



MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

180 East 5th Street, Suite 950
St. Paul, MN 55101

SECTION 9 | ATTORNEY REFERENCES

Provide the following information for five (5) attorneys in EACH jurisdiction where you have been admitted for more than six months who can provide information about your practice. Do **NOT** list your supervising attorney if you listed them in the employment section.

Date Form Completed:

	<i>mm/dd/yyyy</i>
--	-------------------

Applicant Name:

<i>First</i>	<i>Middle</i>	<i>Last</i>

Attorney Reference 1

Attorney Full Name:

	Years Known:	
--	--------------	--

Nature of Acquaintance:

--

Firm/Company/Office:

--

Email:

	Day Phone:	()
--	------------	--------

Mailing Address:

--

Street

--	--	--	--

City

State

Zip

Country/Region (if non-U.S.)

Attorney Reference 2

Attorney Full Name:

	Years Known:	
--	--------------	--

Nature of Acquaintance:

--

Firm/Company/Office:

--

Email:

	Day Phone:	()
--	------------	--------

Mailing Address:

--

Street

--	--	--	--

City

State

Zip

Country/Region (if non-U.S.)

Attorney Reference 3

Attorney Full Name:

	Years Known:	
--	--------------	--

Nature of Acquaintance:

--

Firm/Company/Office:

--

Email:

	Day Phone:	()
--	------------	--------

Mailing Address:

--

Street

--	--	--	--

City

State

Zip

Country/Region (if non-U.S.)

Attorney Reference 4

Attorney Full Name:

	Years Known:	
--	--------------	--

Nature of Acquaintance:

--

Firm/Company/Office:

--

Email:

	Day Phone:	()
--	------------	--------

Mailing Address:

--

Street

--	--	--	--

City

State

Zip

Country/Region (if non-U.S.)

Attorney Reference 5

Attorney Full Name:

	Years Known:	
--	--------------	--

Nature of Acquaintance:

--

Firm/Company/Office:

--

Email:

	Day Phone:	()
--	------------	--------

Mailing Address:

--

Street

--	--	--	--

City

State

Zip

Country/Region (if non-U.S.)