

NOTIFICATION OF SPECIAL NEEDS

ABSENT GOOD CAUSE, THIS FORM MUST BE FILED AT THE TIME OF THE APPLICATION BUT IN NO EVENT LATER THAN 45 CALENDAR DAYS BEFORE THE FIRST DAY OF THE BAR EXAMINATION.

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

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

1. Applicant's Name: _____
Last
First
Middle

2. Primary Email Address: _____
 Alternate Email Address: _____

Note: The primary email address will be used for all future communication with Applicant and the Applicant should immediately notify the Supreme Court of changes to email addresses.

3. Have you submitted an application to sit for a bar examination? Yes No
 If yes, when was the application submitted? _____

4. Do you qualify as an applicant with a special need as provided by Rule of Admission 72-1(g)?
 Yes No

5. Please describe the special accommodations that you are requesting with this notification. Be as specific as possible. Attach additional pages if necessary:

By signing this Notification of Special Needs, the Applicant hereby swears:
 The information contained in this Notification and all accompanying documents are complete and true to the best of my knowledge. I understand that the information provided in this Notification and all accompanying documents is submitted under oath. I understand that all information provided in this application or in support of this application will be kept confidential as provided by Rule of Admission 70-6.

Signed: _____ Date: _____
Applicant

FOR OFFICE USE ONLY

Recd by: _____ Postmark / Recd date: _____
 Enclosed: _____

With App: Y / N