

GENERAL APPLICATION FOR ADMISSION BY BAR EXAMINATION

**GOVERNEMENT ATTORNEY APPLICANTS:
DO NOT USE THIS FORM – USE FORM G**

Check One:	
Attorney Applicant	<input type="checkbox"/>
Regular Applicant	<input type="checkbox"/>

Applying For:	
July Bar Exam	<input type="checkbox"/>
February Bar Exam	<input type="checkbox"/>

1. APPLICANT'S NAME: _____
Last
First
Middle

Have you ever been known by any other name? Yes No
 If so, please provide details stating in full every other name by which you have been known and inclusive dates. If name change was made by court order, attach order to this form.

2. Physical Address: _____
Street, Apt No
Village, City

State/Territory
Zip Code

() () ()
Cell Phone Number
Alternate Number
Fax Number

3. Mailing Address (if different from above):

PO Box Number
Village, City

State/Territory
Zip Code

4. Primary Email address: _____

Alternate Email Address: _____

Note: The Primary Email address will be used for all future communication with Applicant and Applicant should immediately notify Bar Administrator of changes to email addresses.

5. Date of Birth: _____ Birth Place _____
Mo / Day / Year City/Village State/Province/Territory Country

6. I have had a report for Character and Fitness completed in the Commonwealth: Yes No
If yes, when was the report completed? _____
Mo / Day / Year

7. I am submitting Form H: Notification of Special Needs with my application: Yes No

Question 8 is for Attorney Exam Applicants Only:

8. I qualify to take the Attorney's Exam pursuant to Rule of Admission 72-2: Yes No
If yes, applicant must attach declaration in accordance with Rule of Admission 72-2.

Question 9 is for Regular Exam Applicants Only:

9. I qualify to waive the requirements of the Multistate Bar Examination pursuant to Rule of Admission 72-1(e)? Yes No
If yes, applicant must forward the score to the Bar Administrator in accordance with 72-1(e).

By signing this Application, the undersigned hereby swears:

The answers contained in this Application and all accompanying documents are complete and true to the best of my knowledge. I understand that the information provided in this Application and all accompanying documents is submitted under oath and failure to answer or to make full disclosure on this or any application material may be grounds for denial of my application for admission to the Bar. Upon satisfying all of the requirements for admission to the Commonwealth of the Northern Mariana Islands Bar, I hereby apply for admission to practice law in the Commonwealth of the Northern Mariana Islands.

Signed: _____
Applicant

Date: _____

FOR OFFICE USE ONLY

Recd by:

Postmark date:

Enclosed:

MBE Exmp

C&F Exmp

Form B Form C Form D Form H C&F App. NCBE Rel./Auth Ed. Q.

C&F Fees MBE Fee Test Fee

ATT Ex: Declaration Cert of Stnd