



You **MUST** attach a **COPY** of your

- **Business Tax Returns for the Past 5 Years (or Period of Solo Practice, whichever is less) Showing Income Derived from Your Practice. ONLY ATTACH Form 1040 (2 applicable pages) and Schedule C (Profit or Loss from Business).**

**SUPPLEMENTAL FORM 9  
PRACTICE AS SOLO PRACTITIONER**

For Use with Question 7.00

Complete a separate FORM 9 for each period of employment as a solo practitioner

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"/>	<input type="text"/>	<input type="text"/>
		<small>mm/dd/yyyy</small>	
Name of Law Firm:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Firm Website:	<input type="text"/>		
Dates of Practice with Firm:	From: <input type="text"/>	To: <input type="text"/>	<small>mm/dd/yyyy</small>

Contact Information for Support Staff, Persons Who Shared Office Space, Clients, or Other Individuals Who Can Verify Practice:

Name of Individual:	<input type="text"/>		
Nature and length of Acquaintance:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Name of Individual:	<input type="text"/>		
Nature and length of Acquaintance:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Name of Individual:	<input type="text"/>		
Nature and length of Acquaintance:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Name of Individual:	<input type="text"/>		
Nature and length of Acquaintance:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Name of Individual:	<input type="text"/>		
Nature and length of Acquaintance:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

**Use Page 2 to Provide a Narrative Description of Your Practice.**

DO NOT  
STAPLE



MINNESOTA BOARD OF LAW EXAMINERS  
APPLICATION FOR ADMISSION

**Additional Information Related to Your Practice**

Provide a description of the general nature of your legal practice, and provide a breakdown of the number of hours you engaged in practice each year of the relevant period.

Empty response area for providing a description of legal practice and a breakdown of hours.