



Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 310
P.O. BOX 2748
MADISON, WI 53701-2748
TELEPHONE: (608) 266-9760

CHARACTER REFERENCE QUESTIONNAIRE NOT ACCEPTED BY FAX OR E-MAIL

Check one: ☐ Diploma Privilege ☐ Wisconsin Bar Examination ☐ Proof of Practice Elsewhere

Applicant name Also known as

Reference name

Street address

City State Zip code

Please answer all questions and provide additional information as requested. (Answer "NO" if unknown.)

1. Are you related to the applicant? ☐ Yes ☐ No If yes, please explain:
2. How many years have you known the applicant? 3. What is your occupation?
4. In what context(s) (supervisor, colleague, friend, etc.) have you known the applicant?

Please answer all questions to the best of your knowledge.

	Yes	No	Have no knowledge	Do not wish to comment
5. Do you question the applicant's reputation for honesty, trustworthiness, diligence, reliability or good character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any reason why you would not sincerely recommend the applicant for admission to practice law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant been disciplined for social or academic reasons at any institution of higher education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant been discharged from employment or asked to resign from employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant been charged with a violation of the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant engaged in fraudulent or deceitful conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the applicant been a party to a law suit or delinquent in any financial obligation, including bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the applicant misused or abused drugs (illegal or prescription) or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the applicant displayed any indications that he or she may lack the mental fitness to hold a professional license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any issues other than those listed above that you believe may be relevant to our investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for "Yes" answers in questions 5 through 14: (Please attach any additional information)

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