



You **MUST** 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"/>
	<small>First</small>	<small>Middle</small>	<small>Last</small>
Date Form Completed:	<input type="text"/>	<small>mm/dd/yyyy</small>	
Date (or Time Period) of Incident:	<input type="text"/>	<small>mm/dd/yyyy</small>	
Charge(s) on Date of Arrest or Citation:	<input type="text"/>		
Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>City</small>	<small>County</small>	<small>State</small>
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"/>	<small>mm/dd/yyyy</small>
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):**

A large, empty rectangular box with a thin black border, intended for the user to provide a full description of the incident.