manner?

□ Yes □ No

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ditional information	_
	-
	-
	-
	-
ther explanation(s)	-
	-