



Applicants are advised to read the Minnesota Rules for Admission to the Bar found at <https://www.ble.mn.gov>.

- Step 1:** Complete the [Registration Form](#).
- Step 2:** Complete the Minnesota Bar Application. The application is in a PDF fillable format and must be typed.
- Step 3:** Make a copy of your completed [Registration Form](#), Application and all accompanying documents and keep them for future reference.

- Step 4:** Submit the [Registration Form](#), Application Forms, Required [Supplemental Forms](#), Required Documents and the Appropriate Fee to the Board Office. Postmarks on the deadline date are accepted.
- Step 5:** Add the following email to your safe senders list: Noreplyboardoflawexaminers@mbcle.state.mn.us.
- Step 6:** Check your [Applicant Portal](#) for status and to find Board requests for additional information.

As an Applicant to the Bar of the State of Minnesota, you have a continuing obligation to advise the Board in writing of any changes to your answers on this application.

This obligation continues until you are admitted to the practice of law in Minnesota, or your application is withdrawn or is finally determined by the Minnesota Supreme Court.

Your answers and all the information submitted or gathered in connection with your application are confidential and will not be released except as provided in Rule 14 of the Minnesota Rules for Admission to the Bar.

1.00 Full Legal Name:

Mr./Ms. LAST Name FIRST Name MIDDLE Name

Your name must match the name on your registration form.

Day Phone: () Evening Phone: ()

1.01 Current Driver License*:

Driver License # State of Issuance

***You must submit along with your application a CERTIFIED COPY of your DRIVING RECORD from the STATE in which you are CURRENTLY LICENSED.**

1.02 Previous Driver License(s) Held:

State Where State Where Held State Where Held State Where Held

1.03 NCBE Number (N+8 Digits): N

If you have not already done so, go to www.ncbex.org/ncbe-number to request an NCBE Number. Your unique NCBE Number will be used for identification purposes when you take the Multistate Bar Examination and the Multistate Professional Responsibility Examination and may be used as an identifier for other bar-admission-related purposes.

1.04 **If you have ever been known by any other names - List ALL Names, Dates of Use, and Circumstances:**

Other Names:	Dates of Use: (Month/Year)		Circumstances: (e.g. Nickname, Marriage, Divorce)
	From:	To:	



2.00 EDUCATION

Law schools:

List all law schools attended, provide information requested below, and include a copy (unofficial copies will be accepted) of all law school transcripts. Attach additional pages as necessary.

2.01	School Name:				
	School Address:				
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Dates of Attendance:	From:		To:	mm/dd/yyyy
				Date Received or Expected:	mm/dd/yyyy
2.02	School Name:				
	School Address:				
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Dates of Attendance:	From:		To:	mm/dd/yyyy
				Date Received or Expected:	mm/dd/yyyy

EVIDENCE OF GRADUATION (CONFERRAL OF DEGREE)
A. Your law school must forward an ORIGINAL DOCUMENT to this office evidencing the conferral of your law degree.
B. The Board office must receive this document at least 30 days prior to the date of the bar examination.
This document must state that you have graduated with a JD degree, or have completed ALL coursework 30 days prior to the examination for which you applied and will be awarded a JD Degree within 120 days following the examination. See Rule 4C.

Non-law school education - college, university, or other post-secondary education:

2.03	School Name:				
	School Address:				
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Dates of Attendance:	From:		To:	mm/dd/yyyy
				Date Received or Expected:	mm/dd/yyyy
2.04	School Name:				
	School Address:				
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Dates of Attendance:	From:		To:	mm/dd/yyyy
				Date Received or Expected:	mm/dd/yyyy
2.05	School Name:				
	School Address:				
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Dates of Attendance:	From:		To:	mm/dd/yyyy
				Date Received or Expected:	mm/dd/yyyy



3.00 APPLICATIONS TO ANY BAR

You MUST complete the information requested below if you have:

- Applied previously for admission to the Bar of Minnesota;
- Applied previously for admission to any other state, jurisdiction, or foreign jurisdiction;
- Applied to take a bar exam in any other state, jurisdiction, or foreign jurisdiction;
- Pre-registered for a bar exam in any other state, jurisdiction, or foreign jurisdiction;
- Pre-registered or registered in any other state or jurisdiction, or foreign jurisdiction including, but not limited to, as corporate or house counsel, a temporary legal services lawyer, or a foreign legal consultant.

If you have NEVER applied in any jurisdiction, please write "NOT APPLICABLE" in the space below:

Name of Licensing or Examining Authority <i>(including MN)</i>	Date Applied	Date of Bar Exam <i>(If Applicable)</i>	Character & Fitness Application Submitted?	Disposition <i>(Failed, Pending, Admitted, Denied, Withdrew, etc.)</i>	Date Admitted <i>(If Applicable)</i>	Conditionally Admitted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a COPY of each application filed in any other jurisdictions, including unsuccessful applications and applications which are pending, were withdrawn or denied.

Do NOT include copies of previous applications filed in Minnesota.

This application MUST be accompanied by the following additional documents from each jurisdiction in which you have ever been licensed or admitted to practice law. Additional information on where to obtain documents may be found at <https://www.ble.mn.gov/forms/resources/>.

INCLUDE:

State Courts, District of Columbia Court of Appeals, U.S. Territories and Foreign Jurisdictions.

You should **NOT** include **Federal District Court Admissions.**

- An authentic COPY of your original application for admission in each jurisdiction.
- An authentic DOCUMENT showing the date of admission to the bar in each jurisdiction if not contained in certificate of good standing documentation.
- An authentic DOCUMENT from the proper authority in each jurisdiction stating that you are in good standing.
- An authentic DOCUMENT from the proper authority in each jurisdiction indicating whether you are the subject of any pending complaint or charge of misconduct.
(This MAY or MAY NOT be included in the certificate of good standing. Contact the attorney discipline office in your jurisdiction to obtain this document.)
- A COPY of your conditional admission documentation, if you were conditionally admitted in another jurisdiction.

If you are unable to comply with any of the requirements described above, you must request a waiver of the requirement in a cover letter accompanying your application, stating with specificity why the document cannot be provided. Include any verifying documentation from the relevant jurisdiction.

- 3.01 Have you taken the Multistate Professional Responsibility Exam (MPRE)?** Yes No
- Have you achieved a scaled score of 85 or higher?** Yes No
- Has your MPRE score been submitted to Minnesota?** Yes No

Date Exam Taken:

MPRE score report showing a scaled score of 85 or higher must be sent directly to the Minnesota Board of Law Examiners. If a report has not already been requested, visit the National Conference of Bar Examiners' website at https://secure.ncbex2.org/php/ncbe_number/views/home.php.

4.00 **APPLICANT INFORMATION****Information for the Character and Fitness Investigation****Truthful Disclosures**

Your application is a sworn statement filed with the Board, an agency of the Minnesota Supreme Court. The failure to disclose an act or event can be more significant, and may lead to more serious consequences, than the act or event itself. Failure to provide truthful answers, or failure to inform the Board of any changes to your answers, may result in denial of admission to practice law.

Explaining "Yes" Answers

You must explain each "Yes" answer by providing a complete narrative statement describing the incident or circumstances. The statement must include names and addresses of courts, counsel of record, authorities holding the record of the matter, creditors, physicians, and any other person or authority referred to in your statement. **For each "Yes" answer you MUST obtain and attach the appropriate documentation requested by the question and complete and attach the appropriate supplemental form. Attach these additional pages at the end of the application.** If official documentation is not available, a letter of verification from the appropriate agency or attorney of record is required.

Explaining Rehabilitation Efforts

If applicable, your statement explaining a "Yes" answer should also include a description of any rehabilitative steps you have taken and/or positive social contributions you have made in your occupation, community, or civic service since the occurrence of the conduct. Please refer to [Rule 5A](#) and [Rule 5B\(4\)](#) for the Board's Essential Eligibility Requirements and the factors it considers when assessing prior conduct. Reference the [Character and Fitness for Admission to the Bar](#) brochure at www.ble.mn.gov for additional information.

Conditional Admission

Under Rule 16, the Board may conditionally admit an applicant whose record raises serious concerns about character and fitness but who presently appears to have a commitment to rehabilitation and the ability to meet the Board's Essential Eligibility Requirements for the practice of law found in [Rule 5A](#).

Confidentiality

Information disclosed on the bar application is confidential under Rule 14, subject to certain exceptions. The Board will not release your confidential application information to current or prospective employers without your written authorization.

Answer Questions as requested below and use specified SUPPLEMENTAL FORMS to provide Narrative Explanations.

4.01	Have you EVER been charged with, arrested for, pleaded guilty to, or been convicted of a felony or gross misdemeanor or the equivalent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 1](#).

You MUST disclose this requested information even if the charges were dismissed or you were acquitted, the conviction was stayed or vacated, the record sealed or expunged, or you were told by anyone, including a judge or attorney, that you need not disclose this information.

4.02	Have you EVER been charged with, cited for, arrested for, pleaded guilty to, or been convicted of a violation of any law, including traffic laws? (Exclude felonies, gross misdemeanors, and paid parking violations.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 1](#) or [2](#) as appropriate.

You MUST disclose this requested information even if the charges were dismissed or you were acquitted, the conviction was stayed or vacated, the record sealed or expunged, or you were told by anyone, including a judge or attorney, that you need not disclose this information.

4.03	Has your Driver's License EVER been canceled, suspended, or revoked for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 10](#).

Attach COPIES of Records relative to the incident(s).

4.04	Are you currently subject to a court-ordered probation of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 10](#).

Attach COPIES of Records relative to the incident(s).



4.05	<p>Have you individually, or as an officer or director of a corporation, as a member of a partnership, or as a fiduciary of a trust EVER been accused of, charged with, or found to have committed civil fraud, criminal fraud, misconduct, or dishonorable conduct in ANY legal, administrative, or military proceeding, or in any decision or finding made by an administrative agency?</p> <p>If "Yes," complete FORM 1, 3 or 4 as appropriate.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.06	<p>Have you EVER been a party to any legal proceeding? This includes any civil, criminal, administrative, family law or domestic abuse proceeding, or arbitration.</p> <p>If "Yes," complete FORM 1, 3 or 4 as appropriate.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.07	<p>As an officer or director of a corporation, as a member of a partnership, or as a fiduciary of a trust, have you EVER been a party to or a witness in any legal proceeding? This includes any civil, criminal, administrative, family law or domestic abuse proceeding, or arbitration.</p> <p>If "Yes," complete FORM 1, 3 or 4 as appropriate.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.08	<p>Have you EVER been found in contempt by any court, tribunal, or legislative body?</p> <p>If "Yes," complete FORM 10.</p> <p>Attach COPIES of Records relative to the incident(s).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.09	<p>Have you EVER failed to comply with any court order directed against you, including child support and other family law orders?</p> <p>If "Yes," complete FORM 10.</p> <p>Attach COPIES of Records relative to the incident(s).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.10	<p>Have you EVER been ordered by a court to pay or otherwise agreed to pay child support?</p> <p>If "Yes," complete FORM 10.</p> <p>Attach COPIES of relevant documents, including court orders, and provide the name, current mailing address, and telephone number of the payee or the office receiving your payments and provide documentation showing that your payments are up-to-date.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.11	<p>Have you EVER been ordered by a court to pay or otherwise agreed to pay spousal maintenance or alimony?</p> <p>If "Yes," complete FORM 10.</p> <p>Attach COPIES of relevant documents, including court orders, and provide the name, current mailing address, and telephone number of the payee or the office receiving your payments and provide documentation showing that your payments are up-to-date.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.12	<p>Have you EVER been discharged or terminated from employment for any reason?</p> <p>If "Yes," complete FORM 10.</p> <p>Include the date(s) of the discharge or termination and the supervisor's name, telephone number, and name and address of the employer(s). Include a narrative explaining the circumstances and reason.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.13	<p>Have you EVER been suspended, disciplined, reprimanded from employment, or permitted to resign in lieu of termination, for any reason.</p> <p>If "Yes," complete FORM 10.</p> <p>Provide the supervisor's name, telephone number, and name and address of the employer(s). Include a narrative explaining the circumstances and reason.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.14	<p>Have you EVER been requested (formally or informally) to resign from or terminate any employment?</p> <p>If "Yes," complete FORM 10.</p> <p>Provide the supervisor's name, telephone number, and name and address of the employer(s). Include a narrative explaining the circumstances and reason.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.15	<p>Have you EVER been denied an employment-related or occupational license or bond?</p> <p>If "Yes," complete FORM 10.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



4.16 **Has a report of misconduct or irregularity or a written charge of alleged misconduct or irregularity EVER been issued against you by the Law School Admission Council in connection with the admission process to law school?** The admission process includes but is not limited to: application for admission to law school; application to take the LSAT; the taking of the LSAT; submission of information for LSDAS (Law School Data Assembly Service); reporting of LSAT score; and transfer from one law school to another.

Yes No

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the incident(s).

4.17 **Have you EVER been warned, placed on probation, suspended, requested to discontinue your studies, allowed to discontinue your studies in lieu of discipline, expelled, dismissed, or otherwise disciplined, by a post-secondary school, college, university, or law school for academic or non-academic reasons?**

Yes No

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the incident(s).

4.18 **Have allegations, complaints, or charges (formal or informal) EVER been made against you during your enrollment in a post-secondary school, college, university, or law school alleging academic or personal misconduct, including but not limited to, honor code violations or plagiarism?**

Yes No

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the incident(s). You MUST disclose any allegations, complaints, or charges even if no disciplinary action was taken or if you were told that no permanent record would be made of the incident or allegation or if you were told that your record would be expunged.

4.19 **Have you EVER been warned, placed on probation, suspended, requested to discontinue your studies, allowed to discontinue your studies in lieu of discipline, expelled, or otherwise disciplined, by any educational institution for conduct in any way related to alcohol or other drugs?**

Yes No

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the incident(s).

Regardless of your answers to Question 4.20, you must submit with your application a current copy of your complete credit report issued directly by TransUnion, Experian, or Equifax. For information on obtaining your free annual credit report from one of these credit bureaus, visit www.consumer.ftc.gov. Credit reports may also be obtained from the credit bureaus for a fee and/or by registering an account. Credit reports need not contain your credit score, as this information is not considered by the Board. Third-party reports, including those indirectly providing credit bureau data, will not be accepted.

4.20 **A. Do you currently have any debt, loan, or other credit account that is 120 days or more past due, is in a "charged off" status, or is in collections?**

Yes No

If "Yes," complete [FORM 5](#).

B. Have you EVER had any debt, loan, or other credit account that was charged off or placed in collections?

Yes No

If "Yes," complete [FORM 5](#).

4.21 **Have you EVER failed to timely file ANY local, state or federal tax return when required to do so?**

Yes No

If "Yes," complete [FORM 10](#).

4.22 **Have you EVER failed to timely pay any taxes due, including employers' withholding taxes, or entered into any repayment agreement with a taxing authority?**

Yes No

If "Yes," complete [FORM 8](#).

4.23 **Have any liens or judgments EVER been filed against you?**

Yes No

If "Yes," complete [FORM 10](#).

Include the date, amount, current status/balance, and the location(s) of the court(s) holding records.



4.24	<p>A. Do you currently have any student loans in default or student loans alleged to be in default?</p> <p>If "Yes," complete FORM 5.</p> <p>B. Have you EVER had any student loans in default or student loans alleged to have been in default?</p> <p>If "Yes," complete FORM 5.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.25	<p>Are there any unsatisfied judgments against you?</p> <p>If "Yes," complete FORM 3 and 5 as appropriate.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.26	<p>Have you EVER owned a property which was foreclosed upon or given a mortgage holder a deed in lieu of foreclosure?</p> <p>If "Yes," complete FORM 10 and 3 if applicable.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.27	<p>Have you EVER filed a voluntary petition for relief under the U.S. Bankruptcy Code or been the subject of an involuntary petition?</p> <p>If "Yes," complete FORM 6, and answer the questions below:</p> <p>a) Were any objections to discharge filed?</p> <p>b) Were any of your debts determined to be non-dischargeable?</p> <p>c) Has a bankruptcy court ever converted your Chapter 7 case to a Chapter 13 case?</p> <p>d) Has a bankruptcy court ever dismissed your bankruptcy case for cause?</p> <p>e) Were you ever denied a discharge or was your discharge ever revoked?</p> <p>Attach COPIES of bankruptcy petitions, schedules, motions, objections, docket history and orders of discharge.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
4.28	<p>Have you EVER held a license, other than as an attorney, the issuance of which required proof of good character (e.g., certified public accountant, teacher, real estate broker, patent agent, securities broker, or law enforcement officer)?</p> <p>If "Yes," complete FORM 10 as required.</p> <p>Include the name and address of the licensing authority and your current standing with respect to the license.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.29	<p>Have any charges or complaints EVER been filed, or are any charges or complaints presently pending, concerning your conduct as an attorney, as a member of any other profession, or as a holder of a public office?</p> <p>If "Yes," complete FORM 10.</p> <p>Include the name and address of any agency holding the records, the date(s) of the charge(s)/complaint(s), and the disposition(s) of the matter(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.30	<p>Have you EVER been disciplined, suspended, reprimanded, censured, disbarred, the subject of a grievance, or formally or informally warned by an attorney-regulating authority, by the disciplinary authority of any other profession, or while you were a holder of public office?</p> <p>If "Yes," complete FORM 10.</p> <p>Give the name and address of any agency holding the records, the date(s) of the incident(s), and the disposition(s) of the matter(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.31	<p>Have you EVER been sanctioned in a legal matter or have you EVER been disqualified from participating in any legal matter?</p> <p>If "Yes," complete FORM 10.</p> <p>List the case name(s) and number(s) and the name of the court(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
4.32	<p>Have you EVER failed to fulfill the obligations of a professional license, including but not limited to, maintaining records of accounts, complying with continuing professional education, or paying required fees?</p> <p>If "Yes," complete FORM 10.</p> <p>Give the name and address of any agency holding the records, the date(s) of the incident(s), and the disposition(s) of the matter(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>



4.33 **A. Have you EVER filed an application for a professional, occupational, or business license or certificate that was denied, that was withdrawn by you after questions about your character or qualifications arose, or that otherwise was unfavorably acted upon by the licensing authority?** Yes No

If "Yes," complete [FORM 10](#).

Describe the circumstances. You must disclose this even if you were told by anyone, including an attorney, that you do not need to disclose this information.

B. Have you ever been accused of, or investigated for, cheating on a professional exam? Yes No

If "Yes," complete [FORM 10](#).

C. In connection with your application for admission to practice law in any jurisdiction, were you required to appear before any board, committee, or other examining authority for examination or inquiry about any matter, other than a written examination on the law? Yes No

If "Yes," complete [FORM 10](#).

Purpose of Questions

The following questions address mental health and chemical dependency matters. The Board asks these questions because of its responsibility to protect the public by determining the current fitness of an applicant to practice law. The Board regularly recommends licensing of applicants who have sought treatment for mental health and chemical dependency issues. The Board strongly encourages applicants who have mental health and chemical dependency issues to seek treatment. The Board views mental health and chemical dependency treatment as a positive factor in evaluating an application.

In answering the questions below you need not report situational counseling such as stress, victim, or grief counseling.

Applicant's Burden

You bear the burden of demonstrating that you possess the qualifications necessary to practice law. Your response to a question may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner. Please refer to [Rule 5A](#) and [Rule 5B\(4\)](#) for additional information. Reference the [Character and Fitness for Admission to the Bar](#) brochure at www.ble.mn.gov for additional information.

Conditional Admission

Under [Rule 16](#), the Board may conditionally admit an applicant whose record raises serious questions about character and fitness but who presently appears to have a commitment to rehabilitation and the ability to meet the Board's Essential Eligibility Requirements for the practice of law found in [Rule 5A](#).

Confidentiality

Information disclosed on the bar application is confidential under [Rule 14](#), subject to certain exceptions. The Board will not release your confidential application information to current or prospective employers without your written authorization.

4.34 **Have you EVER raised the issue of consumption of drugs or alcohol, or the issue of a mental, emotional, or behavioral disorder or condition, or the issue of compulsive gambling as a defense, in mitigation, or as an explanation for your actions in any administrative or judicial proceeding or investigation?** Yes No

This includes but is not limited to any proceeding or investigation by an educational institution, employer, government agency, professional organization, or licensing authority.

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the matter(s)

4.35 **Since the age of eighteen have you EVER been declared legally incompetent, been placed under conservatorship or guardianship, been involuntarily hospitalized, or been placed under an involuntary hold?** Yes No

If "Yes," complete [FORM 10](#).

Attach COPIES of court documents.



4.36	<p>Have you EVER been diagnosed with and/or received treatment for pedophilia, exhibitionism, voyeurism, kleptomania, pyromania, or compulsive gambling?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.37	<p>Do you have, or have you had within the last two years, any condition, including but not limited to the following:</p> <p>a) An alcohol, drug or chemical abuse or dependency condition b) A mental, emotional, or behavioral illness or condition c) A compulsive gambling condition</p> <p>that impairs, or has within the last two years impaired, your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A of the Rules for Admission to the Bar?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.38	<p>If your answer to Question 4.37 is "Yes," is the condition that impairs or has impaired your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A reduced or ameliorated because you have had treatment, are receiving ongoing treatment, are taking medication, or are participating in a support program (such as Alcoholics Anonymous), counseling, or therapy?</p> <p>If "Yes," complete FORM 10. If not applicable, answer "N/A."</p>	<p>Yes <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>For purposes of Questions 4.39, 4.40, and 4.42 the word "professional" includes a physician, psychiatrist, psychologist, psychiatric mental health clinical nurse specialist, psychiatric mental health nurse practitioner, marriage and family therapist, social worker, mental health counselor, or licensed alcohol and drug counselor.</p>			
4.39	<p>Within the past two years, have you continued to use drugs or alcohol after a professional advised you to discontinue use?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.40	<p>Within the past two years, have you continued to gamble after a professional advised you to discontinue gambling?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.41	<p>Within the past two years, have you discontinued treatment or medication for a condition that at any time impaired your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.42	<p>Within the past two years, have you failed in any way to comply with the recommendations of a professional that treatment or medication was necessary to avoid negatively affecting your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.43	<p>Notwithstanding the answers to Questions 4.01 through 4.42, are there any other incidents or circumstances that may relate to your character and fitness for admission to the bar?</p> <p>If "Yes," complete FORM 10.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
4.44	<p>If you answered "Yes" to any questions between 4.01 and 4.43: Have you provided an explanation and attached supplemental records as required?</p> <p>If not applicable, answer "N/A."</p>	<p>Yes <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>



5.00 **BAR EXAM ACCOMMODATIONS**

Applicants completing an application for Admission on Motion do **NOT** need to complete **5.01, 5.02 & 6.00**.

5.01 **Do you have a medical or physical condition for which you request a testing accommodation at the Bar Examination?** Yes No

If “Yes,” complete [Accommodation Form 1](#), and any other applicable forms listed below and submit them and required documentation along with your Application on or before the filing deadline.

- [Accommodation Form 1](#): Applicant Request for Test Accommodations
- [Accommodation Form 2](#): Learning Disability Verification
- [Accommodation Form 3](#): Attention Deficit/Hyperactivity Disorder Verification
- [Accommodation Form 4](#): Psychological Disability Verification
- [Accommodation Form 5](#): Visual Disability Verification
- [Accommodation Form 6](#): Physical Disability Verification
- [Accommodation Form 7](#): Certification of Accommodations History

5.02 **Do you intend to use your laptop computer to write the MPT and Essay portion of the Bar Examination?** Yes No

Note: You **MUST** complete the [Laptop Registration Form](#) and send in the correct fee for your name to be placed on the computer list.

Simply checking the “Yes” box does NOT reserve a place for you to use your laptop on the bar exam. See the [Laptop Computer Instructions](#) for more information.

6.00 **USE OF EXAM ANSWERS** Yes No

I authorize the Minnesota Board of Law Examiners to reproduce and publish my essay answers, without my name or identifying information, on the Board’s website for the benefit of future examinees.



7.00 10 YEAR EMPLOYMENT HISTORY

Start with your MOST RECENT employer or period of unemployment. List **ALL** employment and periods of unemployment in the **past 10 years**, including temporary and part-time work, unpaid work, self-employment, military service, time in school, internships, externships, etc.

Please complete your answers on this Form and attach additional copies of this Form if you need space to list additional employment.

If you are CURRENTLY, or have been a solo practitioner, complete FORM 9 in addition to this form.

If you are applying under Rule 7A, complete Section 8.00 in addition to this form.

7.01 Dates: mm/yyyy mm/yyyy
From: To:

Status: Employed Unemployed

If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.

If Unemployed, Explain Why:

Title:

Name of Firm/Company:

Street Address:

Street City State Zip

Immediate Supervisor: Daytime Phone: ()

Was The Position: Full-time: Paid: J.D. Required:
(Check all that apply) Part-time: # hrs/week Volunteer: J.D. Preferred:

If J.D. Required/Preferred, Were You: Solo: Partner/Shareholder: Associate: Other:

Nature and Extent of Your Duties or Practice:

Location Work Was Performed:

City State Country

Reason For Leaving: Date Employment Ended: mm/yyyy

7.02 Dates: mm/yyyy mm/yyyy
From: To:

Status: Employed Unemployed

If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.

If Unemployed, Explain Why:

Title:

Name of Firm/Company:

Street Address:

Street City State Zip

Immediate Supervisor: Daytime Phone: ()

Was The Position: Full-time: Paid: J.D. Required:
(Check all that apply) Part-time: # hrs/week Volunteer: J.D. Preferred:

If J.D. Required/Preferred, Were You: Solo: Partner/Shareholder: Associate: Other:

Nature and Extent of Your Duties or Practice:

Location Work Was Performed:

City State Country

Reason For Leaving: Date Employment Ended: mm/yyyy



8.00 **RULE 7A ELIGIBILITY REQUIREMENT**

To be completed only by applicants applying to the Bar pursuant to [Rule 7A](#).

In order to qualify for admission under [Rule 7A](#), you must provide documentary evidence showing that for at least 36 of the 60 months immediately preceding this application you were engaged in the lawful practice of law for at least 1000 hours per year by engaging in one or more of the following activities listed in [Rule 7A](#):

- i. Lawyer representing one or more clients, including on a pro bono basis;
- ii. Lawyer in a law firm, professional corporation, or association;
- iii. Judge in a court of law;
- iv. Lawyer for any local or state governmental entity;
- v. House counsel for a corporation, agency, association, or trust department;
- vi. Lawyer with the federal government or a federal governmental agency including service as a member of the Judge Advocate General's Department of one of the military branches of the United States;
- vii. Full-time faculty member in any approved law school; and/or
- viii. Judicial law clerk whose primary responsibility is legal research and writing.

To qualify, activities listed in (i) through (v) must have been performed in a jurisdiction in which the applicant is admitted, or in a jurisdiction that permits the practice of law by a lawyer not admitted in that jurisdiction. Please provide the legal authority or documentation authorizing your practice if it occurred outside of a jurisdiction in which you were licensed. Activities listed in vi through viii may have been performed outside of the jurisdiction where the applicant is licensed.

To assist the Board in determining your eligibility under [Rule 7A](#), please submit a detailed narrative describing the following:

1. The employment or solo practice listed in Section 7.0 that you believe meets the Rule 7A definition of the practice of law;
2. The number of months and the date ranges for the each qualifying activity;
3. Your rationale for concluding the time qualifies;
4. Any additional information you believe would be helpful in determining your eligibility under [Rule 7A](#).

You may be asked for additional information to verify eligibility.

Attach additional pages as necessary.

I affirm that I have read [Rule 7A](#) of the Rules for Admission to the Bar and that for at least 36 of the 60 months immediately preceding my application, I was licensed to practice law, in good standing before the highest court of all jurisdictions where admitted, and was engaged in the lawful practice of law for at least 1000 hours per year as outlined in Rule 7A.

Signature

Date



9.00 ATTORNEY REFERENCES (Attach additional sheets only if necessary.)

To be completed only by attorneys admitted in another jurisdiction for more than 6 months.

List names, addresses, phone numbers, years known, and nature and length of acquaintance of five (5) attorneys in EACH jurisdiction where you have been admitted who can provide information about your practice. You may request in writing a waiver for this requirement for any jurisdiction in which you are admitted but have never practiced.

**Do NOT list your supervising attorney if you listed him/her in the employment section.
You MUST complete your answers on this FORM.**

9.01	Name:			
	Firm Name:			
	Mailing Address:			
		Street		
		City	State	Zip
	Day Phone:	()	Years Known:	
Nature of Acquaintance:				
9.02	Name:			
	Firm Name:			
	Mailing Address:			
		Street		
		City	State	Zip
	Day Phone:	()	Years Known:	
Nature of Acquaintance:				
9.03	Name:			
	Firm Name:			
	Mailing Address:			
		Street		
		City	State	Zip
	Day Phone:	()	Years Known:	
Nature of Acquaintance:				
9.04	Name:			
	Firm Name:			
	Mailing Address:			
		Street		
		City	State	Zip
	Day Phone:	()	Years Known:	
Nature of Acquaintance:				
9.05	Name:			
	Firm Name:			
	Mailing Address:			
		Street		
		City	State	Zip
	Day Phone:	()	Years Known:	
Nature of Acquaintance:				



10.00 CHARACTER REFERENCES

To be completed by all applicants. You **MUST** complete your answers on this Form. (Attach additional sheets if necessary.)

List as character references 5 persons who have known you at least 3 years.

Do NOT List:

- a. Your current or former employers or supervisors;
- b. Your relatives (by blood or marriage);
- c. Your law school professors;
- d. Anyone who executed an affidavit in support of your application;
- e. Individuals attending your law school during your period of enrollment; or
- f. Anyone you listed as an attorney reference in Section 9.00, if you were required to complete that section.

No more than three references may be current law partners or associates.

10.01	Name:			
	Mailing Address:			
		Street		
			State	Zip
	Day Phone:	()	Occupation:	
	Nature & Length of Acquaintance:			
10.02	Name:			
	Mailing Address:			
		Street		
			State	Zip
	Day Phone:	()	Occupation:	
	Nature & Length of Acquaintance:			
10.03	Name:			
	Mailing Address:			
		Street		
			State	Zip
	Day Phone:	()	Occupation:	
	Nature & Length of Acquaintance:			
10.04	Name:			
	Mailing Address:			
		Street		
			State	Zip
	Day Phone:	()	Occupation:	
	Nature & Length of Acquaintance:			
10.05	Name:			
	Mailing Address:			
		Street		
			State	Zip
	Day Phone:	()	Occupation:	
	Nature & Length of Acquaintance:			



11.00 RESIDENCE HISTORY

To be completed by all applicants.

Starting with your current residence, list in **reverse chronological** order **EVERY** residence (whether temporary or permanent) that you have had during the last 10 years. You will be required to provide a Criminal History Check from the following states if you have lived in that state for at least one of the past 10 years: AL, AK, AR, CO, CT, DC, DE, FL, GA, HI, ID, IL, KS, KY, ME, MD, MI, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, and WY. [Click here](#) for contact information for each state.

You must complete your answers on this form.

Attach [additional sheets](#) if necessary.

Street Address	City	State	Zip Code	From mm/dd/yy	To mm/dd/yy

Comments on RESIDENCE HISTORY

12.00 U.S. MILITARY SERVICE

Have you EVER been in the U.S. Military service? Yes No

If "Yes", please complete [Form 7](#) as required.

13.00 APPLICANT STATEMENT (All applicants must complete this section)

Provide an example of your handwriting by copying the following paragraph in the space below:

I understand that I have a continuing obligation to use my Applicant Portal to update the answers I gave on my Minnesota Bar Application. My updates will reflect changes that have occurred while my application has been pending. I will submit additional documents, records or information if relevant to the application or if I am requested to do so. I understand that this obligation continues until I am admitted, my application is withdrawn, or is finally determined by the Minnesota Supreme Court. I am aware that, if I am an examinee, my examinee number, not my name, will be used when my essay answers are graded.



14.00 APPLICANT'S OBLIGATION

Read and initial each of the following paragraphs and sign the signature block below before a Notary Public.

_____ I will inform the Minnesota Board of Law Examiners in writing of any changes or additions to answers which I have made on this application. I understand that this obligation shall continue until I am admitted to the practice of law in Minnesota, or until such time as my application is withdrawn or if finally determined by the Minnesota Supreme Court.

_____ I swear or affirm that the answers and statements on this application are complete, true and correct and that the handwriting sample provided above is my own. I have not altered the wording on any question. I acknowledge that any false, misleading or evasive response on the foregoing application may be grounds for the Board to deny my application for admission to the Minnesota Bar. I further acknowledge that I am aware that false or misleading answers discovered subsequent to my admission to the Minnesota Bar may result in revocation of my license to practice law in Minnesota.

_____ I swear or affirm that, if I am applying for admission by examination, my purpose in taking the Minnesota Bar Examination is either a) to seek admission to the Bar of the State of Minnesota OR b) to transfer a Uniform Bar Examination (UBE) score to another UBE state. I further swear or affirm that I will not disclose the content of the Multistate Bar Exam (MBE) to any individual, organization or agency.

_____ I swear or affirm that I have read the Rules for Admission to the Bar.

_____ Under penalties of perjury, I declare that I have read the foregoing application and that the statements are true and complete.

I have included the following documents with this application:

_____ [Registration Form](#)

_____ [Application](#) (and attachments as required)

_____ A fee in the amount prescribed by [Rule 12](#) (plus \$100 if an exam applicant planning to use a [laptop](#))

_____ 2 original, notarized affidavits of good character (see [Rule 4B\(4\)](#))

_____ Photo and signed [Photo ID Card](#) (Exam Applicants only)

_____ I have reviewed the checklist on page 1 ([Registration Form](#))

If you are applying on motion, see [Rule 4D](#) for additional documents.

Signature of Applicant: _____ Dated: _____
mm/dd/yyyy

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

Notary Public: _____

State of: _____ County of: _____

My Commission Expires: _____ mm/dd/yyyy

**Notary
Seal**



**AUTHORIZATION AND RELEASE OF INFORMATION AND RECORDS
AND CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER**

I, _____, born on _____
Name Date of Birth

At _____
City of Birth State of Birth Country of Birth

An applicant for admission to the Bar of Minnesota, hereby authorize, release, and consent to the following:

I hereby AUTHORIZE all persons, institutions and entities having knowledge or records pertaining to me, including, but not limited to creditors, consumer credit reporting services, current or former employers, courts, government agencies, and educational institutions to release to the Minnesota State Board of Law Examiners, its representatives, employees, and agents (MBLE), any information, opinions, records or consumer credit reports requested by the MBLE in furtherance of the investigation conducted in connection with my Minnesota bar application or my continuing obligation to update information in my Minnesota bar application. I hereby AUTHORIZE the provision of such information by any person or entity notwithstanding, and without waiving for any other purpose, any confidentiality requirement that may otherwise inure to my benefit and which I have authority to waive, whether provided by expungement, sealing of records, statute, regulation, confidentiality agreement, or any other source. I hereby AUTHORIZE any bar admissions or disciplinary authority to release to the MBLE any and all information or records pertaining to me, including but not limited to any educational, criminal, juvenile, employment, licensing, disciplinary, and medical records or information. I hereby AUTHORIZE the MBLE to RELEASE to my law school(s) my name and summary data, including pass/fail data, regarding my performance on the Minnesota Bar Exam. I hereby AUTHORIZE the MBLE to release all information provided by this application, and all other information received by the MBLE and believed by it to have a bearing upon my application, character and fitness to practice law, or compliance or noncompliance with any jurisdiction's rules of professional conduct, including the fact that I may have been admitted conditionally, to any investigatory or regulatory body or agency having jurisdiction over admission to the bar or the discipline of lawyers, or to other persons or entities as allowed by Rule 14 of the Rules for Admission to the Bar (Rules). I hereby RELEASE AND DISCHARGE the MBLE and any person, institution, or entity furnishing information, opinions, records or documents pursuant to this release from any and all liability of every nature and kind arising out of or relating to the furnishing of any such items related to my application to the bar.

For Veterans Only: Authorization for Release of United States Armed Forces Records

I hereby REQUEST and AUTHORIZE the Department of the _____ (Army, Navy, Air Force, Coast Guard) to release to the MBLE, the record of each period of my service therein, and to furnish the character of service rendered for each period.

Consent to Disclosure of Social Security Number

I hereby acknowledge and understand that disclosure of my Social Security number for the purpose of expediting completion of the investigation required by the Rules is voluntary. Disclosure of my Social Security number for this purpose helps the Board and its employees and agents, including the National Conference of Bar Examiners (NCBE), avoid errors of identity that may cause problems and delay in admission to the Minnesota bar or the bar of other jurisdictions. Declining to authorize the disclosure of my Social Security number for investigation purposes may delay the MBLE's review of my application for admission to the Minnesota bar and will prevent the transfer of my examination scores to another state. The MBLE will treat my Social Security number as confidential information pursuant to Rule 14.

I hereby CONSENT to the use of my Social Security number for purposes of the investigation and AUTHORIZE the MBLE, its employees, and its agents to disclose my Social Security number to the NCBE and any person, agency, and entity having control of any documents, records, or other information, including credit records, pertaining to me. I hereby AUTHORIZE the MBLE, its employees, and its agents to disclose my Social Security number to the NCBE's national cross-reference database of applicant information, accessible by bar admission authorities in other jurisdictions.

Signature of Applicant Date
State of: _____
County of: _____ } SS

On this ____ day of _____, 20____, before me personally appeared _____
to me known as the person described herein, and who executed, the foregoing instrument, and acknowledged that (s)he executed same as his/her free act and deed.

**Notary
Seal**

Notary Public: _____

State of: _____ County of: _____

My Commission Expires: _____

*Seal or Stamp MUST Be Affixed
To Each Original.*