



Attach a COPY (if applicable) of the

- Arrest Report
- Police Report
- Complaint
- Indictment
- Citation
- Information
- Disposition
- Sentencing Order
- Appellate Pleadings & Opinion

**SUPPLEMENTAL FORM 1
RECORD OF CRIMINAL MATTERS**

Including Traffic Violations Involving Alcohol or Drugs

For Use with Questions 4.01, 4.02, 4.05, 4.06, or 4.07

Complete a separate FORM 1 for each incident.

This copy of **FORM 1** supplements the following questions:

- Question 4.01 Question 4.02 Question 4.05 Question 4.06 Question 4.07
 Felony Gross misdemeanor

Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date Form Completed:	<input type="text"/>	mm/dd/yyyy	
Date (or Time Period) of Incident:	<input type="text"/>	mm/dd/yyyy	
Charge(s) on Date of Arrest or Citation:	<input type="text"/>		
Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City</i>	<i>County</i>	<i>State</i>
Title of Complaint, Indictment, or Citation:	<input type="text"/>		
Case Number:	<input type="text"/>		

Name and Complete Address of Court

Name of Court:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

Law Enforcement Agency

Name of Law Agency:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

Defendant's Attorney

Name of Attorney:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

Date of Initial Court Hearing:	<input type="text"/>	mm/dd/yyyy
Charge(s) at Time of Initial Court Hearing:	<input type="text"/>	
Date of Final Disposition:	<input type="text"/>	
Charge(s) at Time of Final Disposition:	<input type="text"/>	

Final Disposition

Full Description of Incident (attach additional pages if needed):

DO NOT
STAPLE



MINNESOTA BOARD OF LAW EXAMINERS
APPLICATION FOR ADMISSION

Full Description of Incident (continued from Page 1 of Supplemental Form 1; attach additional pages if needed):

[Empty area for incident description]