



Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
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EMERGENCY CONTACT INFORMATION (To be completed by Bar Examination applicants)

Please list your name and the name and telephone number of one or two person(s) who should be contacted in the event that a medical emergency occurs during the administration of the Wisconsin bar examination. **This form must be typed or computer generated and must be filed with your completed application and fees.**

Applicant name:

Bar exam date:

Name of person to contact in case of emergency:

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E-mail address:

Relationship to applicant:

Name of person to contact in case of emergency:

Telephone number:

E-mail address:

Relationship to applicant: