



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

APPLICANT QUESTIONNAIRE AND AFFIDAVIT

DIPLOMA PRIVILEGE [SCR 40.03] - Application For a Character and Fitness Certification

Check one: Marquette University Law School University of Wisconsin Law School

Check one: May 2025 graduate August 2025 graduate December 2025 graduate

WISCONSIN BAR EXAMINATION [SCR 40.04] - For Admission to the Practice of Law in Wisconsin

Check one: February 2025 Bar Exam July 2025 Bar Exam

Check one: I plan to **HANDWRITE** the essay exam. I plan to **TYPE** the essay exam on a laptop computer.

Other requests:

I plan to request special accommodations. (You must file and submit the relevant forms with this application.)

I plan to transfer an MBE score from another jurisdiction.

PROOF OF PRACTICE ELSEWHERE [SCR 40.05] - For Admission to the Practice of Law in Wisconsin

I have been primarily engaged in the active practice of law in the State of
for three years within the last five years prior to filing this application.

1. Full Legal Name: **Do not use initials**

(a)
(last name) (first name) (middle name) (suffix)

(b) Have you ever been known by any other name? Yes No

If yes,
(last name) (first name) (middle name) (suffix)

Provide an explanation and relevant dates for above, attaching additional sheets if necessary. You must notify the Board in writing if your name changes at any time during the pendency of your application (see Information and Filing Instructions).

2. (a) Date of birth: (mm/dd/yyyy) (b) Gender: Man Woman

3. (a) Social Security # (b) NCBE #

4. (a) Telephone number at which you can be reached during the day (include area code):

(b) E-mail address:

5. Mailing address (include zip code):

6. Are you a US citizen? Yes No;

If not a United States citizen, state the country from which you claim citizenship and describe your immigration status.

7. Have you ever served in the Armed Forces? Yes No;

Note: For an applicant who served in the Armed Forces, you must provide the Board with a copy of your most recent DD-Form-214 (Report of Separation). If you served in the National Guard, provide your most recent NGB-Form-22.

8. (a) State every address where you actually lived during the last ten years or since age 18, whichever is shorter. Include school, foreign and summer addresses. Explain any gaps and overlaps. Do not use post office box addresses. **List your current address first.**

Check here if additional addresses are listed on an attached sheet

City and State	Address	Zip Code	From (Mo/Yr)	To (Mo/Yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. State all colleges and universities enrolled in or attended. Account for any withdrawals, leaves of absence, and/or gaps in attendance (except for summer or semester breaks). Provide exact dates if attendance is not continuous. **Include all schools that will appear on your transcripts (summer schools, foreign study, technical schools, College Level Examination Program (CLEP), etc.)**. If any education included foreign study offered or sponsored by the institution you report below, so state. If any foreign study was offered or sponsored by another institution, please report below where you attended and who the sponsor was.

Check here if additional addresses are listed on an attached sheet.

(a) LEGAL EDUCATION

(1)
School Name of Degree

Location Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(2)
School Name of Degree

Location Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(b) ASSOCIATE, UNDERGRADUATE, GRADUATE, MEDICAL, SUMMER STUDIES, ETC. (OTHER THAN LAW)

(1)
School Name of Degree

Location Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(2)
School Name of Degree

Location Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

(3)
School Name of Degree

Location Date Degree Conferred or Expected (Mo/Yr)

Dates of Attendance (From: Mo/Yr - To: Mo/Yr)

12. With respect to your **legal career as a licensed attorney**, list all employment, including temporary or part-time employment and self-employment, since your first admission to practice in any jurisdiction. **If any employment listed below occurred in a jurisdiction in which you were not admitted to practice law while you were employed, attach an explanation which cites the authority for such work in a jurisdiction where not admitted.** If you have had a gap in your legal employment history that exceeds three months, attach an explanation. (*Law clerk employment prior to admission should be reported under Question 13.*)

- List your current or most recent employment first.
- You must include all street addresses at which you practiced law.
- State as to each the duration (month/year) of practice at each location given.
- For all verifying references, do not use names of family members or names of your employees.
- Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference.

NOT APPLICABLE

Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment: From (month/year) To (month/year)

Name of employer or firm (do not abbreviate)

Address (Street, Room or Suite Number, City, State, Zip)

State all positions held and as to each, indicate whether full-time or part-time (if part-time, give percentage of full-time equivalency)

Position Full-time Part-time Percentage

Position Full-time Part-time Percentage

Reason you left this job and sought another

Provide the name and mailing address of your supervisor. If you were self-employed or if the firm is now defunct, provide the name, job title, and address of a verifying reference (Judge, Client, Accountant, etc.) **and**, if applicable, all lawyers with whom you shared space. Telephone numbers are not acceptable.

13. List **all** other **paid employment** you have held **within the last ten years** or since age 18, whichever is shorter, that is not included in Question 12. Include temporary or part-time work, such as legal clerkships and summer employment. List most recent employment first. If you have had a gap in your employment record (other than to attend school) that exceeds three months, attach an explanation. If you were self-employed, provide the name, job title and address of a verifying reference.

- List your current or most recent employment first.
- You must include all street addresses.
- For all verifying references, do not use names of family members or names of your employees.
- Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference.

NOT APPLICABLE

Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment: From (month/year) To (month/year)

Name of employer or firm (do not abbreviate)

Work address (Street, Room or Suite Number, City, State, Zip)

Nature of business

Position(s) held

Reason you left this job and sought another

Provide the name and mailing address of your supervisor or human resources department (where employment may be verified). Telephone numbers are not acceptable.

14. List any unpaid internships, externships, or volunteer positions you have held for two or more months in duration within the last ten years or since age 18, whichever is shorter. Do not use as a character reference (see Question 36) the name of a person who appears in Questions 12, 13, and 14 as a verifying reference. Check here if additional information is listed on an attached sheet, using identical format.

NOT APPLICABLE

(a) Duration of position: From (month/year) To (month/year)

Name of agency or organization

Address (Street, Room or Suite Number, City, State, Zip)

Position held

Provide the name and mailing address of your supervisor or human resources department (where work may be verified). Telephone numbers are not acceptable.

15. Supply the name and complete address, including zip code, of your future employer and the date your employment will begin, should you be admitted to the practice of law in Wisconsin. If unknown, state "unknown", or if you plan to continue with your present employer, so state.

16. Have you ever applied for any kind of a professional license other than as a lawyer? Yes No

State as to each application the date, the name and complete address of the authority to whom it was addressed, and the disposition made with the reasons therefore; state as to each examination the date and whether successful or unsuccessful. Check here if additional information is listed on an attached sheet, using an identical format.

Name, Address, and Zip Code of Licensing Authority

Type of License

Date

Disposition

YOU ARE REQUIRED TO ANSWER THESE QUESTIONS COMPLETELY, IRRESPECTIVE OF ANY STATUTE, ADMINISTRATIVE RULE, COURT ORDER, OR LEGAL OR ADMINISTRATIVE PROCEEDING EXPUNGING THE INFORMATION, AND IRRESPECTIVE OF ANY ADVICE FROM ANY SOURCE TO THE CONTRARY (INCLUDING LEGAL COUNSEL), THAT SUCH INFORMATION NOT BE DISCLOSED. PROVIDE A 'YES' OR 'NO' RESPONSE FOR EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, ANSWER 'NO.' FOR EACH 'YES' RESPONSE PROVIDE A NARRATIVE.

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the issue, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied. **Provide an explanation for affirmative answers to questions 17-35.**

Check here if additional information is listed on an attached sheet.

17. Yes No (a) Have you ever been the subject of any charges, complaints, or grievances concerning you as an attorney? (Include all allegations of misconduct of which you have been notified on a formal or informal basis by a lawyer disciplinary authority despite the outcome. Include all allegations, charges, complaints, or grievances now pending.)
- Yes No (b) Have you ever been disbarred, suspended, reprimanded, admonished, warned, censured, or otherwise disciplined or disqualified as an attorney? (Include both private and public dispositions.)
- Yes No (c) Have you ever been denied admission in any jurisdiction for reasons other than Bar exam failure?
- Yes No (d) Have you ever been accused of practicing law without a license in any jurisdiction?
- Yes No (e) Have you ever been or are you now conditionally admitted in any other jurisdiction? (excluding *Pro hac vice* and student practice)?
18. Yes No Are any claims pending or have any been paid by your professional liability carrier(s)?
19. Yes No Have you ever been suspended, terminated, permitted to resign in lieu of termination in any position (paid or voluntary), regulated profession, or as a holder of any public office?
20. Yes No (a) Have you ever been charged with misconduct, dismissed, dropped, suspended, expelled, asked to withdraw, placed on academic, social or administrative probation, or disciplined, or allowed to withdraw to avoid the same by a college, university, or law school in any way, or been subject to proceedings before an honor court, council, or similar body?
- Yes No (b) Are any such issues currently pending?
21. Yes No (a) Have you ever received a traffic citation, including those for moving violations within the past five (5) years? Applicants must report any citations received at any time involving the use of a motor vehicle (e.g., auto, boat, motorcycle) while under the influence of either alcohol and/or a controlled substance(s). However, parking violations may be omitted. If you answer "yes" to this question, a Traffic Violations Form (BE-007) must be completed for each violation.
- Yes No (b) Has your driver's license ever been revoked or suspended?
- Yes No (c) Have you ever been required to attend a driver's safety course?

22. Yes No Have you ever been arrested for, charged with, or issued a citation for any criminal violations, civil law violations, or local ordinance violations (non-traffic)? You must disclose each instance however adjudicated, whether or not the charge and the plea or conviction differ, whether arrest, judgment, conviction, or sentence has been withheld or expunged, or the record sealed. Include instances where you ever paid restitution or served probation in lieu of being arrested, charged, convicted, or entering a plea (whether a plea of guilty or no contest). Any and all non-traffic violations must be reported in their entirety on Law Violations Form (BE-008), regardless of when they occurred.
23. Yes No While in the military, were you ever court-martialed or the subject of a non-judicial punishment? You must disclose each instance however adjudicated, whether or not the charge and the plea or conviction differ, whether arrest, judgment, conviction, or sentence has been withheld or expunged, or the record sealed. Include instances where you ever paid restitution or served probation in lieu of being arrested, charged, convicted, or entering a plea (whether a plea of guilty or no contest). Any and all non-traffic violations must be reported in their entirety on Law Violations Form (BE-008), regardless of when they occurred.
24. Yes No Have you ever been offered or granted immunity to testify in any grand jury proceeding, criminal action, or criminal proceeding?
25. Yes No Have you ever been adjudged bankrupt or insolvent, or are you presently the subject of any such proceedings?
26. Yes No Has any surety on any bond on which you were the obligor ever been required to pay any money on your behalf?
27. Yes No Have you ever been adjudged liable or entered into a settlement agreement in a proceeding involving a claim of fraud, conversion, breach of fiduciary duty or legal malpractice, or are any such proceedings pending?
28. Yes No Has any business that you owned, managed, or in which you actively participated in the control or management of, ever been charged with fraud, larceny, embezzlement, misappropriation of funds, misrepresentation, or similar offenses (including conspiracy to conceal, etc.) in any legal proceeding, civil or criminal, or in bankruptcy?
29. Yes No Are you or have you ever been a party to any small claims or civil action? (Omit probate and family law matters.)
30. Yes No Are there any unsatisfied judgments or court orders of continuing effect against you, or are you in default in the performance of any court-ordered duty or obligation? (Include orders to pay child support.)

If you answer 'yes' to any part of question #31, complete a Debts Form (BE-005) for each debt.

31. Yes No (a) Have you had any debts of \$1,000 or more (including credit cards, charge accounts, and student loans) which have been more than 90 days past due within the past ten years?
- Yes No (b) Have you had a credit card or charge account revoked or charged off within the past ten years?
- Yes No (c) Have you defaulted on any other financial obligation (including student loans) within the past ten years?
32. Yes No (a) Have you, in a personal or professional capacity, within the last ten years, failed to file any local, state or federal income tax return and/or report as required by law?
- Yes No (b) Have you, within the last ten years, in a personal or professional capacity, failed to pay any taxes pursuant to local, state, or federal law?
- Yes No (c) Have you, within the last ten years, had tax liens filed against you or your property?

Inquiries Concerning Medical or Substance Abuse Condition or Impairment

Through this application, the Board of Bar Examiners makes inquiry about recent mental and physical health and chemical dependency matters. This information, along with all other information, is treated confidentially by the Board. The Board's purpose in making such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for medical conditions or impairments or chemical dependencies is never, in itself, a basis on which an applicant is ordinarily denied admission, and the Board routinely certifies for admission individuals who have demonstrated personal responsibility and maturity in dealing with these issues. The Board supports and encourages applicants who may benefit from assistance to seek it.

The Board usually does not seek information about therapy that is fairly characterized as stress counseling, domestic counseling, grief counseling, or counseling for eating or sleeping disorders, as these are generally not viewed as germane to the issue of whether an applicant is qualified to practice law.

THE BOARD SEEKS MEDICAL RECORDS SPARINGLY AND JUDICIOUSLY, AND TREATS SUCH INFORMATION SENSITIVELY AND CONFIDENTIALLY.

33. Yes No (a) Within the past five years have you ever cited consumption of drugs or alcohol in the course of any inquiry or investigation, administrative or judicial proceeding, or proposed termination or other disciplinary action as an explanation for your failure to meet a deadline or as a defense, mitigation or explanation of those matters?
- Yes No (b) Within the past five years have you ever cited physical or mental illness, or an emotional, nervous or behavioral disorder in the course of any inquiry or investigation, administrative or judicial proceeding, or proposed termination or other disciplinary action as an explanation for your failure to meet a deadline or as a defense, mitigation or explanation of those matters?
- Yes No (c) Within the past five years have you ever cited consumption of drugs or alcohol as an explanation for your poor academic or professional performance?
- Yes No (d) Within the past five years have you ever cited physical or mental illness, or an emotional, nervous or behavioral disorder as an explanation for your poor academic or professional performance? This does not include testing or classroom accommodations.

If you answer 'yes' to any part of question #33, please provide an explanation on Page 12.

34. Yes No Within the past five years, have you been treated for dependency upon any drug, including alcohol, or been compelled to submit to an assessment or screening for same? If you answer 'yes,' please complete a Medical Information Form (BE-004) for each instance.

Inquiries Concerning Conduct and Behavior

35. Yes No Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner? If you answer 'yes,' please provide an explanation on Page 12.

GIVE FULL DETAILS for affirmative responses to QUESTIONS 17 - 33, and 35 in the space provided below. If your answer to **question #34** is affirmative, complete a Medical Information Form (BE-004).

If you provided a narrative on form BE-007 or BE-008, it is not necessary to duplicate that narrative below.

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the issue, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied.

Check here if additional information is listed on an attached sheet.

N/A

SAMPLE APPLICATION

36. State the names and addresses of six persons with whom you are personally acquainted and whom you have known for at least two years. You may not use the names of anyone identified in your answers to Questions 12, 13, and 14. Do not include any family members, in-laws, fiancé/fiancée, significant other, or anticipated future family members.

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Name	<input type="text"/>	Occupation	<input type="text"/>						
Address	<input type="text"/>		Phone	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Years known	<input type="text"/>	Relationship	<input type="text"/>
E-mail address	<input type="text"/>								

Pursuant to SCR 40.14 (2) (d), this application is being filed and signed electronically. In so doing, I swear and/or affirm that the information contained in the application is true and correct. I hereby acknowledge that this application is a continuing application and that I have an obligation to keep the responses to the questions herein current, correct, and complete by the timely filing of an Amendment to Application (BE-010) until the date of Board certification. This also applies to applicants during the pendency of an appeal from an adverse determination from the Board.

I further acknowledge that any false, misleading, or evasive response on this application, or any alteration thereof, is inconsistent with truthfulness and candor required of a practicing attorney and may be grounds for a finding by the Board of a lack of the requisite character and fitness for admission to the bar.

Signature of Applicant

Date