Supreme Court of Misconsin BOARD OF BAR EXAMINERS 110 EAST MAIN STREET, SUITE 310 P.O. BOX 2748 MADISON, WI 53701-2748 TELEPHONE: (608) 266-9760
AMENDMENT TO APPLICATION
Please check one of the following:
○ Diploma Privilege ○ Wisconsin Bar Examination ○ Proof of Practice Elsewhere ○ In-House Counsel
 All attachments must be typewritten or computer generated. Attach additional pages as necessary.
I.
(applicant name)
understand that my application for admission to the practice of law in Wisconsin is a continuing application and for this reason I hereby amend my application with the following additional facts and information which correctly and fully bring the previously filed Applicant Questionnaire and Affidavit to a current status. This amendment applies to any application questions or any Board correspondence:
I,
(applicant name) being first duly sworn, on oath depose and state that I have read, or have had read to me, the foregoing amendment and all attachments, and that the information contained therein is true and correct. STATE OF COUNTY OF Subscribed and sworn to before me
on
Notary Public (print name) Signature of Applicant
Notary Public (sign name) Notary Seal or Stamp

My commission expires:
expires _____.
is permanent.

* A notarial seal or stamp is required.