

To the Board of Governors and the Law Clerk Board of the Washington State Bar Association: I hereby apply for enrollment in the Washington State Law Clerk Program under Admission to Practice Rule 6.

Last Name: _____ **First Name:** _____ **Middle:** _____

Primary Contact Email: _____ Primary Contact Phone: _____

Home Address _____

City _____ State _____ Zip Code _____

List all the other names you have used or been known by, when and reason for change. Attach additional sheets as needed.

Last Name, First Name	/ From Mo/Year - To Mo/Year	/ Reason for change
_____	/ _____	/ _____
_____	/ _____	/ _____

Method of Payment:

Check (\$100 payable to Washington State Bar Association)

Credit Card (please complete the section below)

I authorize the WSBA to charge the below noted credit card \$100.

Please note: Our service provider will charge you a separate transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you pay by check.

Master Card _____ Visa _____ AmEx _____

Credit card no. _____ Expiration date _____

Authorized Signature _____

Name as it appears on card _____

Address (if different from above) _____

City, State, Zip Code _____ Phone no. _____

For office use only

Prod Code: CLERK_APP

Law Clerk Fees – 42286 - CLERK

Date _____ Check no. _____ Amount \$ _____



PART I

- A. Include an essay explaining why you wish to be considered for enrollment in the Law Clerk Program. (Please limit your remarks to 500 words.)
- B. Include two reference letters. Please inform your reference that he or she should attest “to the applicant’s good moral character and appraising the applicant’s ability to undertake and successfully complete the program.”
- C. Bachelor’s Degree awarded from:

Institution: _____ Date Degree Awarded: _____

An official, sealed transcript showing that a bachelor’s degree has been awarded by a college or university with approved accreditation before the date of your application is required. Transcripts for all institutions attended for more than 15 credits are required. Additional educational information is requested in Part II of the application.

- D. Regular, full-time paid employment with a lawyer or judge who will act as a tutor:

APR 6. (b) (3) Be engaged in regular, full-time employment in Washington State for an average of 32 hours per week with the primary tutor or primary tutor’s employer in a (i) law office, (ii) legal department or (iii) a court of general, limited, or appellate jurisdiction in Washington State. The employment must include tasks and duties which contribute to the practical aspects of engaging in the practice of law;

Regulation 1-3. J. “Regular, full-time employment” means that the law clerk is hired by the tutor or the tutor’s employer in a (i) law office, (ii) legal department, or (iii) a court of general, limited, or appellate jurisdiction located in Washington State, for an average of 32 hours per week for at least 48 weeks each calendar year.

Regulation 3-1 A. (1) Under no circumstances may the tutor assess a fee or require any other form of compensation in return for instructing or employing the law clerk. The law clerk shall receive monetary compensation in compliance with federal and state law governing employment. The Board may require proof of employment as deemed necessary.

Dates of Employment: Mo/Yr _____ to PRESENT.

Supervisor Name: _____

Employer or Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone _____ Employer E-mail: _____

- E. Additional items, if applicable.

- To request ADVANCED STANDING as per APR 6 (b) (6), see Regulation 3-2 and submit conforming petition.
- To request an EMPLOYMENT WAIVER as per APR 6 (b) (7) and Regulations 1-3 G. and 3-1 (2), see Waiver Guidelines document.

PART II

Note that the following questions are identical to the questions on the application for the bar examination. Some may not, or rarely, apply to APR 6 Law Clerk Program applicants. If that is the case for you, you may answer with NA or Not Applicable. Any questions that do apply must be answered completely.

Make additional copies of pages as necessary.

<p>1. List every permanent or temporary physical address where you have resided for a period of one month or longer during the last five years in reverse chronological order (continue on an attached page if necessary):</p> <p>Current Address From Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		
<p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p>		

<p>2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. Report all legal education and law schools in Question 3. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).</p> <p>College _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Degree received (No Degree, B.A., M.S., etc.) _____</p> <p>Field(s) of Study _____</p>		
<p>College _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Degree received (No Degree, B.A., M.S., etc.) _____</p> <p>Field(s) of Study _____</p>		
<p>College _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Degree received (No Degree, B.A., M.S., etc.) _____</p> <p>Field(s) of Study _____</p>		

Official transcripts for all institutions attended for more than 15 credits are required.

Credentials for foreign institutions must be accompanied by an education credential evaluation report.

See <http://www.naces.org/> for a list of companies offering this service.

<p>3. A. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying for your J.D. or first degree in law, including the Law Clerk Program and institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter 'No Degree' if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations). Advanced degrees in law should be entered in question 3B.</p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____</p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, J.D., LL.B., etc.) _____</p>	NA	___
<p>3. B. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying for your advanced degree(s), including institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter 'No Degree' if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).</p> <p>Law School _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____</p> <p>Degree received or expected to be received (No Degree, LL.M., Ph.D., etc.) _____</p>	NA	___
<p>3. C. <i>Not Applicable for Law Clerk Applicants</i></p>	NA	NA
<p>4. <i>Not Applicable for Law Clerk Applicants</i></p>	NA	NA

5. Have you ever been dropped, suspended, warned, placed on academic or scholastic probation, placed on disciplinary probation, expelled, requested to withdraw, or allowed to withdraw in lieu of discipline from any college or university (including law school), or otherwise subjected to discipline or investigation by any such institution or requested or advised by any such institution to discontinue your studies there?

YES

NO

If you answered yes, provide the following information:

Name of Institution _____

Address _____

Type of Action _____

Date Action Taken _____

Explanation of Institution Action

Name of Institution _____

Address _____

Type of Action _____

Date Action Taken _____

Explanation of Institution Action

Please include documentation for each incident.

6. Have you ever applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding authorizations to appear pro hac vice.)

YES

NO

If yes, list **every** U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
- been admitted, registered, licensed, or authorized to practice law.
- submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination). If admitted to the bar of New York, indicate the judicial department to which admitted, and complete **FORM 10**.

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction _____

Name and address of foreign bar authority _____

Application Type:

- Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other _____

Date application made (Mo/Yr) _____

Date examination taken (Mo/Yr) _____

Reason not admitted:

- Failed exam Withdrew application Pending Denied Other reason

Explanation _____

Admission or Readmission date (Mo/Day/Yr) _____ Bar Number* _____

Admitted/Registered as:

- Attorney In-House Counsel Foreign Legal Consultant Other

7. List your employment and unemployment information for the last five years in reverse chronological order.

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), law school clinics, clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

CURRENT EMPLOYMENT

From Mo/Yr _____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone () _____ Employer E-mail _____

If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone () _____ E-mail _____

<p>7. CONT. PAST EMPLOYMENT (or unemployment) From _____ Mo/Yr To _____ Mo/Yr</p> <p>Employment Position/Description of Unemployment _____</p> <p>Employer or Firm _____</p> <p>Supervisor/Associate Name _____</p> <p>Employer or Firm Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone (_____) _____ Employer E-mail _____</p> <p>If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.</p> <p>Name(s) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ E-mail _____</p>		
<p>7. CONT. PAST EMPLOYMENT (or unemployment) From _____ Mo/Yr To _____ Mo/Yr</p> <p>Employment Position/Description of Unemployment _____</p> <p>Employer or Firm _____</p> <p>Supervisor/Associate Name _____</p> <p>Employer or Firm Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone (_____) _____ Employer E-mail _____</p> <p>If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.</p> <p>Name(s) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ E-mail _____</p>		

<p>8. Have you ever been investigated, warned, terminated, suspended, disciplined, laid-off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)</p> <p>If yes, provide the following information about each occurrence:</p> <p>■ Employer or Firm _____</p> <p>Dates of Employment: From Mo/Yr _____ To Mo/Yr _____</p> <p>Disposition: <input type="checkbox"/> Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Disciplined <input type="checkbox"/> Laid-Off <input type="checkbox"/> Permitted to resign</p> <p>Date of disposition (Mo/Yr) _____</p> <p>Explanation of circumstances _____</p> <p>_____</p> <p>■ Employer or Firm _____</p> <p>Dates of Employment: From Mo/Yr _____ To Mo/Yr _____</p> <p>Disposition: <input type="checkbox"/> Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Disciplined <input type="checkbox"/> Laid-Off <input type="checkbox"/> Permitted to resign</p> <p>Date of disposition (Mo/Yr) _____</p> <p>Explanation of circumstances _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>9. List the full name and address of each <u>mandatory</u> bar association of which you have been or are currently a member. If you have never been a member of any bar association, check NA.</p> <p>Name of Bar Association _____</p> <p>Dates of Membership: From Mo/Yr _____ To Mo/Yr _____</p>	<p>NA</p>	<p>_____</p>
<p>10. A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as an attorney by any regulatory or licensing agency or court?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10. B. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you have never been admitted to practice law, check NA.</p> <p>If you answered yes to 10A and/or 10B, please provide the following information for each matter: Name of Regulatory/Licensing Agency or Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____ Date _____</p> <p>Explanation _____</p>	<p>YES <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NA</p>	<p>NO <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>_____</p>

<p>11. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?</p> <p>If the answer is yes, please provide the following information for each matter:</p> <p>Name of Regulatory Agency _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____ Date _____</p> <p>Explanation _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?</p> <p>If you have never been admitted to practice law, check NA.</p> <p>If the answer is yes, please provide the following for each sanction or disqualification:</p> <p>Name of Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Case Number _____</p> <p>Action Taken _____</p> <p>From Mo/Yr _____ To Mo/Yr _____</p> <p>Reason for the sanction or disqualification _____</p> <p>Attach a copy of the order of sanction or disqualification.</p>	<p>YES <input type="checkbox"/></p> <p>NA</p>	<p>NO <input type="checkbox"/></p> <p>_____</p>
<p>13. Have you ever held judicial office?</p> <p>If yes, provide the following information about each office:</p> <p>Office Held _____ From Mo/Yr _____ To Mo/Yr _____</p> <p>Name of Court _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____ Province _____</p> <p>Reason for leaving office (if applicable) _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>14. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?</p> <p>If yes, complete a separate FORM 1 for each period of service.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

<p>15. Have you ever been denied a license or had a license suspended, terminated or revoked for a business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner, etc.)?</p> <p>If yes, please provide the following information for each denial or revocation:</p> <p>Action Type: <input type="checkbox"/> Denial <input type="checkbox"/> Revocation</p> <p>License (Type, Application Date, License Number) _____</p> <p>Name of Regulatory or Licensing Agency _____</p> <p>Address _____</p> <p>Action Taken _____</p> <p>Date _____</p> <p>Explanation _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>16. A. Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>16. B. Have you ever been the subject of any charges, complaints, investigation, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending?</p> <p>If you answered yes to 16A and/or 16B, please provide the following information for each matter:</p> <p>Name of Regulatory Agency _____</p> <p>Address _____</p> <p>Case Number (if applicable) _____</p> <p>Action Taken _____</p> <p>Date _____</p> <p>Explanation _____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>17. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?</p> <p>If yes, complete FORM 2.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

<p>18. Have you ever been a named party to any civil action? NOTE: Family law matters (including divorce and continuing orders for child support) should be included here.</p> <p style="text-align: center;">If yes, complete a separate FORM 3 for each action.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>19. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?</p> <p style="text-align: center;">If yes, complete a separate FORM 3A for each complaint or action.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>20. A. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation including any cases resolved in juvenile court?</p> <p style="text-align: center;">If yes, complete a separate FORM 5 for each incident.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>20. B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.)</p> <p style="text-align: center;">If yes, report each incident on FORM 5T.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>21. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law including any cases resolved in juvenile court? (Report traffic violations at Questions 20.)</p> <p style="text-align: center;">If yes, complete a separate FORM 5 for each incident.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>22. Have you ever filed a petition for bankruptcy?</p> <p style="text-align: center;">If yes, complete a separate FORM 4 for each bankruptcy petition filed. See also Question 23. C.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>23. A. Have you ever defaulted on any student loans?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>23. B. Have you ever defaulted on any other debt?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>23. C. If your answer to Question 22 is yes, are there any additional debts not reported in Questions 23(A & B) that were not discharged in bankruptcy?</p> <p style="text-align: center;">If you answered yes to 23A, 23B, and/or 23C, complete a separate FORM 6 for each debt.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

24. Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:	YES	NO
<ul style="list-style-type: none"> a) your truthfulness, b) your excessive absences, c) the manner in which you handled or preserved the money or property of others, d) a serious or repeated failure to submit your work in a timely manner, e) your competence or diligence in the performance of job or academic duties, f) your ability to maintain the confidentiality of information, or g) your endangering the safety of others? 	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered yes, complete the following section. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.</p> <p>Name of entity before which the issues was raised (i.e., employer, school, etc.):</p> <p>_____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Province, Country: _____</p> <p>Nature of the Issue: _____</p> <p>Relevant Dates: _____</p> <p>Disposition, if any: _____</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Use additional pages if necessary.

PART III

LAW CLERK PROGRAM RULES AND REGULATIONS

Please initial next to each statement to verify that you understand and agree:

Initials:

I have read the "Rules and Regulations Governing the Washington State Law Clerk Program" _____

I thoroughly understand and agree to abide by the "Rules and Regulations Governing the Washington State Law Clerk Program" _____

I understand that enrollment in the Law Clerk Program may be terminated for failure to complete the program within 6 years, failure to submit monthly examinations and certificates on time, failure to comply with the requirements of the program, or other grounds deemed pertinent. _____

I understand that a law clerk may be deemed involuntarily withdrawn from the program for unapproved absences, leave of absence of more than 12 months, and nonpayment of the annual fee. Failure to submit exams and/or a tutor's certificate (explaining lack of exam) shall be interpreted as an unapproved absence. _____

If approved for enrollment, I agree to immediately notify the Law Clerk Board and WSBA program staff of any change in my employment, incident that might call into question my character and fitness to participate in the program, or any other matter which might affect my eligibility or suitability for the Law Clerk Program. _____

Certificate of Applicant

I, _____, state under penalty of perjury under the law of the State of Washington that I am the applicant above named; that I make this application for the purpose of seeking enrollment in the Law Clerk Program in the State of Washington; that I have read the foregoing application, and that the statements herein contained are full, true and correct.

Signature

Date

City/State where signed

Authorization and Release

(To be completed by all applicants)

I, _____,
Name

born at _____, on _____
City, State, Country Birth date

having filed an application for enrollment in the Washington State Bar Association's APR 6 Law Clerk Program, hereby consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of law and to have such information as may be received reported to the admitting authority. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of any such report are privileged.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, record, and other information pertaining to me, to furnish to the Washington State Bar Association any such information, including documents; records; bar association files regarding charges or complaints filed against me, formal or informal, pending or closed; or any other pertinent data, and to permit the Washington State Bar Association or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby request and authorize the Department of the _____ to furnish to the
(Army, Navy, Air Force)
Washington State Bar Association the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number was _____.

I hereby release, discharge, exonerate the Washington State Bar Association, 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 Washington State Bar Association.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

<p>_____ Signature of Applicant</p> <p>_____ Date</p> <p>STATE/DISTRICT OF</p> <p>COUNTY/PARISH OF</p>	<p>Subscribed and sworn to or affirmed before me this</p> <p>_____ day</p> <p>of _____, _____</p> <p style="text-align: center;">Month Year</p> <p>Signature of Notary Public</p> <p>My commission expires _____</p> <p><i>Seal or stamp must be affixed to each original.</i></p>
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To be used with Question 13
FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix

I am presently a member of the armed forces.

I was a member of the armed forces.

A. Regular armed forces: Air Force Army Coast Guard Marine Corps Navy
Reserve components: Air Force Army Coast Guard Marine Corps Navy
National Guard: Air Force Army State _____

My serial number was/is _____ My rank was/is _____

Dates of service: Active Duty - From Mo/Yr _____ To Mo/Yr _____

Reserve Duty - From Mo/Yr _____ To Mo/Yr _____

National Guard - From Mo/Yr _____ To Mo/Yr _____

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active Reserve National Guard

Present duty station _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number (____) _____

Name of commanding officer _____

C. As a member of the armed forces of the United States:

1. Were you ever court-martialed? *Yes No

2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) *Yes No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

3. Did you receive an honorable discharge? Yes *No

4. Were you allowed to resign in lieu of court-martial? *Yes No

5. Were you administratively discharged? *Yes No

***If you checked a box followed by an asterisk, provide an explanation for each answer:**

■ Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

■ Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

To be used with Question 17
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Brief explanation _____

To be used with Question 18
FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
 First Middle Last Suffix

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Trial date _____

Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes No Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Brief explanation of suit _____

Attach a copy of the pleadings, judgments, and/or final orders.

To be used with Question 19
FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix

Date action/complaint initiated _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and complete address of investigative agency (body, board, commission, committee, etc.):

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

Brief explanation _____

Attach a copy of the administrative record.

To be used with Question 22
FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
 First Middle Last Suffix

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Debts discharged:

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes
 No

Were there any allegations of fraud? Yes
 No

Were any debts not discharged? Yes No

Brief description of circumstances surrounding filing petition for bankruptcy:

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

To be used with Questions 20A and 21
FORM 5 / RECORD OF CRIMINAL CASES

Name _____
 First Middle Last Suffix

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Brief description of incident _____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.

To be used with Question 20B
FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix

Currently licensed in _____ Driver's license number _____
State

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

Please complete the following information for each incident:

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

To be used with Question 23

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix

This copy of FORM 6 refers to Question 23 **A Defaulted student loan**
 B Defaulted other debt
 C Debt not discharged

Type of debt: Student Loan Other _____

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form

Full account number _____

Original amount of debt _____

Current balance _____

Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Name and address of current creditor or collection agency if different from above:

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Full account number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect and any defenses:

To be used with Question 6
FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix

Date of admission _____

Department in which you were admitted (check one):

- First Department Second Department
 Third Department Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

- I have not practiced law in any department in New York.
- First Department; County(ies) _____
- Second Department; County(ies) _____
- Third Department; County(ies) _____
- Fourth Department; County(ies) _____

To be used with Question 13
FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix

I am presently a member of the armed forces.

I was a member of the armed forces.

A. Regular armed forces: Air Force Army Coast Guard Marine Corps Navy
Reserve components: Air Force Army Coast Guard Marine Corps Navy
National Guard: Air Force Army State _____

My serial number was/is _____ My rank was/is _____

Dates of service: Active Duty - From Mo/Yr _____ To Mo/Yr _____

Reserve Duty - From Mo/Yr _____ To Mo/Yr _____

National Guard - From Mo/Yr _____ To Mo/Yr _____

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active Reserve National Guard

Present duty station _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number (____) _____

Name of commanding officer _____

C. As a member of the armed forces of the United States:

1. Were you ever court-martialed? *Yes No

2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) *Yes No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

3. Did you receive an honorable discharge? Yes *No

4. Were you allowed to resign in lieu of court-martial? *Yes No

5. Were you administratively discharged? *Yes No

***If you checked a box followed by an asterisk, provide an explanation for each answer:**

■ Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

■ Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____

Explanation of circumstances _____

Result, including any punishment _____

To be used with Question 17
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Brief explanation _____

To be used with Question 18
FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
 First Middle Last Suffix

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Plaintiff's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Defendant's attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Trial date _____

Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes No Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Brief explanation of suit _____

Attach a copy of the pleadings, judgments, and/or final orders.

To be used with Question 19
FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix

Date action/complaint initiated _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and complete address of investigative agency (body, board, commission, committee, etc.):

Name of agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of final disposition _____

Disposition _____

Brief explanation _____

Attach a copy of the administrative record.

To be used with Question 22
FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
 First Middle Last Suffix

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

 Name of court _____

 Address _____

 City _____ State _____ Zip _____

 Country _____ Province _____

Debts discharged:

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition _____

Disposition _____

Were any adversary proceedings instituted? Yes
 No

Were there any allegations of fraud? Yes
 No

Were any debts not discharged? Yes No

Brief description of circumstances surrounding filing petition for bankruptcy:

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

To be used with Questions 20A and 21
FORM 5 / RECORD OF CRIMINAL CASES

Name _____
 First Middle Last Suffix

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Brief description of incident _____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.

To be used with Question 20B
FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix

Currently licensed in _____ Driver's license number _____
State

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

Please complete the following information for each incident:

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

■ Name of law enforcement agency _____
Incident location (city, county, state) _____
Country _____ Province _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Brief description of incident _____

To be used with Question 23

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix

This copy of FORM 6 refers to Question 23 **A Defaulted student loan**
 B Defaulted other debt
 C Debt not discharged

Type of debt: Student Loan Other _____

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form

Full account number _____

Original amount of debt _____

Current balance _____

Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Name and address of current creditor or collection agency if different from above:

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone number () _____

Full account number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect and any defenses:

To be used with Question 6
FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix

Date of admission _____

Department in which you were admitted (check one):

- First Department Second Department
 Third Department Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

- I have not practiced law in any department in New York.
- First Department; County(ies) _____
- Second Department; County(ies) _____
- Third Department; County(ies) _____
- Fourth Department; County(ies) _____