

AFFIDAVIT

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

Applying For: (if applicable)	
July Bar Exam	<input type="checkbox"/>
February Bar Exam	<input type="checkbox"/>

Applicant’s Name: _____

Last

First

Middle

The undersigned being first duly sworn, on oath or affirmation, does hereby depose and say:

That I have read the bar admissions application, including the instructions, and my complete answers, and that the information provided is complete and true to the best of my knowledge and that I have completed such answers, and provided such information without mental reservation or purpose of evasion. I fully realize that the determination of whether I may be allowed to practice law in the Northern Mariana Islands depends on the truth and completeness of my answers in this application and the information furnished with it;

That if I have furnished false or incomplete information, my application may be summarily rejected. I also understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one, and accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted which would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Supreme Court of the Commonwealth of the Northern Mariana Islands of the discrepancy, and furnish the necessary information to correct or complete my application. I will give any further information which may be required in connection with my application;

That I have carefully read the rules relating to the admission to practice law in the Northern Mariana Islands and I make this application in accordance with those rules;

I hereby authorized the Supreme Court of the Commonwealth of the Northern Mariana Islands, or any agent or authorized representative thereof, to make a complete investigation of my character, financial responsibility, and general fitness to practice law in the Northern Mariana Islands; and that such the results of such an investigation is and shall remain the property of the Supreme Court of the Commonwealth of the Northern Marian Islands.

I agree that if granted admission to the Bar Association of the Northern Mariana Islands that I will subscribe to the oath of office propounded by the Supreme Court of the Commonwealth of the Northern Mariana Islands.

Signed: _____
Applicant

Date: _____

NOTARY

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public for the
Commonwealth/State of _____
County of _____
My Commission expires on _____

(Notary Seal)