

# MISSISSIPPI BOARD OF BAR ADMISSIONS

## APPLICATION FOR ADMISSION BY EXAMINATION

### JULY 2026 BAR EXAMINATION

Application must be typed.



Check one box on each of the following statements:

- I have  / have not  previously applied for admission in Mississippi.  
 I have  / have not  applied for admission in another jurisdiction.  
 (e.g. - law student, examination or motion)

### BIOGRAPHICAL INFORMATION

- 1) LAST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ (Jr., Sr., II, III, IV, etc.)  
 FIRST NAME: \_\_\_\_\_  
 MIDDLE NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ / / \_\_\_\_\_  
 PHONE NUMBER: Work \_\_\_\_\_ / - \_\_\_\_\_  
 PHONE NUMBER: Cell \_\_\_\_\_ / - \_\_\_\_\_
- LIST STREET ADDRESS BELOW  
 IF DIFFERENT FROM MAILING ADDRESS:*  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ / / \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  
 RACE: Please Choose:  
 \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - - \_\_\_\_\_  
 PHONE NUMBER: Home \_\_\_\_\_ / - \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

\*The provision of your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, provision of your social security number assists in expediting the Character Review process. Your social security number will be used for purposes of investigation and verification, to avoid errors of identity that might introduce problems and delays into the certification and licensure process.

Place of Birth: \_\_\_\_\_, \_\_\_\_\_ (City/State)    \*\*NCBE Number: \_\_\_\_\_    \*\*Go to NCBE's website to create an NCBE Account to obtain an NCBE Number if you have not previously obtained an NCBE Number: Click on [www.ncbex.org](http://www.ncbex.org), then click on NCBE Account and Dashboard.

- 2) Law School attending/attended (Name and city/state): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Law school must be approved by the American Bar Association.) Date law degree conferred or anticipated date of completion of law degree requirements: \_\_\_\_\_ **NOTE:** If you find that the anticipated date of completion of your Law Degree requirements changes, please notify MBBA immediately so we can adjust our records. If the school name has changed since your attendance, provide the current and former names: \_\_\_\_\_
- 3) List below all the other names or surnames you have used, or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce). Other name: \_\_\_\_\_, Reason: \_\_\_\_\_; Other name: \_\_\_\_\_, Reason: \_\_\_\_\_.
- 4) State whether single, married, or divorced: Please choose:. If "married or divorced", give the date of marriage/divorce \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year), place of marriage/divorce: \_\_\_\_\_ and full name of spouse/ex-spouse: \_\_\_\_\_. Spouse's Work Phone Number: \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Spouse's Place of Employment: \_\_\_\_\_
- 5) State the full name, address, phone number and occupation of your parents. (If one or both parents are deceased, give the information applicable at time of death.)  
 FATHER'S FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ / / \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 MOTHER'S FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ / / \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
In case of emergency, please provide the person's name and phone number which we should call:  
 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

DATE RECEIVED

(This section is for office use only)

RECEIPT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE REC'D. \_\_\_\_\_

- 6) Are you a citizen of the United States? If **NO**, describe your immigration status and provide your registration number in the comment box below. Upload a copy of your resident alien card in pdf document format. \_\_\_\_\_
- Yes  No
- If you do not have an alien registration number or resident alien card, provide an explanation in the comment box. \_\_\_\_\_

### **MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE)**

Rule IX, Section 4(C), of the Rules Governing Admission to the Mississippi Bar, states the Multistate Professional Responsibility Examination (MPRE) is a prerequisite that must be met before a Certificate of Eligibility to practice law can be issued by this office. Complete the following statement:

- 7) I have taken/will take the Multistate Professional Responsibility Examination\*\* on Month, Year and have requested/will request that my score be sent to the Mississippi Board of Bar Admissions. The MPRE is a separate exam from the Mississippi Bar Examination and must be applied for separately. **You must have a valid scaled MPRE score of 75 or above.**

\*\*If you have not yet taken the MPRE or need to have your score reported to Mississippi, you may do so at: <http://www.ncbex.org/exams/mpre/>.

\*\*As a mandatory condition for admission to the Mississippi Bar by examination, each applicant must achieve a scaled score of not less than **75** on the Multistate Professional Responsibility Examination (MPRE). This score must be achieved on an administration of the MPRE within twenty-four (24) months before or within twelve (12) months after the date of administration of the Mississippi Bar Examination at which the applicant achieves a passing result. It shall be the responsibility of each applicant to register for and take the MPRE in the manner and at the time prescribed and to request that the score is furnished to the Mississippi Board of Bar Admissions.

### **MULTISTATE BAR EXAMINATION and LAPTOP TESTING**

8A) **Check only one box.**

- I will take the Multistate Bar Examination in Mississippi during the administration of the **July 2026** Bar Examination.
- I request permission to use the score on the Multistate Bar Examination I previously attained on the following administration of the MBE which is within twenty (20) months of the **July 2026** Bar Examination: MBE Testing Jurisdiction: \_\_\_\_\_ and MBE Testing Date: Month, Year. I have completed the top half of **FORM 8A - Authorization to Utilize Previous MBE Score**. This form should then be submitted directly to the jurisdiction wherein you attained the MBE score **or** if the National Conference of Bar Examiners (NCBE) performs the score transfer for the jurisdiction, you will need to submit the FORM 8A to the MBBA office with the top half you completed and separately request the score be transferred from NCBE to MBBA by going to their website at <http://www.ncbex.org/ncbe-exam-score-services/mbe-score-services/>. If you wish to use a prior MBE score, the FORM 8-A and the MBE score must be received by MBBA from the certifying agency no later than thirty (30) days prior to the Bar Examination or you will be unable to utilize the previously attained MBE score on the **July 2026** Mississippi Bar Examination.

8B) **Check only one box.**

- I will handwrite my answers on the **July 2026** Mississippi Bar Examination.
- I request permission to utilize "Laptop Testing" to type my answers on the **July 2026** Mississippi Bar Examination. I will submit a completed and notarized **FORM 8B – Laptop User Release** with my **July 2026** Bar Examination application which will allow me to receive instructions and information by email regarding the use of my laptop during the written portion of the Bar Examination. I acknowledge this form is not a contract, but a release to allow me to receive information regarding this process. It is very important that you provide an email address which will be used before and after the bar examination.

Applicant: (type your full name): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

SWORN AND SUBSCRIBED BEFORE ME THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

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

\_\_\_\_\_  
Signature of Notary

**NOTIFICATION OF THE NEED FOR NON-STANDARD TESTING**

- 9) The Mississippi Board of Bar Admissions is committed to providing a "level playing field" for bar exam applicants with disabilities. If you require testing accommodations on the bar examination, you must indicate in the appropriate checkbox below. If you DO require testing accommodations, you must go to **Request for Test Accommodations**, and complete and upload all applicable forms, no later than the filing deadline. Candidates with disabilities are encouraged to file their documentation as early as possible. **Check only one box:**
- I **DO NOT** require testing accommodations to enable me to sit for the **July 2026** Bar Examination.
- I **DO** require testing accommodations to enable me to sit the **July 2026** bar examination. I have completed **FORM 1 – Applicant Request for Test Accommodations** and any other forms which apply to me and, as required, I am filing it at the same time I file my application for the Mississippi Bar Examination. (Test Accommodation Forms 1-7 are available in the link **Request for Test Accommodations**. Please examine each form carefully in order to determine which forms you will be required to complete or have completed by someone else and returned to this office.)

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**CONTINUING APPLICATION**

- 10) I fully understand that the answers contained in this sworn application are to be considered as continuing to be true from the date of this application until the date upon which I may be admitted to the Mississippi Bar, and, if any answer ceases to be true or complete or otherwise fairly requires supplementation, I acknowledge that I have a continuing obligation to inform the Mississippi Board of Bar Admissions IMMEDIATELY, by filing an amendment to this application, as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information sought.

Applicant: (type your full name): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**PENALTY FOR FAILURE TO DISCLOSE INFORMATION**

I, also understand that if I fail to disclose any information, whether requested to do so or not, or fail to amend my application because an answer or portion of an answer ceases to be true, that my application to take the Mississippi Bar Examination will be automatically deferred to the next scheduled bar exam.

\_\_\_\_\_  
Signature of Applicant

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

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

\_\_\_\_\_, (Applicant: type your full name here) being first duly sworn says: I have read the foregoing statements and understand that my application is a continuing one which requires supplementation, and that if I fail to amend or disclose information, whether requested to do so or not, that my application will automatically be deferred to the next exam after the one for which I am applying to take.

\*THIS PAGE MUST BE NOTARIZED\*

\_\_\_\_\_  
Signature of Applicant

SWORN AND SUBSCRIBED BEFORE ME THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

(SEAL)

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

## RESIDENCES

- 11) List in order (beginning with the most recent and ending with the oldest) every place of residence, permanent or temporary, for more than thirty days, since your 18<sup>th</sup> birthday (including all college, law school and military addresses).

STREET ADDRESS	CITY/STATE/ZIP	COUNTY	DATES LIVED THERE (mm/yyyy) to (mm/yyyy)
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____
_____	____/____/____	_____	____/____ to ____/____

## EDUCATION

- 12) State the name, mailing address, county, and dates of attendance of each high school you have attended.

NAME AND COMPLETE MAILING ADDRESS	COUNTY	DATES ATTENDED (mm/yyyy) to (mm/yyyy)
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	____/____ to ____/____
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	____/____ to ____/____

13) **COLLEGES AND UNIVERSITIES ATTENDED\***:

State the name, mailing address, county, dates of attendance, degree received, if any, and date of degree for every college and/or university that you attended. List the college or university where you obtained your bachelor's degree first.

**\*Please fill out a FORM 13 for every undergraduate college and university that you attended. See separate instructions for mailing these forms.**

**YOU MUST INSTRUCT EACH COLLEGE/UNIVERSITY YOU ATTENDED TO MAIL A CERTIFIED COPY OF YOUR TRANSCRIPT DIRECTLY TO THE MBBA OFFICE WITH A COMPLETED FORM 13 ATTACHED.**

COLLEGE/UNIVERSITY	COUNTY	DATES ATTENDED (mm/yyyy) to (mm/yyyy)	DEGREE REC'D	DATE REC'D (mm/yyyy)
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___

14a) **LAW SCHOOL(S) ATTENDED\***:

State the name, mailing address, county, dates of attendance, degree received, if any, and date of degree for every law school which you attended. List the law school where you obtained your Juris Doctorate Degree first.

**Please fill out a FORM 14 for every law school that you attended. See separate instructions for mailing these forms.**

**\*YOU MUST INSTRUCT EACH LAW SCHOOL YOU ATTENDED TO MAIL A CERTIFIED COPY OF YOUR TRANSCRIPT AND A COPY OF YOUR LAW SCHOOL APPLICATION DIRECTLY TO THE MBBA OFFICE WITH A COMPLETED FORM 14 ATTACHED.**

LAW SCHOOL	COUNTY	DATES ATTENDED (mm/yyyy) to (mm/yyyy)	DEGREE REC'D	DATE REC'D (mm/yyyy)
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___
NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: ____/____/____	_____	___/___ to ___/___	_____	___/___

14b) Rule IV, Section 5C(2), of the Rules Governing Admission to the Mississippi Bar, allows an applicant to sit for the Mississippi Bar Examination who at the time of taking the bar examination will be within sixty (60) days of completion of their Juris Doctorate requirements at a provisionally or fully accredited ABA approved law school. Are you making application to sit for the Bar Examination under the provisions of Rule IV, Section 5C(2)? (Your answer will be "NO" if you have completed or will complete your J.D. degree prior to the Bar Exam.) If **YES**, you must complete and submit a **FORM 14-b(1)** and have your law school complete and submit a **FORM 14-b(2)** to MBBA. In addition, you must request your law school to submit a Certificate of Completion to be received in the MBBA office within the prescribed sixty (60) day period as set forth on FORM 14b(1) and 14b(2) or your Bar Examination results will be voided.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

15) Have you ever been suspended, placed on disciplinary probation, expelled or requested to resign from high school, college, university or law school, or otherwise subjected to discipline by any such school or other institution or requested or advised by any such school or institution to discontinue your studies therein for disciplinary reasons? If **YES**, provide a brief narrative which explains the circumstances and results of each such occurrence, including the name, title, and address of the disciplinary authority having personal knowledge of the occurrence. \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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- 16) Have you ever been involved in any student or honor code violation(s)? If **YES**, provide a brief narrative which explains the circumstances and results of each such occurrence. This should include the name, title, and address of the disciplinary authority having personal knowledge of the occurrence. If the Honor Code violation(s) occurs after filing this application, you must notify MBBA immediately and update your application with the information requested above. \_\_\_\_\_
- Yes**      **No**

**REFERENCES**

- 17) List the name, complete address, phone number and years known of three (3) persons unrelated to each other with whom you are personally acquainted and who are not related to you by blood or marriage. Personal references in this question may NOT be the same people supplying employer references required in Section IX. **You must provide a FORM 17 to each person named below for completion and transmittal to the MBBA.**

<b>References' Names and Mailing Address</b>	<b>Area Code/Phone Number</b>	<b>Years Known</b>
1. NAME _____ ADDRESS _____ CITY/STATE/ZIP: _____ / _____ / _____	_____ / - _____	_____
2. NAME _____ ADDRESS _____ CITY/STATE/ZIP: _____ / _____ / _____	_____ / - _____	_____
3. NAME _____ ADDRESS _____ CITY/STATE/ZIP: _____ / _____ / _____	_____ / - _____	_____

**EMPLOYMENT AND LAW PRACTICE**

- 18) List your employment and periods of unemployment information, beginning with the most recent:
- If you have submitted an application for bar admission or to register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your employment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer.\***
  - If the previous category does not apply to you, provide your employment information for the last ten years or since age 18, **whichever period of time is shorter.\***

**\*Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

- 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. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.)
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.
- If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.**

You must provide a FORM 18 to each employer named below for completion and transmittal to the MBBA.

**DATES EMPLOYED**  
(mm/yyyy) to (mm/yyyy)

	NAME AND COMPLETE MAILING ADDRESS OF EACH EMPLOYER	POSITION HELD	REASON FOR LEAVING
1. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
2. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
3. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
4. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
5. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
6. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
7. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
8. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
9. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
10. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
11. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
12. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
13. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____
14. <u>  /  /  </u> TO <u>  /  /  </u>	NAME _____ ADDRESS _____ CITY/STATE/ZIP: <u>  /  /  </u>	_____	_____

15. \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |     |   |  |                                       |
|-----|---|--|---------------------------------------|
| 19) | Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job? <b>If YES</b> , provide the name of the employer, dates of employment, and explanation of circumstances: _____ | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |
|-----|---|--|---------------------------------------|

**LEGAL AND MOTOR VEHICLE PROCEEDINGS**

- |      |  | <b>Yes</b>               | <b>No</b>                |
|------|--|--------------------------|--------------------------|
| 20a) | Have you ever been a named party to any civil court action, with the exception of adoption? NOTE: Family law matters (including divorce or continuing orders for child support) should be included here. <b>If YES, complete FORM 20 for each matter and attach a copy of the pleadings and final disposition.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20b) | Have you ever had a complaint filed against you in any civil, criminal, or administrative forum, alleging fraud, deceit, misrepresentation, forgery or professional malpractice? <b>If YES, complete FORM 20 for each matter and attach copies of the pleadings, allegations, and judgments.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21)  | Have you been charged with any moving traffic violations during the past ten years? NOTE: Alcohol or drug-related traffic violations should be discussed in this question. <b>If YES, complete FORM 21 for each violation.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22a) | Have you, either as an adult or a juvenile, been cited, arrested, charged or convicted for any violation of any law (except traffic violations)? NOTE: This should include matters that have been expunged or been subject to a diversionary program. <b>If YES, complete FORM 22 and attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22b) | Have you ever held a motor vehicle driver's license or operator's license? <b>If YES</b> , list each state in which you hold or have ever held a motor vehicle driver's license or operator's license. _____<br><br><b>You must submit a certified driving record</b> (or no record letter) from the Department of Public Safety for each jurisdiction you listed above.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22c) | Have you ever had your driving privileges suspended or revoked? <b>If YES, provide a narrative for each suspension or revocation.</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23)  | Did any of the instances listed in questions 20a, 20b, 21 or 22a result in conviction of a misdemeanor? <b>If YES</b> , state which of the instances above resulted in conviction of a misdemeanor. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24)  | Did any of the instances listed in questions 20a, 20b, 21 or 22a result in conviction of a felonious crime? <b>If YES</b> , state which of the instances above resulted in conviction of a felony. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a) | Have you ever been adjudicated a bankrupt, or has a petition in bankruptcy ever been filed by you or against you, either alone or in association with others? <b>If YES, complete FORM 25</b> and provide copies of documentation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25b) | Have your ever been brought in as a party to any proceedings in a bankruptcy court; or have your ever been sued or threatened with suit by the receiver, trustee, or other authority of any bankruptcy estate, for unlawful transfer, conspiracy to conceal assets, or any other fraud or offense, whether or not punishable by criminal law? <b>If YES, complete FORM 25</b> and provide copies of documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26a) | Are you presently, or have you ever been, in default on any loan(s) or indebtedness, including, but not limited to, child support obligations and guaranteed student loans? <b>If YES, complete a FORM 26 - LIST OF CREDITORS</b> and provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current.                                     | <input type="checkbox"/> | <input type="checkbox"/> |

- 26b) Within the three (3) years preceding the date of this Application, have you had any debt or financial obligation (this includes child support obligations, guaranteed student loans, credit cards, bank notes, tax liens, etc.) exceeding \$500 in amount, become ninety (90) days or more past due? **If YES, complete a FORM 26 - LIST OF CREDITORS** and provide the name and address of creditor, account number, amount owed, and what steps have been/were taken to bring the account current.

**MILITARY SERVICE**

- |   | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|---|--------------------------|--------------------------|
| 27) Have you registered under the Selective Service Act? (See <a href="https://www.sss.gov/">https://www.sss.gov/</a> for information)<br>If No, state reason: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) Are you now or have you ever been a member of the armed forces of the United States (including the National Guard or any reserve component)? <b>If YES, please complete and upload <u>FORM 28</u>. Also include a copy of your discharge orders from active duty, with a Report of Separation FORM DD214 or equivalent.</b> | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL QUESTIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 29) Have you ever been engaged in any business or profession on your own account? <b>If YES, state the nature thereof, where the business was located, the time during which you were so engaged, and what became of it.</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30) Have you ever applied for or held a license, other than as an attorney at law, which required proof of good character? (e.g. certified public accountant, real estate broker, etc.) <b>If YES, state the license applied for, date of the application, the name and address of the authority to whom made, the disposition of the application, and if granted, the present status of each such license.</b> _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 31) Have you ever applied for or held a bonded position? <b>If YES, complete <u>FORM 31</u>.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32) Have you engaged in any inappropriate, illegal, immoral or irresponsible behavior over the last five years that you or others have attributed to consumption or use of prescription, non-prescription or other drugs, alcohol or other intoxicating substances? <b>If YES, describe the facts concerning the behavior, including the date(s), persons witnessing the behavior, any disciplinary action taken or inquiry that was made and the resolution of any inquiry and or disciplinary action.</b> _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33) Have you engaged in any inappropriate, illegal, immoral or irresponsible behavior over the last five years that resulted in any investigative process, disciplinary or legal consequences or your separation from employment or from an educational institution? <b>If YES, describe the facts concerning the behavior, including the date(s), persons witnessing the behavior, any disciplinary action taken or inquiry that was made and the resolution of any inquiry and or disciplinary action.</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34) Within the past five years, have you been involved in any inquiry, any investigation, any insurance claim, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure? <b>If YES, give the name and contact number of the entity before which the issue was raised (i.e. court, agency, etc.) the nature of the proceedings, relevant date(s), disposition, if any, and an explanation.</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35) Have you ever registered as a law student with the Bar Admissions authority of any jurisdiction in the United States (including Mississippi) or foreign country? <b>If YES, list below each jurisdiction or foreign country in which you have registered and when. Complete <u>FORM 37</u> for each Board of Bar Admissions you have listed.* You must instruct each Bar Admissions office to complete FORM 37 and attach a certified copy of your bar admissions application you completed for their office and mail both directly to the MBBA. If applications are no longer available, please have the Board of Bar Admissions send a letter so stating. *Exception: If you filed an Application for Registration as a Law Student with the MBBA, you will not need to complete <u>FORM 37</u>, simply list Mississippi below and the date you filed your application.</b> | <input type="checkbox"/> | <input type="checkbox"/> |

JURISDICTION OR FOREIGN COUNTRY	DATE APPLICATION FILED (mm/yyyy)	CURRENT STATUS OF APPLICATION
_____	____/____/____	_____
_____	____/____/____	_____

**Yes**      **No**

36a) Have you ever submitted an application to be admitted by examination, reciprocity/comity/motion or diploma privilege, or to be reinstated to the bar of any Jurisdiction in the United States (including Mississippi) or foreign country?

    

If **YES**, list below every jurisdiction or foreign country. For each application, indicate the nature of the application (examination, reciprocity/comity/motion, etc.), the date it was submitted and its ultimate disposition; i.e., admitted to the bar, withdrew application, or not admitted. For each withdrawal of application or failure of or denial of admission, other than those due to failing the examination, in the comment box below provide a brief narrative explanation of the circumstances surrounding the reason. If admitted to a bar of a foreign country, indicate the name and address of the admitting authority. **Complete FORM 37 for each Board of Bar Admissions you have listed below.\* You must instruct each Bar Admissions office to complete FORM 37 and attach a certified copy of your bar admissions application you completed for their office and mail both directly to the MBBA.** If applications are no longer available, please have the Board of Bar Admissions send a letter so stating.

\*Exception: If you filed an Examination Application with the MBBA, you will not need to complete FORM 37, simply list Mississippi below and the date you filed your application(s) and why you were not admitted.

JURISDICTION OR FOREIGN COUNTRY	DATE APPLICATION FILED (MM/YYYY)	DATE OF EXAM APPLIED/SAT FOR (MM/YYYY)	APPLIED FOR: EXAMINATION, RECIPROCITY/COMITY/ MOTION OR DIPLOMA PRIVILEGE, ETC	NOT ADMITTED BECAUSE - FAILED EXAM. WITHDREW APPLICATION, DENIED, OTHER (explain if other)
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____

36b) Rule IV, Section 8, of the Rules Governing Admission to the Mississippi Bar, states an applicant who has unsuccessfully taken the Mississippi Bar Exam three (3) times shall not be eligible for re-examination until he or she has successfully completed at least twelve (12) additional semester hours of law school courses at an ABA accredited law school relevant to subjects covered by or skills necessary to the passage of the Mississippi Bar Examination. A certificate must be issued to the Board of Bar Admissions by the law school stating that the applicant has successfully completed these classes. Satisfaction of this requirement shall permit the applicant to retake the Mississippi Bar Examination on one (1) additional occasion. To be eligible for further re-examination, the applicant must comply with the requirements set forth above between each unsuccessful examination attempt. **Are you applying to sit for the bar examination under Rule IV, Section 8?** (Your answer will be NO if this not apply to you.)

    

If **YES**, you must comply with the requirements of Rule IV, Section 8, of the Rules Governing Admission to the Mississippi Bar and must include a FORM 36b Certificate of Completion from the law school at the time you submit this application.

37) Have you ever been denied admission to the practice of law in any jurisdiction of the United States (including Mississippi) or foreign country, other than for failure of the bar examination, or been denied admission to the bar examination of any jurisdiction or foreign country? If **YES**, in the comment box below provide an explanation of the denial which must include the name of the denying jurisdiction, the date of the denial, the reason you were denied, and any other information you deem appropriate. You must instruct each Bar Admissions office to complete FORM 37 and attach a certified copy of your bar admissions application you completed for their office and mail it directly to the MBBA. \_\_\_\_\_

38a) Have you ever been admitted to the practice of law in any jurisdiction of the United States (including Mississippi) or foreign country? If **YES**, provide the following information. If admitted to a bar of a foreign country, provide the name and address of the admitting authority. Complete **FORM 38** for each jurisdiction or foreign country you have listed below. You must instruct each Bar to complete **FORM 38** and mail it directly to the MBBA.

JURISDICTION OR FOREIGN COUNTRY	DATE ADMITTED/ READMITTED (MM/YYYY)	ADMITTED BY: EXAMINATION, RECIPROCITY/COMITY/ MOTION OR DIPLOMA PRIVILEGE, ETC.	ARE YOU A MEMBER IN GOOD STANDING? (YES or NO)	ARE YOU ON ACTIVE OR INACTIVE STATUS?
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

38b) \*IF YOU ARE LICENSED IN ONE OR MORE JURISDICTIONS YOU MUST PROVIDE THE FOLLOWING FORMS AND DOCUMENTS LISTED BELOW FOR EACH JURISDICTION IN WHICH YOU ARE LICENSED:

- ▶ You must request each Jurisdiction or Foreign Bar to which you are admitted to complete **FORM 38**, attach a Certificate of Good Standing, and mail it directly to this office. If you are not in good standing, in the comment box below provide an explanation as to why you are not in good standing and have the Bar complete **FORM 38**, providing documentation as to why you are not in good standing, and mail it directly to this office. \_\_\_\_\_
- ▶ You must submit **two (2)** completed attorney affidavits, **FORM 38-A**, from each jurisdiction or foreign bar in which you are admitted to practice. These affidavits must be from attorneys who are in good standing in each jurisdiction and must be someone other than a reference you have listed in #17 of this application.
- ▶ You must complete and upload **FORM 38-B**, Pro Hac Vice Questionnaire.
- ▶ You must request the Supreme Court or the Highest Appellate Court from each jurisdiction in which you are admitted to mail a Certificate of Good Standing to this office.
- ▶ If you are on inactive status, in the comment box below provide a brief narrative explanation of the circumstances surrounding the reason and the date you went inactive, and have the jurisdiction or foreign Bar complete **FORM 38** and mail it directly to this office. \_\_\_\_\_

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 39) Have any complaints been filed against you as an attorney with the disciplinary authority of any jurisdiction in the United States (including Mississippi) or foreign country in which you have been admitted to the practice of law? If <b>YES</b> , in the section below provide an explanation which includes the name of the agency or authority or board or committee to whom the complaint was addressed, the date of the complaint, the nature of the complaint, the disposition of the complaint and any other information you deem appropriate. You must also have the State Bar or Attorney Disciplinary authority of the jurisdiction or foreign country provide documentation of the complaint(s) and the disposition of the complaint(s) and mail it directly to this office. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40) Have you been the subject of any lawyer discipline, whether private or public, whether oral or written, in any jurisdiction of the United States (including Mississippi) or foreign country to which you have been admitted to the practice of law? If <b>YES</b> , in the section below provide an explanation for each instance of discipline, including the name of the jurisdiction or foreign country imposing the discipline, the date of the discipline, the nature of the discipline, the nature of the offense for which the discipline was imposed and any other information you deem appropriate. You must also have the State Bar or Attorney Disciplinary authority of the jurisdiction or foreign country provide documentation of the complaint(s) and the disposition of the complaint(s) and mail it directly to this office. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 41) Other than as stated in your answers to this application, is there any response on any previous application(s) you may have filed with the Mississippi Board of Bar Admissions which is no longer complete or correct? If <b>YES</b> , in the comment box below supplement this application with the complete and correct current information. _____   | <input type="checkbox"/> | <input type="checkbox"/> |

# APPLICANT'S AFFIDAVIT

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

COUNTY/PARISH \_\_\_\_\_

I, \_\_\_\_\_ (*Applicant: type your full name*), being first duly sworn, on oath or affirmation, do hereby depose and say:

1. That I have read this APPLICATION FOR ADMISSION BY EXAMINATION, including all of the instructions, and my complete answers, and that same are full, true and complete in all respects. I have completed such answers, and provided such information without mental reservation or purpose of evasion;
2. That I have carefully read the Rules Governing Admission to The Mississippi Bar;
3. That I have carefully read the current Guidelines and Rules pertaining to Professional Responsibility of The Mississippi Bar, and if admitted to the practice of law, agree at all times to be bound thereby; and,
4. If I am successful in attaining a passing score on such examination and if I am found morally fit to practice law in the State of Mississippi, I agree that I will subscribe to the oath of office propounded by the Supreme Court of Mississippi.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN to before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

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

(SEAL)

**MISSISSIPPI BOARD OF BAR ADMISSIONS**  
**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, (*applicant: type in full name*) having filed an application for admission by examination with the Mississippi Board of Bar Admissions to be admitted to the privilege of practicing law in the State of Mississippi, hereby authorize and give my consent to the Mississippi Board of Bar Admissions, including its Committee on Character and Fitness, (hereinafter collectively referred to as the "Board"), to conduct an investigation as to my moral character and fitness to practice law and to make inquiries and request such information from third parties as, in the sole discretion of the Board, is necessary to such investigation. I further authorize the use of any such information in the course of the Board's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history or record information), or other data pertaining to me, to reveal, furnish and release to the Board, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorized all such persons as set out above to answer any inquiries, questions or interrogatories concerning me which may be submitted to them by or on behalf of the Board and to appear before the Board and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical information, including mental health records or records relating to alcohol, drug or chemical dependency, or other protected health information.

I hereby release, discharge and hold harmless the Board, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN to before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

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

(SEAL)