



SECTION 7 | PRACTICE AS SOLO PRACTITIONER

If you are currently, or have been a solo practitioner, complete this form. Complete a separate form for each period of employment as a solo practitioner.

Date Form Completed: *mm/dd/yyyy*

Applicant Name:

First Middle Last

Law Firm Information

Date of Practice:

Date From Date To

Name of Law Firm:

Mailing Address:

City State Zip Country/Region

Firm Website:

VERIFICATION OF PRACTICE (ONLY REQUIRED FOR ELIGIBILITY)

If this period of solo practice is part of a required period of practice under the Board's Rules that impacts your eligibility (e.g. 36 of the last 60 months), you must provide additional information for the Board to verify your practice and eligibility. If this period of solo practice is non-recent and outside of the applicable eligibility window, or your application type does not require a period of practice (e.g. Rule 7C UBE score transfer), it is not necessary to complete this section.

Application types that have a period of practice requirement include: [Rule 7A](#) (Eligibility by Practice), [Rule 8](#) (temporary legal services license), [Rule 9](#) (temporary house counsel license), [Rule 10](#) (house counsel license), and non-ABA degree applicants pursuant to [Rule 4A\(3\)\(b\)](#).

You must provide 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 with this form. Only provide Form 1040 (2 applicable pages) and Schedule C (Profit or Loss from Business).

Legal Practice Description

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.

Use page 2 to provide contact information for references who can verify your practice (if required).



MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

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

Contact Information For References

Provide contact information for 5 support staff, persons who shared office space, clients, or other individuals who can verify your practice.

Reference 1

Name of Individual:

Nature of Acquaintance:

Email: Years Known:

Mailing Address:

Street

City State Zip Country/Region (if non-U.S.)

Reference 2

Name of Individual:

Nature of Acquaintance:

Email: Years Known:

Mailing Address:

Street

City State Zip Country/Region (if non-U.S.)

Reference 3

Name of Individual:

Nature of Acquaintance:

Email: Years Known:

Mailing Address:

Street

City State Zip Country/Region (if non-U.S.)

Reference 4

Name of Individual:

Nature of Acquaintance:

Email: Years Known:

Mailing Address:

Street

City State Zip Country/Region (if non-U.S.)

Reference 5

Name of Individual:

Nature of Acquaintance:

Email: Years Known:

Mailing Address:

Street

City State Zip Country/Region (if non-U.S.)