

**SUPREME COURT OF ARKANSAS
Office of Professional Programs
State Board of Law Examiners
Arkansas Continuing Legal Education Board
2100 Riverfront Drive, Suite 110
Little Rock, Arkansas 72202
Tel. (501) 374-1855
Fax. (501) 374-1853**

**ADMISSION ON MOTION
COVER MEMORANDUM**

**From: Nancie Givens, Executive Director
Arkansas State Board of Law Examiners**

The admission on motion application follows this cover memorandum. I offer this cover memorandum as a source of additional guidance and information to applicants seeking admission on motion to the Bar of Arkansas.

Understand that processing of your application and completion of the admission on motion process is likely to take at least four months, perhaps more depending upon the circumstances of each individual application. Be aware that upon receipt of your application and filing fee, an initial review will be done, which generally takes a few weeks. After the initial review, you will receive acknowledgment of receipt of your application with further instructions, including fingerprinting. We offer no expedited service.

Remember the burden is on the applicant to establish he or she meets the requirements of "active practice of law". When completing the response to the question about previous employment, you should elaborate upon the nexus between your employment and one of the various categories which qualify as "active practice of law."

Finally, for those periods during which you were engaged in the private practice of law either as a solo practitioner or as a member of a law firm, you must complete the certificate of practice contained in this application. The Certificate of Practice requires a signature of a Judge and 2 attorneys.

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ADMISSION ON MOTION

**INSTRUCTIONS TO APPLICANTS FOR PREPARING CHARACTER
QUESTIONNAIRE AND ATTACHMENTS**

FIRST: THE CHARACTER QUESTIONNAIRE

1. Mail or deliver the original completed Admission on Motion to:

**State Board of Law Examiners
2100 Riverfront Drive, Suite 110
Little Rock, AR 72202.**

2. The answers must be typed or handwritten in such a manner that the answers may be easily read;
3. The answers must be full and complete; and,
4. The format of the application cannot be altered in any manner, to include printing on both sides of the pages.

SECOND: THE FEE

1. FEE FOR APPLICATION - A single MONEY ORDER OR CASHIER'S CHECK payable to the CLERK OF THE SUPREME COURT in the amount of \$1500.00. No cash, personal checks or business checks will be accepted.
2. The fee is nonrefundable. However, if it develops you are not eligible for admission on motion you may take the next Bar Exam being administered in Arkansas, at no cost, for which the application deadline has not passed.

THIRD: YOU ARE RESPONSIBLE FOR SEEING THAT YOUR LAW SCHOOL CERTIFIES YOU TO THE BOARD AS A GRADUATE. You must utilize the form which appears in the application. The certification form must be an original if attached to your application. If the Law School is only emailing such documents, it will have to be emailed directly by the Law School to the Board at BarExamApplicants@arcourts.gov.

You must be a graduate of a law school which was accredited by the American Bar Association at the time of your graduation.

FOURTH: It is your responsibility to provide sufficient evidence to establish that you meet the requirements for admission on motion pursuant to *Rule XVI of the Rules Governing Admission to the Bar of Arkansas*. In addition to your completed questionnaire and attachments, the Board, in its discretion, may require further evidence relating to your eligibility for admission on motion.

**CHARACTER QUESTIONNAIRE FOR ADMISSION TO THE
BAR OF ARKANSAS BY MOTION**

NOTICE TO APPLICANT: Complete, sign, and notarize this Character Questionnaire for Admission on Motion. All statements are to be based on your knowledge unless the statement is expressly qualified to the source of your information. If the space for an answer is insufficient, you must complete your answer on a separate attached sheet.

Complete an answer to each question.

1. (a) Full Name: _____

(b) Social Security Number: _____

(c) E-Mail: _____

The provision of your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. Your social security number will be used for purposes of investigation and verification to avoid errors of identity. The request for your social security number is made by the Arkansas State Board of Law Examiners pursuant to authority given it under the *Rules Governing Admission to the Bar of Arkansas*.

(c) Driver's License number and issuing State: _____

(d) Have you ever used or been known by any other name? _____

(Enter Yes or No)

If yes, state in full each name and the reasons for each name change.

(e) If your name has ever changed, other than by operation of marriage or divorce, attach a certified copy of the order or other evidence of change.

(f) Present Work Address, including zip code: _____

(g) Present Home Telephone Number: _____

(h) Work Phone: _____

(i) Present Home Address: _____

IF YOUR ADDRESS CHANGES SUBSEQUENT TO SUBMITTING THIS DOCUMENT, IMMEDIATELY PROVIDE WRITTEN NOTICE TO THE BOARD OF LAW EXAMINERS by sending an email with the new address to BarExamApplicants@arcourts.gov.

2. (a) Date of Birth _____

(b) Place of Birth _____

(c) Are you a U.S. Citizen? _____ (Enter yes or no). If no, explain current residency status on an attachment to this application and provide appropriate documentation.

3. State every residence you have had for the preceding 5 years, beginning with the most recent. Show periods of residence by month and year.

4. Make a complete statement of all employment you have had, or business or occupation in which you have been engaged during the preceding 5 years. Begin with the most recent employment, include temporary or part-time work. For each period of private practice, either as a solo practitioner or member of a firm, complete and attach the "Certificate of Practice".

Admission on Motion in this jurisdiction requires that you have been engaged in the "active practice of law" for three of the last five years. The "active practice of law" is defined by the Arkansas Supreme Court in *Rule XVI of the Rules Governing Admission to the Bar*.

With this information in mind, the following inquiries are designed to determine whether your history of employment meets that definition. If more space is required for explanation of your employment history, attach supplemental sheets as necessary to the completed application. For solo practice enter your name as "Employer."

State as to each employment, business or other occupation, (a) Employer, (b) Address of primary location, including city, state and zip code, (c) dates of employment from month/year to month/year, (d) reason for termination (if applicable), (e) name of direct supervisor, (f) whether employment was full-time, and (g) detailed list of responsibilities.

If your employment changes prior to the Certification of your Eligibility for licensure in Arkansas, promptly notify the Board by sending an email to BarExamApplicants@arcourts.gov.

If, prior to your licensure in Arkansas, you undertake legal employment in Arkansas, you must notify the Board and provide a detailed list of your responsibilities.

5. Have you been discharged or asked to resign from **any** employment?
_____ (Enter Yes or No);

If yes, state the circumstances and name and address of employers.

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6. For each law school attended, list name, location, the dates of attendance (month and year) and what Degree was conferred.

In addition, you must have the law school where you obtained your Juris Doctor Degree, complete the Law School Verification Form attached to this application.

7. (a) Have you ever served in the Armed Forces of the United States?
_____ (Enter Yes or No).

If you have been discharged, attach a copy of the document evidencing the discharge. (DD214 or equivalent). If you have not been discharged, please state current status on an attachment to this application.

(b) Have you ever been a defendant in any court-martial proceeding?

(c) If the answer to (b) is yes, on a separate sheet which refers to this question, state the date, the nature of the charge, the facts, disposition of the matter and the location and designation of the military establishment where such proceedings took place.

(d) If you wish to count your military service as “the active practice of law” provide officer evaluation reports or similar documents to establish your “service as a lawyer.”

8. List any debts which has been past due for more than 90 days, include the name of the Creditor, the date the debt was incurred, the original amount of the debt and the balance due at the time you sign the Admission on Motion.

9. Are there any unsatisfied judgments against you? _____.

If yes, provide the name, address and zip codes of creditors, amounts, dates, and nature of judgments. (Attach a separate sheet as necessary.)

10. Have you ever been a party to, or had, or claimed any interest in, civil proceedings, including bankruptcy? _____

11. Have you ever been charged with, arrested for, convicted of, or plead guilty or nolo contendere for a violation of any law? _____

Exclude minor traffic violations not resulting in or subject to incarceration.

12. Have you ever been accused of or charged with fraud, deceit, conversion of the property of another, or assault or battery of another in any civil proceedings? (civil includes any proceedings other than criminal). _____

NOTE: If your answers to any of the above are "Yes", on a separate sheet which references the question at issue, give full details for each incident, including dates, the court, case style, case caption and docket number. State the facts, and ultimate disposition of the matter. Give names and addresses of all parties involved, and the name and address of legal counsel for all parties involved.

13. Within the past five (5) years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any administrative or judicial proceeding or investigation; any inquiry or other

proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? _____

If yes, attach a supplemental sheet specifying all details, including pertinent names, addresses, dates and references to records, as appropriate.

14 Have you ever held any judicial office? _____.

If yes, state where, when, and offices held.

15. (a) Have you ever been bonded under a Fidelity or Surety Bond?

_____.

If yes, specify nature of office or position for which you were bonded, dates, amount of bond, name of surety company, if known, and whether anyone ever sought to recover upon your bond or cancel same.

(b) Have you ever been refused a fidelity or other bond?

If yes, provide the facts and circumstances of the refusal.

16. Have you ever made application for admission to the Bar, or taken a Bar examination in any state or jurisdiction, including Arkansas? _____

If yes, state when, where, and the disposition made of such application, or the result of the examination.

17. List all jurisdictions in which you are licensed to practice law and include dates of admission.

18. Provide names and addresses of three persons in each jurisdiction where you practiced law with whom you were personally acquainted and who can confirm your status as an attorney engaged in the "active practice of law".

19. Have you ever received a disciplinary action or had your license suspended or revoked? _____

If yes, state full details, including the status of any disciplinary action, suspension or revocation.

20. Attach the following for each jurisdiction where you hold a license to practice law.

1. Original Certificate of Good Standing from the Clerk of the Highest State Court. The Certificate must verify that you are currently in good standing or at the time your privilege to practice law terminated, you were in good standing.

2. A disciplinary history statement from the Attorney Disciplinary Board for each state in which you are currently or have been licensed to practice law. The disciplinary history must detail each complaint made against you, including pending complaints, and the action taken by the disciplinary authority or verify no grievance or complaints have been made.

21. Have you ever applied for or been granted a license, other than as an attorney at law, the procurement of which required proof of good moral character or examination, (i.e., Certified Public Accountant, Patent Attorney, Real Estate Broker, etc.)? _____

For each application or license granted state the date it was granted, or withdrawn, and the name and address of the authority issuing it.

(b) If the application was withdrawn or denied, provide details.

(c) If any license has been revoked or terminated, provide the date the license was revoked or terminated, the manner of termination or revocation, and the reasons for the termination or revocation.

(d) Was any disciplinary action ever taken against you by the authority issuing the license or governing your conduct as a licensee? _____.

If yes, provide the date any such action was taken, the details of each complaint, and the results of any action taken by the issuing or governing authority.

22. Has your conduct ever been called into question with reference to the unauthorized practice of law in Arkansas or any other jurisdiction? _____

If yes, attach a supplemental sheet specifying all details, including the nature of the charges, the accuser, the name, address and telephone number of the investigative body and the disposition of the charges.

23. Have you ever engaged in conduct which might be regarded as evidencing an inclination to be dishonest, to take unfair advantage of others or to be disloyal to those to whom a loyalty is legally owed? _____

If yes, attach a supplemental sheet specifying all details.

24. Have you ever supported or advocated the overthrow of the U.S. government by force? _____

If yes, attach a supplemental sheet specifying all details.

25. Have you ever had a record sealed which contained facts relating to you? _____

If yes, attach a supplemental sheet specifying in detail the precise description of the record sealed, the name and address of the person or entity having custody of those records and the reasons a request was made for sealing those records.

26. Are there any facts not disclosed by your answers concerning your background, history, experience or activities which may cause one to question your character, fitness or ability to practice law? _____

If yes, attach a supplemental sheet specifying in detail all relevant facts.

27. INCOME TAX RETURNS: Have you filed federal and state income tax returns for all years when your income warranted such filings? _____

28. I certify that I have read the following Arkansas Court Rules:

- (a) *Rules Governing Admission to the Bar;*
- (b) *Arkansas Rules for Minimum Continuing Legal Education;*
- (c) *Procedures Regulating the Professional Conduct of Attorneys at Law;*
- (d) *Arkansas Rules of Professional Conduct; and,*
- (e) *Arkansas Code of Judicial Conduct.*

STATE OF _____

COUNTY OF _____

I, _____ swear or affirm
that I have read and understood this Admission on Motion Character Questionnaire
and information sought herein, and I have fully and truthfully answered the
questions, and have provided the information in the attached documents to the best
of my own knowledge and ability.

I affirm my signature on the "Record Check Form" which is attached and
incorporated herein.

I further understand that I am under a continuing duty to disclose any information
pertinent to the questions asked in this character questionnaire.

I will inform the Board of Law Examiners of any such information that develops
subsequent to submission of this character questionnaire.

Applicant's Signature

Subscribed and sworn to before me on this _____ day of
_____, 20____,

Notary Public

My commission expires:

GENERAL AUTHORIZATION AND RELEASE

I, (Name) _____,
born in (City) _____, (State) _____,
(Country) _____ on (Date) _____, having filed an
application for admission to the Bar of Arkansas, hereby apply for a character
report and consent to have an investigation made as to my moral character,
professional reputation and fitness for the practice of law and such other
information as may be received. I agree to give any further information which may
be required concerning my past record.

I also authorize and request every person, firm, company, corporation,
governmental agency (including bar admission boards or committees), law
enforcement agency, court, association or institution having control of any
documents, records or other information pertaining to me, to furnish to the
Arkansas State Board of Law Examiners any such information including
documents, records, disciplinary files regarding charges or complaints filed against
me (including any complaints erased by law), whether formal or informal, pending
or closed, or any other pertinent data; and to permit the Arkansas State Board of
Law Examiners or any of its agents or representatives to inspect and make copies of
such documents, records or other information.

A photocopy of this release shall be acceptable in lieu of the original. I hereby
release, discharge and exonerate the Arkansas State Board of Law Examiners, its
agents and representatives, and any person furnishing information from any and all
liability of every nature and kind arising out of the furnishing or inspection of such
documents, records, and other information or the investigation made by the
Arkansas State Board of Law Examiners.

Signature of Applicant

Date

SUPREME COURT OF ARKANSAS
Office of Professional Programs
State Board of Law Examiners
Arkansas Continuing Legal Education Board

To: Arkansas State Board of Law Examiners
2100 Riverfront Drive, Suite 110
Little Rock, AR 72202

Law School: _____

Address: _____

Re: _____
Graduate's Full Name

Last Four Digits - Social Security Number

Date of Graduation

The graduate noted above received the Juris Doctor Degree from this institution on the date shown above. The graduate's records ____ do not ____ do indicate any honor code violations or any other derogatory information bearing on the graduate's character or fitness to practice law.

This law school was fully accredited by the American Bar Association in _____ . (year of accreditation).

(S E A L)

Signature

Title

Date _____

CERTIFICATE OF PRACTICE
COMPLETE FOR PERIODS OF PRIVATE PRACTICE
AS A SOLO PRACTITIONER OR WORKING FOR A LAW FIRM

I, _____, Judge of _____
in the State of _____, certify that I am well
acquainted with _____, and I personally know
that this individual was legally engaged in the active and continuous practice of
law for the following period of time from _____ to _____.

DATED this _____ day of _____, 20____.

Signature

Address: _____.

I, _____ and I, _____
certify that I know _____ and I personally know
that he or she was legally engaged in the active and continuous practice of law for

DATED this _____ day of _____, 20____.

Signature

Address: _____

Signature

Address: _____

Criminal Background Check (CBC) Identity Verification Form Instructions

Please read the instructions below carefully and contact the Board with any concerns or questions. Failure to follow the correct procedures will delay the processing of your application and our receipt of your background check results.

- Fill out all the required information on the Criminal Background Check Identity Verification (CBC) Form. This form will need to be submitted to the Board **BEFORE** going and getting fingerprinted.
- Once the Board receives and processes your Criminal Background Check Identity Verification Form and completes the state background check, you will receive a copy of your CBC Form back with a **Transaction Control Number** from the Board via email or mail.
- You will take a printed copy of the CBC Form to an appropriately trained Fingerprint Harvester to **have your fingerprints taken** and they will use the transaction number provided by the Board to ensure that your background check results are returned to the Board. The fingerprint harvester may charge their own independent service fees to capture your fingerprint submission.
- Once fingerprinted, have the person that took your prints **fill** out the "Fingerprint Harvester Information" portion of the CBC Form. They will return the form to you, and you will be responsible for **returning** the CBC Form to the Board with the Harvester Information completed. You can email, fax, or mail this completed CBC Form to the Board.

NOTES:

- The transaction number that is provided is specific to you and is directly tied to the state background check run on your behalf by the Board. It cannot be used to run a background check for any other type of state licensure, and we cannot accept the background check results run by any other agency. Background checks must be run through the Board for all admission applicants.
- **DO NOT CONTACT the Fingerprint Harvester, Live Scan Operator, Arkansas State Police, or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Law Examiners. The average processing time for the Board to receive the results of your background check is **three weeks** from the time that your fingerprints are submitted.
- **Out of State Applicants:** If you are an out of state applicant you will only be able to submit an FD-258 fingerprint card. Please contact the Board to obtain the fingerprint card to use.



Arkansas State Board of Law Examiners

Nancie M. Givens, Director

Supreme Court of Arkansas

2100 Riverfront Drive #110, Little Rock, AR 72202

Telephone (501) 374-1855

Email: barexamapplicants@arcourts.gov

Website: <https://www.arcourts.gov/administration/professional-programs/asble>

Criminal Background Check (CBC) Identity Verification Form

APPLICANT INFORMATION (Please fill out all the fields below and send to the Board <u>BEFORE</u> going to be fingerprinted):					
Full Name:					
Last	First	Middle	Maiden / All Other Married Names		
Social Security #:		Date of Birth:	State of Birth:		
Sex:	Race:	Height:	Weight:	Eyes:	Hair:
Driver's License #:		State of Issuance (of driver's license):			
Mailing Address:					
Street Address		City	State	Zip	
I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.					
Signature of Applicant			Date		

ATTENTION HARVESTER OR LIVESCAN OPERATOR: Please follow the instructions below for fingerprinting this applicant.

1. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and the information above.
2. Please fill out the information in the boxes below for "FINGERPRINT HARVESTER INFORMATION". Please print clearly. Please return completed form to the applicant to return to the Board.

FINGERPRINT HARVESTER INFORMATION:	
REASON FINGERPRINTED: (RFP)	Authority: ACA § 12-12-211 Agency ID: AR 920110Z
TRANSACTION CONTROL NUMBER: (Confirmation Number)	Agency Name: AR State Board of Law Examiners, Little Rock, AR
LAW	
Date Fingerprints were Taken:	
Type of Photo ID provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other:	
Harvester Facility Name:	
Harvester Operator Telephone Number:	
Printed Name of Harvester Operator	
Signature of Harvester Operator	
** Ensure that the correct fingerprinting reason code and agency ID are used.	

Privacy Act Statement

Privacy Act of 1974, 5 USC § 552a

- **Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- **Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to obtain change, correction, or updating of identification records

28 CFR § 16.30 through 16.34

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information.

The individual can contact Arkansas Crime Information Center (ACIC) at (501) 682-7444 or Arkansas State Police at (501) 618-8000. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the:

FBI, Criminal Justice Information Service (CJIS) Division
ATTN: SCU, Mod. D2
1000 Custer Hollow Road
Clarksburg, WV 26306

The FBI will then forward the challenge to the agency which submitted the date requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.