

APPLICATION FOR FEBRUARY 2022 ARKANSAS BAR EXAMINATION
DEADLINE FOR FILING – MONDAY, NOVEMBER 15 BY 5 PM

Return the original application; only original legible applications will be accepted.

1. Name: _____
First Middle Last Suffix
(Print your full name)

2. Social Security Number: _____

(Furnishing your social security number is voluntary pursuant to the Federal Privacy Act of 1974. Your SSN will be used for purposes of investigation and verification and will help avoid errors of identity.)

3. NCBE NUMBER: _____

4. Your Mailing Address for all official correspondence:

(Street or Box Number Address)

(City, State & Zip Code)

5. _____
(Daytime Telephone Number)

6. _____
(Email Address)

Fee: Make cashier's check or money order payable to the "Clerk, Arkansas Supreme Court". The Cashier's Check or money order in the amount of \$1000 must be submitted with the FEBRUARY 2022 Arkansas Bar Examination application. No personal or business checks, cash or credit card payments will be accepted.

7. Date of Birth: _____ Birthplace: _____

Attach additional pages, if necessary, to respond fully to the following questions.

8. Have you ever been known by any other name or surname? ____ If so, explain fully, including exact dates. If your name or surname has been changed by court order, attach a copy of the order.

9. Driver's License Number _____

State of Issuance _____

PART ONE: RESIDENCES

10. PREVIOUS RESIDENCE ADDRESSES: List in chronological order every residence address you have had in the last five (5) years, beginning with your present residence. Give the dates you lived at each address, paying careful attention not to include any gaps in time. Provide the following information for each residence:

- a. Beginning month and year to ending month and year
- b. Street and Number
- c. City and State

PART TWO: EDUCATION

11. List all colleges/universities you have attended, and the degree granted (excluding JD), include the following specific information:

- a. Name of College/University
- b. Location
- c. Dates of Attendance by Month and Year
- d. Specific Degree and Date Granted

12. List all law schools you have attended, including postgraduate law studies. List the law school where you received, or will receive, your juris doctorate degree first. Provide the following specific information:

- a. Name of ABA Accredited Law School
- b. Location
- c. Dates of Attendance by Month and Year
- d. Specific Degree and Date Granted

(If you have not yet graduated, include the date of your anticipated graduation)

PART THREE: EMPLOYMENT

13. When answering these questions, follow these instructions:

- Employment includes all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment.

Provide the following specific information:

- a. Name of Employer
- b. Mailing Address
- c. Telephone Number
- d. Supervisor
- e. Time of employment by month and year
- e. Reason for leaving employment

If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and note the name of the firm/company to which you were assigned.

EMPLOYMENT OTHER THAN THE PRACTICE OF LAW: List all fulltime and part-time permanent employment, self-employment, internships, and associations with businesses and professionals you have had in the last ten (10) years in chronological order. Exclude the practice of law, but include employment as a law clerk, etc.

PART FOUR: MILITARY SERVICE

14. Are you presently serving, or have you ever served in the Armed Forces of the United States? _____

If yes, attach a detailed statement including:

- a. Branch of Service;
- b. Identification Number;
- c. Rank;
- d. Inclusive dates of your service;
- e. Whether you received less than an honorable discharge; (If yes, give complete details)
- f. Whether you were ever court martialed, subject to any court martial proceedings, or other disciplinary proceedings. (If yes, give complete details.)

If discharged, attach a copy of your separation or discharge papers.

**PART FIVE: PREVIOUS APPLICATIONS, EXAMINATIONS or
ADMISSIONS**

15. For each jurisdiction, wherein you are licensed or have submitted an application for licensure, list:

- a. Jurisdiction where applied
- b. Date of Application
- c. Type of Application (Bar Exam, Reciprocal Motion, UBE)
- d. Date of Exam (if applicable)
- e. Disposition (withdrew, rejected, denied, failed, admitted)

In addition provide, a copy of the application submitted to each jurisdiction where you applied for admission.

Please note: If you apply for admission in another jurisdiction after submitting this application, you must update your application giving each jurisdiction, date of application and disposition.

PART SIX: LAW PRACTICE

CERTIFICATE OF GOOD STANDING

DISCIPLINARY HISTORY STATEMENT

17. List the jurisdiction(s) where you have been admitted to the practice of law. If you have not been admitted to the practice of law in any jurisdiction, place not applicable on the first line and then move on to the next question.

- a. Jurisdiction
- b. Date of Admission

Please note: If you are admitted to practice law or are denied admission in any jurisdiction subsequent to filing this application, you must submit an addendum to your application giving the name of the jurisdiction and the date of admission or denial.

You must provide a current Certificate of Good Standing from the licensing authority of each jurisdiction (state or territory) and a Disciplinary History Statement from the Attorney Disciplinary Agency where you have been admitted containing the following information for the State Board of Law Examiners:

- a. The date you were admitted to practice law in that jurisdiction.
- b. That you are a member in good standing and are entitled to practice law in that jurisdiction;

c. That there is not now nor has there ever been pending any complaint, grievance, disciplinary proceeding, or disciplinary action against you except as is specifically stated in this certificate; and,

d. As to each such complaint, grievance, disciplinary proceeding or action: the nature of the charge and full facts, including documents verifying the disposition of the matter and the name and address of the person in possession of any records.

e. If you are inactive, submit a statement from the jurisdiction to that effect along with a discipline check for the years you were active.

Certificates that do not contain the above information will not meet the requirements of this question. Certificates must be dated no more than ninety (90) days prior to the date you submit your application.

18. List the city (ies) and jurisdiction(s) where you have practiced law.

List Specifically:

- a. Jurisdiction
- b. Location of Principal Place of Business
- c. Dates by month and year
- d. Name of your employer or supervisor
- e. A complete statement describing your practice of law (include nature and extent of your duties and/or practice) with each employment (including any temporary or part-time work);
- f. The reason for termination or discontinuance of each employment period;
- g. If you are currently employed by a law firm or other legal entity located in Arkansas, describe your responsibilities in detail.

PART SEVEN: CHARACTER AND FITNESS

If you fail to provide full and complete details to the following questions, processing of your application may be delayed, or you may be required to undergo additional character and fitness review by the Board after you pass the Exam.

19. Have you ever been arrested, served a summons, cited, questioned, indicted, taken into custody, charged, tried, or investigated for a felony, misdemeanor, infraction (not including traffic tickets), or probation violation? _____

In answering this question, include all incidents as a juvenile or adult, no matter how minor the charge, whether guilty or not, whether exonerated or not, whether sentencing was withheld. Criminal and / or juvenile matters that have been expunged or sealed should also be included.

If yes, for each incident, regardless of the disposition, attach a supplemental sheet specifying in detail the following information:

- a. A detailed description of the charge;
- b. The date the charge was filed;
- c. The location of the Court where the charge was considered or filed;
- d. The name, address, and telephone number of each attorney you retained to assist you in defending the charge;
- e. The alleged factual basis for the charge;
- f. The final disposition of the charge, including probationary conditions. Any asserted probation violations must be detailed.
- g. Include copies of the final order of the Court sufficient to describe the resolution of the proceeding. If the matter is pending, submit a copy of the original complaint and documentation sufficient to describe the proceeding.

20. Have you ever, in any capacity, been a party to, named, or described in any civil proceeding, action, or suit, including divorce, any court case, bankruptcy, or administrative proceeding? _____

If yes, attach a supplemental sheet specifying in detail:

- a. The nature of the proceedings (state the underlying facts in detail and list all parties involved);
- b. The tribunal, court, or administrative agency conducting the proceedings;
- c. The date of the proceedings;
- d. The case number, if any; and,
- e. The disposition of the proceedings.

For bankruptcy cases, submit the Statement of Affairs, the Court Docket Sheet, a list of debts not discharged in bankruptcy and indicate the current status of any plan of reorganization. Include copies of the final order of the Court sufficient to describe the substantive resolution of the proceeding. If the matter is pending, submit a copy of the original complaint and documentation sufficient to describe the proceeding.

21. Have you ever been subject to any grievance, complaint, or proceeding which either sought or resulted in your admonition, reprimand, censure, suspension, discipline, citation for contempt, or fine as a member of any profession or occupation, or as the holder of public office? _____

This includes attorney disciplinary or grievance proceedings in other states.

If yes, attach a supplemental sheet specifying in detail:

- a. The nature of the proceedings;
- b. The tribunal, court, regulatory body, or administrative agency conducting the proceedings;
- c. The date of the proceedings;
- d. The case number, if any;
- e. The disposition of the proceedings;
- f. Include a copy of the final order; and,
- g. If the matter is pending, submit a copy of the original complaint and documentation sufficient to describe the proceeding.

22. Have you ever been terminated from employment or requested to resign by an employer? _____

If yes, attach a supplemental sheet specifying in detail as to each incident:

- a. The name, address, and telephone number of the employer;
- b. The name of the person who advised you of your dismissal or need for resignation;
- c. The date of your dismissal or resignation;
- d. The reason for such dismissal or request for resignation; and,
- e. Include copies of any written notice of dismissal.

23. Have you ever been accused, formally or informally, with misrepresentation, fraud, misapplication, perjury/false swearing, or misappropriation of property, either individually or in a representative capacity (i.e. as an officer of a business entity, partner, or other fiduciary relationship)? _____

If yes, attach a supplemental sheet specifying all details, including the person or entity making the charge, the circumstances surrounding the charge, and the disposition of the charge.

24. Have you ever been investigated, suspended, expelled, or disciplined, formally or informally, by any school, college or university above the high school level? _____ (This includes academic probation.)

If yes, attach a supplemental sheet specifying all details, including the custodian of the records of such incidents.

25. Have you ever held a bonded position? _____

If yes, has anyone sought to recover on or cancel such a bond? _____

If yes, attach a supplemental sheet specifying all details, including the name and address of the bonding company.

26. Have you ever been declared a ward of any court or adjudicated an incompetent person? _____

If yes, attach a supplemental sheet specifying all details, including the date and the nature of the proceedings and the court in which they were held.

27. Have you ever applied for a license or certificate requiring proof of good moral character? _____ (This includes any applications for admission to the practice of law, real estate broker, CPA, insurance broker, insurance agent, law enforcement officer, etc.)

28. Have you ever been denied any license or certificate requiring proof of good moral character? _____

If yes, attach a supplemental sheet specifying all details, including the nature of the license or certificate and the issuing authority's name, address, and telephone number.

29. Have you ever been denied admission or readmission to any school, college, law school or professional organization? _____ (This question is not seeking information related to admission being denied because of LSAT scores or GPAs. It is seeking information on denials based on character and fitness issues.)

If yes, attach a supplemental sheet specifying the details including the nature of the denial and name, address and telephone number of the organization.

30. Are you presently in default on or past due for more than ninety (90) days on any indebtedness? _____

If yes, attach a supplemental sheet specifying all details, including the nature of the indebtedness, the nature of default or delinquency, the name, address, and telephone number of the creditor, and the reasons for the default or delinquency.

31. Are you in default in any way in the performance or discharge of any duty or obligation imposed on you by decree of any court, including but not limited to alimony, maintenance or child support? _____

If yes, attach a supplemental sheet specifying all details, including the nature of the default, the name, address and telephone number of the court and the reasons for the default.

32. Within the past five (5) years, have you asserted any mental or emotional 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.

33. 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.

34. 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.

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

If yes, attach a supplemental sheet specifying all details.

36. 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.

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

PART EIGHT: GENERAL REFERENCES

38.

a) Give the names of three (3) people who are able and specifically authorized by you to provide a factual, accurate and reliable appraisal of your moral character and general fitness to practice law.

b) These people must not be related to you by blood or marriage. List persons who have known you for a minimum of four (4) years.

c) Make certain that no two persons listed are members of the same household or same employer.

d) You must send the Reference Forms to these individuals. List your name on the top of each reference and request that references submit the forms directly to the State Board of Law Examiners as set out on the reference form.

1. _____

2. _____

3. _____

As is noted on the reference form, it is your responsibility to alert references that delay in returning the forms could delay processing of your application.

PART NINE: VERIFIED STATEMENT

State of _____

County of _____

I, _____, being first duly sworn, depose
and say that:

I am the applicant named in and who has signed this application for the FEBRUARY 2022 Arkansas Bar Examination and admission to practice law in the State of Arkansas and fully understand no refund will be made, in whole or in part, of any application or investigation fee. I fully realize that the determination as to whether I am admitted to practice law in Arkansas may depend largely on the truth, falsity, or completeness of my answers set forth in this application and the statements attached. I will give any further information, including fingerprints, as requested. To my knowledge, the answers that I have given to the questions are true and complete. I hereby authorize the Supreme Court of the State of Arkansas and the State Board of Law Examiners, or any agent or authorized representative thereof, to make a complete investigation of my character and fitness to practice law in Arkansas and of the completeness and truthfulness of my answers. I hereby release and exonerate those authorized to conduct that investigation.

I have read the Arkansas Supreme Court Rules Governing Admission to the Bar of Arkansas related to admission to practice law in Arkansas.

Date

Applicant's Signature

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

Notary Public

SEAL _____

My Commission Expires _____

AUTHORIZATION AND RELEASE FORM

I, _____, born at _____
(Name) (City and State)
on _____, having filed an application for admission as an
(date of birth)

Attorney licensed to practice law in Arkansas, hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law. I authorize and request every person, firm, company, corporation, governmental agency, professional admission or licensing agency, having control of any documents, records and other information pertaining to me, to furnish to the State Board of Law Examiners any such information, including documents, records, reports, disciplinary files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the State Board of Law Examiners or its agents to inspect and make copies of such documents, records and other information. I further authorize the State Board of Law Examiners to release information pertaining to my application as necessary to conduct and complete its investigation.

I hereby release, discharge and exonerate the State Board of Law Examiners, its agents and representatives and any person so 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 State Board of Law Examiners.

I have read the foregoing document and hereby agree to its terms.

State of _____

County of _____

Signature of Applicant

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

Notary Public

My Commission Expires _____

ARKANSAS BAR EXAMINATION - REFERENCE FORM

The applicant named below has applied for the FEBRUARY 2022 Arkansas Bar Examination. Please complete this questionnaire and return it immediately to the State Board of Law Examiners by email to BarExamApplicants@arcourts.gov ATTN: Rosemary McFarland, by mail to 2100 Riverfront Drive, Suite 110, Little Rock, AR 72202, or by fax (501) 374-1853.

Applicant: _____

Reference Name: _____

Reference Address: _____

Reference Telephone Number: _____

The information you provide on this form is confidential, except as provided by the Arkansas Supreme Court Rules Governing Admission to the Bar.

Nature of acquaintance / relationship: _____

How long have you known the applicant? _____

Please answer the following questions based on your personal knowledge:

1. Do you feel that you know the applicant well enough to make an accurate appraisal of the applicant's character and fitness to the practice of law in the State of Arkansas? _____

2. Are you related to the applicant in any way? _____

If yes, describe the relationship. _____

3. Do you represent the applicant in any capacity? _____

If yes, describe the representation. _____

4. To your knowledge has the applicant ever been convicted of a crime?

5. To your knowledge has the applicant ever engaged in any conduct involving the following?

a. Dishonesty _____

b. Taking unfair advantage of others _____

- c. Being disloyal _____
 - d. Being irresponsible in business or professional matters _____
 - e. Supporting or advocating the overthrow of the US government by force _____
 - f. Engaging in the practice of law while not being licensed _____
 - g. Violating reasonable rules of conduct in any activity _____
 - h. Failing to exercise self-control, including excessive and continuing violation of traffic rules, the improper use of drugs, and the excessive use of alcohol _____
 - i. Being mentally or emotionally unstable _____
6. To your knowledge has the applicant ever been disciplined by any authority?

7. Do you know any reason the applicant should not be licensed as an attorney in Arkansas? _____

8. Are there any facts not previously disclosed by your answers concerning the applicant's background, history, experience, or activities, which may have a bearing on his/her character, fitness, or eligibility to practice law in Arkansas?

9. Do you have any reason not to trust the applicant with your money? _____

10. Do you have any reason not to trust the applicant with other people's money?

Comments:

I swear / attest that the information provided herein is true and factual to the best of my knowledge.

Date: _____ Signature: _____

SUPREME COURT OF ARKANSAS
Office of Professional Programs
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 or ____ 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

LAPTOP USAGE FORM

The Arkansas State Board of Law Examiners allows the use of computer word processing for the Arkansas Bar Examination. If you are interested in making use of your laptop computer in preparing your answers to the written questions on that examination, you should indicate below and return this form with your application.

YOU WILL BE REQUIRED TO PROVIDE YOUR OWN LAPTOP COMPUTER.

By signature below, I affirm that I will use a laptop computer in preparing my answers to the MEE and MPT questions on the Arkansas Bar examination. I understand that I will subsequently receive further instructions on the procedure to follow to register my laptop for use during the examination. I recognize that the use of computer technology in completing my MEE and MPT answers carries with it some risks, such as power failure, computer failure, software conflict or failure, etc. I understand that in the event of such developments, I will be required to handwrite my answers to the questions.

I may rescind this election at any time and write my answers to the questions. In such case, I will promptly notify the Board of Law Examiners.

Printed Name

Signature

Date

Email Address

Last 4 digits of Social Security #

Cell Phone Number

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
	Agency Name:	AR State Board of Law Examiners, Little Rock, AR	
TRANSACTION CONTROL NUMBER: (Confirmation Number)	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 data 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.