

**INFORMATION SHEET AND INSTRUCTIONS FOR
THE 2015 DELAWARE BAR EXAMINATION AND THE
APPLICATION FOR ADMISSION TO THE DELAWARE BAR**

**WARNING: THE 2015 APPLICATION IS DIFFERENT THAN THE 2014 APPLICATION.
PLEASE READ EVERY INSTRUCTION CAREFULLY AND THOROUGHLY.**

**APPLICATIONS THAT FAIL TO INCLUDE ALL REQUIRED DOCUMENTATION AT
TIME OF FILING WILL BE REJECTED.**

THE BAR EXAMINATION

Date & Location

The July 2015 Delaware Bar Examination ("Bar Exam") will be administered at Widener University School of Law, 4601 Concord Pike, Wilmington, DE 19803 on Monday, Tuesday, and Wednesday, July 27-29, 2015.

Typing The Bar Exam On Your Laptop

For a fee of \$100, you will be permitted to use ExamSoft software to type your answers to the Delaware essay portions of the Bar Exam on your own laptop. Go to <http://examsoft.com/debar> to sign up. You must sign up by 11:59 p.m. on June 1. Late signups will not be allowed.

FILING YOUR APPLICATION

Deadline

The Application and all documents you are required to submit with the Application at the time of filing **MUST** be filed electronically with the Board **NO LATER THAN 4:30 p.m. on May 15**. Waivers of the May 15 filing deadline will not be granted.

Filing Fees

If you file your Application on or before 4:30 p.m. on April 1, the filing fee is \$700 if you are not admitted in another jurisdiction, and \$800 if you have been admitted to practice elsewhere. If you file your Application after 4:30 p.m. on April 1 but on or before 4:30 p.m. on May 15, the filing fee is \$1,400 if you are not admitted in another jurisdiction, and \$1,600 if you have been admitted to practice elsewhere.

The filing fee must be paid online at the time you file your Application, and must be paid via credit card. In order to be eligible for the lower filing fee for filing on or before April 1, your Application must include all documents and forms which are required to be submitted at the time you file your Application. If you do not include all required documents and forms, and your First Affidavit of Completeness does not set forth a reasonable explanation of what efforts you made to obtain the required documents and forms (and why you were unable to obtain them), you will be required to pay the higher May 15 filing fee in order to be eligible to sit for the Bar Exam.

COMPLETING YOUR APPLICATION

General Instructions

The Application has two parts: the application itself, and blank forms associated with specific questions in the application. Answer every question, and complete every form you are required to submit because of your answer to a specific question. Do not download and complete a form until after you have answered the question that relates to that form. When completing the Application, click the radio button next to "Yes" or "No" to indicate your answer to a question. When completing forms and other documents, type your answers or print legibly. Do not use abbreviations unless they are self-explanatory or you provide a clear explanation of their meaning wherever they are used.

Addresses

Addresses are essential for a thorough and timely evaluation of your Application. Where addresses are requested, you must provide complete and accurate numbers, street names, cities, states, and ZIP codes. When identifying a state, use the two-letter postal designation for the state.

Dates

Dates must be provided in numerical format in month/day/year format, such as 10/05/09 to indicate October 5, 2009.

Reasonable Efforts

The information you provide in the Application must be as full, accurate, and complete as is reasonably possible. If you have any uncertainty as to your response to any question or any information you may have to provide (such as names, dates, and locations), you must make reasonable efforts to consult with all persons or entities (such as family members, courts, agencies, and schools) you reasonably conclude might be able to resolve any uncertainty or provide additional information needed to make your responses full, accurate, and complete.

Special Instructions For Questions 26-28

Questions 26-28 in the Application inquire about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. Treatment, monitoring, or participation in a support group are not, by themselves, bases on which the Board will deny admission. The Board encourages applicants who may benefit from assistance to seek it.

The Board may deny admission to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board, and the applicant's responsibility for demonstrating qualification to practice law.

The Board does not seek information that is fairly characterized as situational counseling. Examples of situational

counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

In order to protect the confidentiality and limit the disclosure of information disclosed to the Board in connection with Questions 26-28, applicants should not disclose to their preceptors (or employers) their responses to Questions 26-28, regardless of whether an applicant answered "Yes" or "No" to any of the questions. **The requirement that a preceptor certify having reviewed and discussed the application with the applicant does not extend to or include Questions 26-28.**

Providing Your Social Security Number

Providing your Social Security number to the Board is a voluntary decision under the Federal Privacy Act of 1974. The Board requests your Social Security number to assist the Board in expediting its investigation of your character and fitness, and to help avoid errors of identification which could lead to delays in completing the certification and licensure process.

DOCUMENTS

There are a variety of documents you must file with your application in order for the application to be considered complete and for you to be eligible for admission to the Delaware Bar. The documents break down into three categories:

- Documents **all** applicants must submit when they file their applications;
- Documents **some** applicants must submit when they file their applications, depending on their answers to certain questions; and
- Documents **all** applicants must submit in order for their application to be complete, but which do not have to be filed at the time they file their applications.

Documents You Must Submit With Your Application

You must submit all of the following documents when you file your online application in order for it to be considered complete:

- One Passport Photograph (taken in the last 30 days)
- Official College Transcripts
- Law School Application
- Official Law School Transcripts (interim transcript if you have not yet graduated)
- Credit History Reports
- Executed Authorization and Release Form
- First Affidavit of Completeness

The software will not allow you to file your application until you have uploaded the required documents, which must be uploaded as instructed within the appropriate portion of the application.

Other Documents You May Be Required To Submit

Depending on how you answer certain questions on the application, you may also need to submit the following documents (and any additional documents they may require) when you file your online application in order for it to be considered complete:

- Legal Decree or Confirmation for Name Change
- Prior Applications for Admission to the Delaware Bar (if filed prior to 2010)
- Bar Applications for Other Jurisdictions
- Official Certificates of Good Standing for Admitted Jurisdictions
- Form 5A (Prior Bar Admission in Pennsylvania)
- Form 5B (Prior Bar Admission in New York)
- Form 11A (United States Military Service)
- Form 11B (Foreign Military Service)
- Form 16 (Bonding Companies)
- Form 17 (Record of Civil, Administrative, Other Proceedings)
- Form 19 (Record of Bankruptcy or Insolvency)
- Form 20A (Record of Criminal Cases and Traffic Violations Involving Alcohol or Drugs)
- Form 20B (Description of Evaluation, Treatment, or Counseling Relating to Matter Disclosed on Form 20A)
- Form 20C (Authorization to Release Medical Information Relating to Matter Disclosed on Form 20A)
- Form 21 (Record of Criminal Cases Not Involving Alcohol or Drugs)
- Form 22 (Record of Moving Traffic Violations Not Involving Alcohol or Drugs)
- Form 24 (Debt Defaults, Past Due Status, Account Revocations)
- Form 27A (Description of Condition, Disability, or Impairment)
- Form 27B (Authorization to Release Medical Information)
- Form 28 (Record of Impairment Raised as Issue)
- First Supplemental Affidavit of Completeness

If your responses to application questions require you to submit one of these documents, the software will not allow you to file your application until you have uploaded the required documents, which must be uploaded as instructed within the appropriate portion of the application.

Other Documents You Must Submit For Your Application To Be Complete

You must also submit the following documents by the dates noted in order for your application to be considered complete:

- Preceptor's Certificate (due by 9/1)
- FBI Criminal History Report (due by 9/1)
- Delaware State Bureau of Identification Criminal History Report (due by 9/1)
- Second Affidavit of Completeness (due by 9/1)
- Law Clerk Schedule of Legal Assignments and Preceptor's Law Clerk Schedule Certificate (due prior to admission, by the date determined by the Board's Executive Director for each admission ceremony)

File Formats & Sizes

With the exception of your passport picture, which must be uploaded as .JPG or .JPEG image file, all documents **MUST** be uploaded as PDF files.

Documents you upload cannot exceed 10MB in size. If you have a document larger than 10MB, you must split it into multiple parts that are each lower than 10MB in size.

Document Checklist Tab

The document checklist tab identifies items that you must upload based upon your answers to various questions in the application. For each entry in the checklist, you must identify the corresponding uploaded document by selecting it from the dropdown box next to the item. You must complete your document checklist before you can file your application.

Dealing With Signed Documents

You must physically sign all affidavits, forms, or other documents requiring your signature, obtain original notarizations when applicable. In addition to scanning and uploading the affidavits, forms, or other documents to your application, you must bring the original copy of any signed affidavit, form, or other document with you to your character and fitness interview.

Certified Copies Of Transcripts

You must obtain an original, certified transcript from each college or law school you attended. If the original, certified transcript is in paper format, you must upload a scan of the transcript when you file your application, and bring the original, certified paper copy with you to your character and fitness interview.

Good Standing Certificates

If you are admitted to practice in any other jurisdictions, you must obtain an original, certified certificate of good standing from each jurisdiction. You must upload a scan of the good standing certificate when you file your application, and bring the original, certified good standing certificate with you to your character and fitness interview.

Criminal History Reports

You are required to obtain a criminal history reports (background checks) from the Federal Bureau of Investigation and the Delaware State Bureau of Identification, which will require you to appear in person to be fingerprinted at a Delaware SBI office. Detailed instructions for obtaining your criminal history reports are located on the "Document Checklist" tab.

All criminal history reports must be uploaded, and the originals received by the Board, on or before September 1. Failure to do so may jeopardize your ability to get admitted in the December admission ceremony. **Keep in mind that it can take up to 12 weeks to receive an FBI criminal history report.**

Testing Accommodations

If you are a qualified individual with a disability (as defined under the American With Disabilities Act of 1990, as amended) and need reasonable adjustments or modifications to the standard testing conditions for the Bar Exam, you must complete and submit an Application for Testing Accommodations. The Application for Testing Accommodations, the various related verification forms, and detailed instructions for preparing and filing an Application for Testing Accommodations (including identification of applicable filing deadlines) are available on the Board's web site.

Do not file an Application for Testing Accommodations if you are only requesting permission to bring with you into the examination room a medical assistive item or device that is not explicitly permitted by the Board's testing security policies (such as diabetic supplies, a lumbar support, a lactation pump, or prescription medication), and/or you are only requesting special seating because of a medical condition. For such requests, you only need to submit by June 1 a Request for Administrative Accommodations, which is available on the Board's web site.

First and Second Affidavits of Completeness

You are required to file two Affidavits of Completeness, each of which must be notarized and uploaded as an attachment.

The First Affidavit of Completeness must be submitted when you file your application, and it will require you to certify under oath or affirmation that you have, among other things, (1) accurately and completely answered all questions on your applications, (2) submitted true and correct copies of all documents you are required to submit with your application or provided a detailed explanation why not, (3) sent a request to complete a Certification of Employment to each employer identified in your application, and (4) submitted full payment of your application fee.

The Second Affidavit of Completeness must be filed on or before September 1, and it will require you to certify under oath or affirmation that, among other things, (1) you have submitted true and correct copies of all documents you are required to submit with your application or provided a detailed explanation of why not (including describing all efforts you have made to obtain those documents since you filed your First Affidavit of Completeness), and (2) each employer identified in your application has completed and returned a Certification of Employment (and, if not, you must describe all efforts you have made since you filed your First Affidavit of Completeness to follow up with those employers to have them complete a Certification of Employment.)

Both affidavits will also require you to certify under oath or affirmation your understanding of the importance of providing a complete application to the Board as soon as possible, and that failing to do so may delay your eligibility for admission to the Delaware Bar.

Preceptor's Certificate and Preceptor's Law Clerk Schedule Certificate

You must identify the member of the Delaware Bar who will be serving as your preceptor on or before the last business day in June. The duties and responsibilities of your preceptor are set forth in Board Rule 10. Among other things, your preceptor will be required to sign a Preceptor's Certificate and a Preceptor's Law Clerk Schedule Certificate, which you must then file with the Board.

The Preceptor's Certificate must be filed by September 1. In it, your preceptor must certify to (1) having personally reviewed and discussed with you your application and First Affidavit of Completeness, (2) determining that you have either

(i) provided all information and documents required to be submitted with the Application or (ii) provided a reasonable explanation why missing information and documents have not been submitted and identified when you expect the Board will receive that information or documents, (3) determining that the information and documents in or submitted with your application are factually accurate, and (4) determining that your First Affidavit of Completeness is factually accurate and contains no omission of any fact required to be disclosed. The Supreme Court and the Board expect that preceptors will play an active role in making sure that applicants submit accurate and complete applications that are ready for the Board's review.

The Preceptor's Law Clerk Schedule Certificate must be filed with your Law Clerk Schedule of Legal Assignments, which as previously noted must be filed prior to your admission, and no later than the date announced by the Board's Executive Director for each admission ceremony. In the Preceptor's Law Clerk Schedule Certificate, your preceptor must, among other things, certify that you have served a clerkship in the State of Delaware aggregating substantially full-time service of at least five months (21 weeks), in full compliance with Delaware Supreme Court Rule 52(a)(8), and that you have completed the items indicated on your Law Clerk Schedule of Legal Assignments.

EMPLOYMENT VERIFICATIONS

The Board requires a written verification of all employment, which you must obtain in the following manner:

- **Employer Currently In Business**: Complete a detail entry for and send a FORM 12 to the employer, who should, by July 1, either complete the FORM 12 online through the link provided via email, or print out, complete, and return a hard copy FORM 12 directly to the Board.
- **Employer No Longer In Business**: Complete only the detail entry in the online application for that employer, which must indicate the date when the employer went out of business. Do NOT send a FORM 12 to that employer.
- **Self-Employment**: If you are self-employed, or were self-employed at any point during the time period covered by this question, complete the detail entry, which must identify a reference who can verify the nature and length of your self-employment.

You do not need to upload copies of the FORM 12s that you have mailed. The Board will upload the completed forms as they are received. You will be able to see which ones have been received and which ones are outstanding.

Your obligation to obtain written verification of all employment does not end when you complete the detail entry and have FORM 12s sent to your employers. You must make reasonable efforts to follow up with employers who have not completed a FORM 12, identify and describe those efforts in your First Affidavit of Completeness and Second Affidavit of Completeness, and be prepared to discuss those efforts during your character and fitness interview.

If necessary, please make sure your employers are aware that the employment verification link received via email cannot be forwarded by the recipient -- if the verification is going to be completed by someone at the employer other than the person to whom the link was originally sent, a new employment verification link must be generated and sent.

AUTHORIZATIONS AND RELEASES

The authorization and release at the end of the application must be completed, signed, dated, and notarized in order for your application to be considered complete and for the Board to perform its review of your application and conduct an investigation of your character and fitness.

The same is true with respect to any medical releases you may be required to complete as part of your application. The Board cannot disclose information in your application to consulting experts or professionals retained to assist the Board unless you have authorized and consented to the release of that information, nor can the Board discuss any condition you may disclose with your treating professional(s) unless you have authorized and consented to such discussions and to the release of information by your treating professional(s).

NOTIFICATIONS TAB

The "Notifications" tab contains a copy of every automated email sent to you from the Board's BBEDE.ORG system. Be sure to check it regularly for alerts and other important information. In particular, check the Notifications tab for confirmation from the system when you electronically file your application. If you do not see a "Filing Confirmation" entry in the Notifications tab, your application has not been successfully filed.

DUTY OF CANDOR

You have a duty of candor and an obligation to provide truthful, correct, and complete information with respect to the application and any information or documentation provided by you in connection with it. Falsifying or willfully omitting any information or documentation may result in you being denied the opportunity to sit for the Bar Exam, could prejudice your examination results, result in you being denied admission to the Delaware Bar, and affect your subsequent good standing as a member of the Delaware Bar, in addition to subjecting you to penalties as may be provided by law.

The duty of candor and obligation to provide truthful, accurate, and complete information continues until such time as you may be admitted to the Delaware Bar. You have an obligation, therefore, to submit promptly any changes or updates to your application if at any time the information you provide in your application is no longer truthful, accurate, and complete. The Board expects you to update your application within one week of the occurrence of any event triggering a need to update.

CHARACTER & FITNESS INVESTIGATION

The Board's investigation of your character and fitness includes a personal interview with a member of the Board. You will be contacted directly by the Board member performing your character and fitness investigation, to schedule an interview in October or early November to discuss your application. You will only be contacted to schedule an interview if you passed the Bar Exam.

The Board will not conduct your character and fitness investigation and interview if your application is not complete and your affidavits of completeness fail to (i) identify what required information or documents have not been submitted with the application, (ii) provide a reasonable explanation for why such information or documents have not yet been submitted, (iii) state when you first requested such information or documents from the appropriate source(s) and identify all efforts

you have made to obtain such information or documents from the appropriate source(s), and (iv) state when you expect the Board will receive such information or documents (and why you expect that). This will likely mean that you will not be eligible for admission to the Delaware Bar at the December admission ceremony.

PRE-ADMISSION CONFERENCE

All applicants who pass the Bar Exam must attend a two-day Pre-Admission Conference held at Widener University School of Law on Thursday and Friday, November 12-13, 2015.

INQUIRIES REGARDING THE BAR EXAM OR YOUR APPLICATION

All inquiries relating to admission to the Bar of the Supreme Court of the State of Delaware, the application for admission, or any related matters should be directed to the Board's Executive Director, whose contact information is available on the Board's website.

COVER PAGE

**2015
BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

**Carvel State Office Building
820 N. French Street, 11th Floor
Wilmington, DE 19801
(302) 577-7038 -- (302) 755-7037 Fax**

APPLICATION FOR ADMISSION

Title	Home Address
First Name	
Middle	City
Last Name	State, Zip
Suffix	
	Phone
SSN	

Date of Birth

Email Address

Law School Attending or Graduated From:

if your school is not on the dropdown list, please specify below

Graduation Date:

MPRE STATUS

Date Taken:

Score:

Date will take:

Check if you will sign up to use ExamSoft. (Sign up is from April 1 to June 1 at www.examsoft.com/debar)

Request for Special Accommodations.

(See Rule 15 -- A separate Application for Special Accommodations must be filed together with this application.)

Check if you have applied for and/or taken the Delaware Bar.

(You must upload a complete copy of your previous application.)

What Year(s)?

Check if you have been admitted to the Bar in another state.

APPLICATION

Name

SSN

Have you ever used or been known by any other name, alias, or surname?

If the answer to the above question is 'Yes', list all of the other names, aliases or surnames you have used or been known by in the table at the bottom of the page. For each instance, describe when, how, and why your name was changed (e.g. marriage, divorce, legal decree, etc.).

If any change was the result of a legal decree, please remember to upload a copy of said decree.

Sex
Birth Date
Place of birth
City
State
Country

Of what country are you a citizen?

If you are not a citizen of the United States, what is your immigration status?

Application - DETAIL ENTRY

Description of change

Used from (mm/yyyy)

Used to (mm/yyyy)

First Name

Middle Name

Last Name

RESIDENCE HISTORY

Question 1

List the street address for each location at which you have physically resided for a period of at least 30 consecutive days at any time during the last ten years.

NOTE: For each location, the "From" and "To" information you provide is a representation that you physically resided at that location for the entire period of time listed. You may therefore need to list a single address multiple times if you temporarily resided at another location (such as during college).

Residence History - DETAIL ENTRY

From
To
Address
City
County
State
Zip/Postal Code
Country

Residence History - DETAIL ENTRY

From
To
Address
City
County
State
Zip/Postal Code
Country

EDUCATION (OTHER THAN LAW SCHOOLS)

Question 2

List the names of all the colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended, and the degree received. Indicate if you did not receive a degree.

Submit one official, certified transcript from each college or university you attended irrespective of whether you graduated from that college or university. This requirement may be satisfied by submitting a copy of your transcript in electronic PDF format, provided that (i) the college or university in question considers the electronic copy to be an official document, and (ii) the electronic copy has been digitally signed and certified by the college or university and the Board can validate its authenticity automatically.

Education (Other than Law Schools) - DETAIL ENTRY

From
To
College
City
State
Degree

EDUCATION (LAW SCHOOLS)

Question 3

List the names of all the law schools you attended, their location (including the name of the campus, if the school had more than one), the dates attended, and the degree received. Indicate if you did not receive a degree.

Submit one official, certified transcript for each law school you attended irrespective of whether you graduated from that law school. This requirement may be satisfied by submitting a copy of your transcript in electronic PDF format, provided that (i) the law school in question considers the electronic copy to be an official document, and (ii) the electronic copy has been digitally signed and certified by the law school and the Board can validate its authenticity automatically.

Submit one copy of your law school application for every law school you attended.

Education (Law Schools) - DETAIL ENTRY

From
To
Degree
Law School

EDUCATION (DISCIPLINE ISSUES)

Question 4

Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign or allowed to resign in lieu of discipline from any college, university, law school or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?

Yes

If you answered "Yes", provide details below:

Education (Discipline Issues) - DETAIL ENTRY

Date of the
Institution Action
(mm/yyyy)
Name of the
Institution
Explanation

PRIOR APPLICATIONS FOR ADMISSION

Question 5

Have you ever submitted an application to be admitted by examination, motion, or diploma privilege, or to be reinstated to the Bar in any state?

Yes

If you answered "Yes", list every state to which you have ever submitted an application to be admitted by examination, motion or diploma privilege, or to be reinstated to the Bar. Provide a brief narrative explanation of the circumstances surrounding the reasons for any withdrawals of applications or failures to be admitted (including denials other than those due to failing the examination).

Upload a copy of your application to each such Bar as well as an official certificate in good standing for each Bar to which you are admitted.

If admitted in Pennsylvania, complete and upload **FORM 5A**. If admitted in New York, indicate the judicial department to which you are admitted, and also complete and upload **FORM 5B**.

Prior Applications for Admission - DETAIL ENTRY

State
Admission by
Not Admitted
Application Dates
Exam Dates
Admitted or
readmitted
(mm/yyyy)
Bar Identification
Explanation

JUDICIAL OFFICE

Question 6

Have you ever held judicial office?

Yes

If you answered "Yes", provide details about each office below:

Judicial Office - DETAIL ENTRY

From

To

Address

City

State

Zip Code

Office Held

Reason for termination, if applicable

MEMBERSHIP IN REGULATORY/DISCIPLINARY BODY

Question 7

Are you currently or have you ever been a member of or subject to the authority of a court bar, bar association, disciplinary agency, regulatory body, or other entity that exercises regulatory or disciplinary authority over its members?

NOTE: This question covers regulatory or disciplinary entities for all professions, occupations, and industries, not just those which are law-related. It includes, for example, national bodies such as the Financial Industry Regulatory Authority (FINRA) and the American Institute of CPAs (AICPA), as well as state entities that regulate the practice of a profession or occupation within a state (such as, for example, the regulatory bodies identified in Title 24 of the Delaware Code).

Yes

If you answered "Yes", list below the full name, address, and telephone number of each such court, bar association, disciplinary agency, regulatory body, or other entity:

Membership in Regulatory/Disciplinary Body - DETAIL ENTRY

Membership
From
(mm/yyyy)
To
Name of bar association
or disciplinary agency
Address
City
State
Zip Code

DISCIPLINARY HISTORY

Question 8

A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?

Yes

B. Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding your conduct as an attorney?

Yes

If you answered "Yes" to either of the above, provide details below:

Disciplinary History - DETAIL ENTRY

Action Date
(mm/yyyy)
Name of
Disciplinary Agency
Address
City
State
Zip Code
Agency Action
Explanation

CHARGE / COMPLAINT / GRIEVANCE HISTORY

Question 9

Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding the unauthorized practice of law?

Yes

If you answered "Yes", provide details below:

Charge / Complaint / Grievance History - DETAIL ENTRY

Action Date
(mm/yyyy)
Name of
Regulatory Agency
Address
City

State
Zip Code
Agency Action
Explanation

SANCTION / DISQUALIFICATION HISTORY

Question 10

Have sanctions ever been entered against you or have you ever been disqualified from participating in any case?

Yes

If you answered "Yes", provide details below:

Sanction / Disqualification History - DETAIL ENTRY

Type of Action
Case Number
Disqualified
From
(mm/yyyy)
To
Name of Court
Address
City
State
Zip Code
Reason for the disqualification or
sanction

MILITARY SERVICE

Question 11

A. Have you ever been a member of the United States Armed Forces, meaning the Army, Marine Corps, Navy, Air Force, Coast Guard, Army Reserve, Marine Corps Reserve, Navy Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard of the United States, or Air National Guard of the United States?

Yes

If you answered "Yes", complete and upload **FORM 11A**.

B. Have you ever performed any other kind of military service, including service in a civilian auxiliary of the United States military (e.g., Civil Air Patrol, Merchant Marines, Coast Guard Auxiliary), a state defense force (e.g., Texas State Guard, Ohio Military Reserve, California Naval Militia), the Puerto Rico State Guard, or the military of another country (e.g., Israeli Defense Forces)?

**** This question has not yet been answered ****

If you answered "Yes", complete and upload **FORM 11B**.

EMPLOYMENT AND UNEMPLOYMENT HISTORY

PREAMBLE TO QUESTIONS 12 AND 13

For purposes of responding to Questions 12 and 13, the term "employment" means any kind of employment or work, without regard to whether the work was full-time, part-time, or temporary in nature, or whether you were compensated for the work. This includes, for example, self-employment, clerkships (judicial or otherwise), internships, externships, fellowships. It does not matter if you received school credit instead of monetary compensation for the work. Do not include military service, which is covered by Question 11.

Question 12

List your employment history since you were eighteen years of age, or the past 10 years, whichever is shorter. If your work history includes temporary employment where you worked for an employer but were paid by a temporary

staffing agency, you should identify the company for which you performed the work as the "employer" as well as the temporary staffing agency.

Your employment history must also account for each occasion during which you were unemployed (not working) for at least 30 consecutive days. For each such occasion, in the detail entry below you must identify the period of time you were not working using "From" and "To" to indicate the beginning and ending dates, and in the "Position" text box, describe what you were doing during that period of unemployment.

If you are self-employed, or were self-employed at any point during the time period covered by this question, complete the detail entry, which must identify a reference who can verify the nature and length of your self-employment

NOTE: The Board must receive an online certification for all employment or practice, which must be completed online by your employers by July 1st.

If an employer is no longer in business, include employment indicating date that the employer went out of business. Do not send an employment certification request but include the employer in this list.

PLEASE NOTE: You do not need to upload copies of your employment certification requests. The system will update your application with the relevant data as each employer completes their certification. Check your "Document Checklist" tab to see which employment certification requests have been completed and which remain outstanding.

Employment and Unemployment History - DETAIL ENTRY

Position
From
To
Supervisor
Employer or Firm
(at time of employment)
Address
City
State
Zip Code
Phone

Employer's current name and address if not the same as above:

Name
Address
City
State
Zip Code
Phone

If you are self-employed, provide a reference who can verify the nature and length of your employment:

Residence
or Business
Name
Address
City
State
Zip Code
Phone

EMPLOYMENT TERMINATION

Question 13

Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any employment?

No

If you answered "Yes", provide details below:

LICENSE DENIAL

Question 14

A. Have you ever been denied a license for a business, trade, or profession (e.g., CPA, real estate broker, physician, etc.)?

No

B. Have you ever had a business, trade or professional license revoked?

No

If you answered "Yes" to either of the above, provide details below:

SUSPENSION / CENSURE / REPRIMAND / DISQUALIFICATION

Question 15

A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?

No

B. Have you ever been the subject of any formal or informal charge, complaint, grievance, investigation, or inquiry regarding your conduct as a member of another profession or occupation, or as a holder of public office?

No

If you answered "Yes" to either of the above, provide details below:

BOND SURETY

Question 16

Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Yes

If you answered "Yes", complete and upload **FORM 16**.

CIVIL / ADMINISTRATIVE PROCEEDINGS

PREAMBLE TO QUESTION 17

For purposes of Question 17, "Affiliated Entity" means any entity in whose management or control you have participated, or any non-public entity in which you have directly or beneficially owned at least a 5% interest. This definition also applies to Questions 18, 19, 24, and 25.

Question 17

A. Have you or an Affiliated Entity ever been named as a party in any civil, administrative, or other proceeding?

Yes

B. Has there ever been a civil, administrative, or other proceeding in which an allegation was made against you or the Affiliated Entity of fraud, deceit, misrepresentation, forgery or legal malpractice, without regard to whether you or the Affiliated Entity was a party in the proceeding?

NOTE: Family law matters (including orders for child support) should be included here. For an Affiliated Entity, "other proceeding" includes criminal proceedings.

**** This question has not yet been answered ****

If you answered "Yes" to either of the above, complete and upload **FORM 17** and upload copies of the complaint, answer, judgment, or dismissal, and any final orders.

FAILURE TO FILE INCOME TAX

Question 18

Have you or an Affiliated Entity ever failed to file a federal, state, or local income tax return when due and without a lawful extension or have you or an Affiliated Entity ever failed to pay federal, state, or local income taxes when due?

No

If you answered "Yes", provide details about each occurrence below:

BANKRUPTCY

Question 19

Have you or an Affiliated Entity ever filed a petition for bankruptcy?

Yes

If you answered "Yes", complete and upload **FORM 19**.

VIOLATIONS OF LAW INVOLVING ALCOHOL OR DRUGS

Question 20

Have you ever been cited, arrested, charged, accused, prosecuted, or convicted for any offense, misdemeanor, felony, or other violation of any law (including moving traffic violations), which involved alcohol or drugs?

NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned or otherwise cleared.

Yes

If you answered "Yes", complete and upload **FORM 20A**, **FORM 20B**, and **FORM 20C** as appropriate.

VIOLATIONS OF LAW NOT INVOLVING ALCOHOL OR DRUGS

Question 21

Have you ever been cited, arrested, charged, accused, prosecuted, or convicted for any offense, misdemeanor, felony, or other violation of any law, in which alcohol or drugs were not involved?

NOTE: This includes matters that have been expunged, been subject to a diversionary program, pardoned, or otherwise cleared. This does not include moving traffic violations, which are covered by Questions 20 and 22.

Yes

If you answered "Yes", complete and upload **FORM 21** for each incident.

MOVING TRAFFIC VIOLATIONS

Question 22

Have you been charged with any moving traffic violations during the past ten years?

NOTE: This does not include moving traffic violations involving drugs or alcohol, which are covered by Question 20, and it does not include parking tickets.

Yes

If you answered "Yes", complete and upload **FORM 22**.

IMMUNITY / WITNESS

Question 23

Have you ever been offered or granted immunity, testified or been called as a witness in any criminal action or criminal proceeding in which you were not a party?

No

If you answered "Yes", provide details below:

CREDITOR ACTIONS

PREAMBLE TO QUESTIONS 24 AND 25

For purposes of Questions 24 and 25, a "creditor" is any person or entity (i) to whom a debt is owed, (ii) that has the right to require the performance of any legal obligation, contract, or guaranty, (iii) that has a legal right to damages arising out of contract or tort, or (iv) that has extended or arranged for the extension of credit (such as a credit card or a home equity line of credit), even if there is currently a zero balance with that creditor.

Question 24

A. Have you or an Affiliated Entity had any debts which have been more than 90 days past due within the past seven years?

Yes

B. Have you or an Affiliated Entity ever had a credit card or charge account revoked?

Yes

C. Have you or an Affiliated Entity ever defaulted on any debt?

Yes

D. Have you or an Affiliated Entity ever surrendered a credit account in lieu of recovery action by one or more of your creditors?

No

If you answered "Yes" to any of the above, complete and upload **FORM 24** for each debt.

CREDITORS

Question 25

For you and any Affiliated Entity, list all creditors you have confirmed are not identified on the credit reports from the three major credit bureaus (TransUnion, Equifax, Experian), including the name, address, and telephone number of the creditor, the account number (if applicable), and the balance on the debt or account as of the date of this application. **Upload a copy of the credit reports from the three major credit bureaus listed above you reviewed in order to respond to this question, which must have been obtained thirty (30) or fewer days before you filed your application.**

PAST CONDUCT OR BEHAVIOR

PREAMBLE TO QUESTIONS 26, 27, AND 28

Through this application, the Delaware Board of Bar Examiners (the "Board") makes inquiry about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information, along with all other information, is treated confidentially by the Board. The purpose of such inquiries is to determine the current fitness of an applicant to practice law. Treatment, monitoring, or participation in a support group are not, by themselves, bases on which the Board will deny admission. The Board encourages applicants who may benefit from assistance to seek it.

The Board may deny admission to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Board, and the applicant's responsibility for demonstrating qualification to practice law.

The Board does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

NOTE: APPLICANTS SEEKING TESTING ACCOMMODATIONS FOR THE BAR EXAM DUE TO A CONDITION, DISABILITY, OR IMPAIRMENT DISCLOSED IN RESPONSE TO THESE QUESTIONS MUST COMPLETE AND FILE A SEPARATE APPLICATION FOR TESTING ACCOMMODATIONS.

Question 26

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?

No

If you answered "Yes", provide details below:

Creditors - DETAIL ENTRY

Creditor
Account Number
Balance

IMPAIRMENT

Question 27

A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent and professional manner? For purposes of this question, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

Yes

B. If you answered 'Yes' to Question 27A, are the limitations or impairments caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring or support program?

Yes

If you answered "Yes" to either of the above, complete and upload **FORM 27A** and **FORM 27B** for each issue.

IMPAIRMENT RAISED AS ISSUE

Question 28

Within the past five years, have you asserted any condition, disability, or impairment as a defense to, in mitigation of, or as an explanation for your conduct in response to or in the course of:

- (a) any arrest;
- (b) any proposed or actual discipline, sanction, or warning;
- (c) any proposed or actual termination or suspension from school or employment;
- (d) any proposed or actual loss or suspension of a license;
- (e) any inquiry, investigation, or proceeding by an employer, educational institution, government agency, professional organization, or licensing authority;
- (f) any proceeding administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority; or
- (g) any allegation that you endangered the safety of others, breached fiduciary obligations, or violated workplace or academic conduct rules?

Yes

If you answered "Yes" to one or more of (a) through (g), complete and upload **FORM 28**.

Additional Information - DETAIL ENTRY

Additional Information

ADDITIONAL INFORMATION

Question 29

Is there any information (event, incident, occurrence, etc.) that was not specifically addressed and/or asked of you in

this application and/or in the instructions that could be considered a character issue?

When you have completed this section, click the Back to Application Status button to review and submit your application.

Yes

If you answered "Yes" provide details below, uploading associated documents as appropriate:

DO NOT USE AS APPLICATION PURPOSES ONLY

FORM 5 / PRIOR ADMISSIONS

FORM 5A

For applicants previously admitted in PENNSYLVANIA

Name _____

Attorney I.D. Number _____

Date Of Admission _____

District Admitted In: **** Please Select ****

FORM 5B

For applicants previously admitted in NEW YORK

Name _____

Date Of Admission _____

Department in which you were admitted: **** Please Select ****

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

First Department Second Department

Third Department Fourth Department

**FORM 11A / MILITARY SERVICE
IN THE UNITED STATES ARMED FORCES**

Name _____
First
Middle
Last
Social Security Number

- I am presently a member of the United States Armed Forces. (Complete A and B)
 I was a member of the United States Armed Forces. (Complete A and C)

- 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

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 a copy of all of your Reports of Separation (DD Form 214).

- B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check Active Reserve

Present duty station _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Name of commanding officer _____

- C. While a member of the United States Armed Forces:

1. Did you receive an honorable discharge? Yes *No
2. Were you ever court-martialed? *Yes No
3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) *Yes No
4. Were you allowed to resign or separate in lieu of court-martial or non-judicial punishment? *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. ___ above Date of Action _____

Explanation of circumstances _____

Result, including any punishment _____

Refers to Item C. ___ above Date of Action _____

Explanation of circumstances _____

Result, including any punishment _____

FORM 11B / OTHER MILITARY SERVICE

Full Name: _____

Date of Birth: _____ Social Security Number: _____

- I am a member of a military service other than the United States Armed Forces. (Complete A and B)
- I was a member of a military service other than the United States Armed Forces. (Complete A and C)

A. Name of State/Country/Jurisdiction: _____

Name of Military Service Body/Branch: _____

Serial/Identification Number: _____

Dates of Service From (Mo/Yr): _____ To (Mo/Yr): _____

B. Present Rank: _____

Name of Military Service Body/Branch: _____

Present Duty Station (Name, Address, Telephone): _____

Commanding Officer: _____

- C. 1. Did you receive a discharge that was not an honorable discharge? Yes No
2. Were you ever court-martialed? Yes No
3. Were you ever awarded a non-judicial punishment? Yes No
4. Were you ever allowed to resign or separate in lieu of court-martial or non-judicial punishment? Yes No

If you answered "Yes" to any of these questions, explain in detail the circumstances and the result, including any punishment:

FORM 16 / BONDING COMPANIES

Name _____
First Middle Last Social Security Number

Name of Surety (Bonding Company) _____

Address of Surety _____

City _____ State _____ Zip _____

Amount of money paid by Surety _____

Date money paid _____

Reason for Bond _____

Brief explanation _____

DO NOT USE AS REFERENCE PURPOSES ONLY

To be used with Question 17

FORM 17 / RECORD OF CIVIL AND ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Social Security Number

Complete title of action _____

Court file or administrative docket number _____

Name and complete address of court involved: _____

Name of court or agency _____

Address _____

City State Zip _____

Plaintiff's Name _____

Address _____

City State Zip _____

Plaintiff's Attorney _____

Address _____

City State Zip _____

Defendant's Name _____

Address _____

City State Zip _____

Defendant's Attorney _____

Address _____

City State Zip _____

Trial Date _____ Date of final disposition _____

Disposition _____

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

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.

FORM 19 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
(For Applicant, list first, middle, and last name and SSN. For an Affiliated Entity, list full name and tax ID number.)

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Name and addresses of major creditors:

Name of Creditor _____

Address _____

City _____ *State* _____ *Zip* _____

Name of Creditor _____

Address _____

City _____ *State* _____ *Zip* _____

Name of Creditor _____

Address _____

City _____ *State* _____ *Zip* _____

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

To be used with Question 20

**FORM 20A / RECORD OF CRIMINAL MATTERS OR
TRAFFIC VIOLATIONS INVOLVING ALCOHOL OR DRUGS**

Name

First

Middle

Last

Social Security Number

Date of incident (or time period involved) _____

Location _____

City

County

State

Title of complaint or indictment

Criminal Number

Name and complete address of court involved

Name of court

Address

City

State

Zip

Name and address of law enforcement agency involved:

Name of law enforcement agency

Address

City

State

Zip

Date first heard _____

Charge(s) at time of arrest

Charge(s) at time of trial

Date of final disposition

Final disposition

Brief description of incident:

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any. If you had any evaluation, treatment, or counseling concerning the use of alcohol or drugs in connection with or as a result of this incident, complete FORM 20B and FORM 20C.

**FORM 20B / DESCRIPTION OF EVALUATION,
TREATMENT, OR COUNSELING RELATING TO
CRIMINAL CASES OR TRAFFIC VIOLATIONS
INVOLVING ALCOHOL OR DRUGS**

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Relevant date(s) or date range(s): _____

Describe the reason(s) why you sought evaluation, treatment, and/or counseling: _____

Describe the evaluation, treatment, and/or counseling you received: _____

Identify any treating physician or counselor (if applicable):

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Country: _____

Telephone: _____ Facsimile: _____

Email: _____

Identify hospital or institution (if applicable):

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Country: _____

Telephone: _____ Facsimile: _____

The Board of Bar Examiners of the Delaware Supreme Court is aware of HIPAA requirements.

To be used with Question 21

FORM 21 / RECORD OF CRIMINAL MATTERS NOT INVOLVING ALCOHOL OR DRUGS

Name *First* *Middle* *Last* *Social Security Number*

Date of incident (or time period involved) _____

Location _____
City *County* *State*

Title of complaint or indictment

Criminal Number

Name and complete address of court involved

Name of court

Address

City

State

Zip

Name and address of law enforcement agency involved:

Name of law enforcement agency

Address

City

State

Zip

Date first heard _____

Charge(s) at time of arrest

Charge(s) at time of trial

Date of final disposition

Final disposition

Brief description of incident:

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any.

To be used with Question 22

FORM 22 / RECORD OF TRAFFIC VIOLATIONS

Do not list moving traffic violations involving alcohol or drugs, which are covered by Question 20), and do not list parking violations.

Name *First Middle Last Social Security Number*

Date of incident (or time period involved) _____

Location *City County State*

Title of complaint or indictment

Case Number

Name and complete address of court involved

Name of court

Address

City

State

Zip

Name and address of law enforcement agency involved:

Name of law enforcement agency

Address

City

State

Zip

Date first heard

Charge(s) at time of arrest

Charge(s) at time of trial

Date of final disposition

Final disposition

Brief description of incident:

Attach a copy of the citation or the arresting officer's report, and, if applicable, the complaint, indictment, trial disposition, sentence, and appeal, if any.

**FORM 27A / DESCRIPTION OF
CONDITION, DISABILITY, OR IMPAIRMENT**

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Relevant date(s) or date range(s): _____

Describe the condition or impairment: _____

Describe any treatment, or any program that includes monitoring or support: _____

Identify any treating physician or counselor (if applicable):

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Country: _____

Telephone: _____ Facsimile: _____

Email: _____

Identify hospital or institution (if applicable):

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Country: _____

Telephone: _____ Facsimile: _____

The Board of Bar Examiners of the Delaware Supreme Court is aware of HIPAA requirements.

FORM 28 / IMPAIRMENT RAISED AS ISSUE

Entity (court, agency, educational institution, *etc.*) before which issue was raised:

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Country: _____

Telephone: _____ Facsimile: _____

Email: _____

Nature of the proceeding: _____

Relevant date(s): _____

Current status of the proceeding (and disposition, if applicable): _____

Explanation: _____

NOTE: If you marked “No” for any of these documents, you must attach a document for each item you answered “No” explaining (i) why you have not yet submitted those documents, (ii) whether and when you requested those documents from the appropriate source(s), and (iii) when you expect the Board will receive those documents (and why you expect that). Failure to provide the documents or the appropriate explanation at the time you file your application will result in rejection of your application.

- (4) Each employer identified in my response to Question 12 on the Application has been sent a request to complete a Certification of Employment.

Yes No

If you marked “No,” please attach a document explaining why.

- (5) For each of the following items applicable to me, I have uploaded a true and correct copy of that item, including true and correct copies of all additional documents required to be submitted with a form.

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bar Applications for Other Jurisdictions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Official Certificates of Good Standing for Admitted Jurisdictions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 5A (Prior Bar Admission in Pennsylvania) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 5B (Prior Bar Admission in New York) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 11A (United States Military Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 11B (Foreign Military Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 16 (Bonding Companies) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 17 (Record of Civil, Administrative, Other Proceedings) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 19 (Record of Bankruptcy or Insolvency) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 20A (Record of Criminal Cases and Traffic Violations Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 20B (Description of Evaluation, Treatment, or Counseling Relating to Matter Disclosed on Form 20A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 20C (Authorization to Release Medical Information Relating to Matter Disclosed on Form 20A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 21 (Record of Criminal Cases Not Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 22 (Record of Moving Traffic Violations Not Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 24 (Debt Defaults, Past Due Status, Account Revocations) |

NOTE: If you marked “No” for any of these items, you must attach a document for each item you answered “No” explaining (i) why you have not yet submitted the items, (ii) whether and when you requested the items from the appropriate source(s), and (iii) when you expect the Board will receive those items (and why you expect that). Failure to provide the documents or the appropriate explanation at the time you file your application will result in rejection of your application.

- (6) I have submitted full payment of the non-refundable application fee.

(7) I certify my understanding that:

- (a) my Application is not complete until the Board has received all required information and documents, and it is my responsibility to ensure that all required information and documents are provided to the Board;
- (b) the Board will not conduct my character and fitness investigation and interview, which will likely mean I will not be eligible for admission to the Delaware Bar in the December admission ceremony, if my Application is not complete and this Affidavit fails to (i) identify what required information or documents have not been submitted with the Application, (ii) provide a reasonable explanation for why such information or documents have not yet been submitted, (iii) state when I requested such information or documents from the appropriate source(s), and (iv) state when I expect the Board will receive that information or documents (and why I expect that); and
- (c) if the Board determines at any time during the application process that I have not been diligent in providing the Board with information or documents required for this Application or requested by the Board, such lack of diligence may be grounds for the Board to reject my Application.

(8) I certify that I will:

- (a) file my Second Affidavit of Completeness on or before September 1;
- (b) update my Application promptly if any information in my Application, including my contact information, is no longer accurate or complete;
- (c) continue to update my Application as necessary to ensure that all of my answers continue to be true, accurate, and complete until I am admitted to the Delaware Bar; and
- (d) ensure that my Preceptor receives a copy of all updates to my Application, except those that pertain to Questions 26, 27, or 28.

FURTHER AFFIANT SAYETH NOT.

Applicant

SWORN TO AND SUBSCRIBED before me,
this ____ day of _____, 20__:

My Commission Expires:

Notary Public

Yes No N/A

- | | | | |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bar Applications for Other Jurisdictions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Official Certificates of Good Standing for Admitted Jurisdictions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 5A (Prior Bar Admission in Pennsylvania) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 5B (Prior Bar Admission in New York) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 11A (United States Military Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 11B (Foreign Military Service) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 16 (Bonding Companies) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 17 (Record of Civil, Administrative, Other Proceedings) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 19 (Record of Bankruptcy or Insolvency) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Form 20A (Record of Criminal Cases and Traffic Violations Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 20B (Description of Evaluation, Treatment, or Counseling Relating to Matter Disclosed on Form 20A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Form 20C (Authorization to Release Medical Information Relating to Matter Disclosed on Form 20A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 21 (Record of Criminal Cases Not Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 22 (Record of Moving Traffic Violations Not Involving Alcohol or Drugs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 24 (Debt Defaults, Past Due Status, Account Revocations) |

NOTE: If you marked "No" for any of these items, you must attach a document explaining (i) why you have not yet submitted the items, (ii) all efforts you have made to obtain those documents from the appropriate source(s) since you filed your First Affidavit of Completeness, and (iii) when you expect the Board will receive those items (and why you expect that).

(4) I certify my understanding that:

- (a) my Application is not complete until the Board has received all required information and documents, and it is my responsibility to ensure that all required information and documents are provided to the Board;
- (b) the Board will not conduct my character and fitness investigation and interview, which will likely mean I will not be eligible for admission to the Delaware Bar in the December admission ceremony, if my Application is not complete and this Affidavit fails to (i) identify what required information or documents have not been submitted with the Application, (ii) provide a reasonable explanation for why such information or documents have not yet been submitted, (iii) identify all efforts I have made to obtain such information or documents from the appropriate source(s) since I filed my First Affidavit of Completeness, and (iv) state when I expect the Board will receive such information or documents (and why I expect that); and
- (c) if the Board determines at any time during the application process that I have not been diligent in providing the Board with information or documents required for this

Application or requested by the Board, such lack of diligence may be grounds for the Board to reject my Application.

(5) I certify that I will:

- (a) update my Application promptly if any information in my Application, including my contact information, is no longer accurate or complete;
- (b) continue to update my Application as necessary to ensure that all of my answers continue to be true, accurate, and complete until I am admitted to the Delaware Bar; and
- (c) ensure that my Preceptor receives a copy of all updates to my Application, except those that pertain to Questions 26, 27, or 28.

FURTHER AFFIANT SAYETH NOT.

Applicant

SWORN TO AND SUBSCRIBED before me,
this ____ day of _____, 20__ :

Notary Public

My Commission Expires:



**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

INSTRUCTIONS FOR OBTAINING CRIMINAL HISTORY REPORTS

You must obtain a complete criminal history background check. This will require you to obtain criminal history reports from the Delaware State Bureau of Investigation ("SBI") and the Federal Bureau of Investigation ("FBI").

Additional information on how to obtain required criminal history reports is below. Due to the length of time that it may take for these reports to be processed, the Board of Bar Examiners ("Board") strongly encourages you to begin making the necessary arrangements as soon as possible. The Board must have all criminal history reports by September 1 for you to be eligible to be admitted in the December ceremony.

No guarantees are made regarding the timing of the preparation, delivery or receipt of criminal history reports. You will not be admitted until the Board has received the required reports. If you are not admitted during the same calendar year in which you pass the Delaware Bar Exam the Board may require you to obtain updated reports.

The reports should be sent to you. You are responsible for uploading the reports to your Application and then immediately mailing the original paper copies to the Board's Executive Director. **Do not have these reports sent directly to the Board—the Board will not upload the documents to your application.**

SBI Criminal History Report

To obtain your SBI report, you must appear in person at an SBI office to be fingerprinted. You will need to bring a valid and current form of photo identification, such as a driver's license, passport, or government- or school-issued identification card. Information regarding office locations, hours of operation, how to schedule an appointment, fees, and payment options is available on the SBI's web page at <http://dsp.delaware.gov/SBIinfo.shtml>, or by calling 302-739-5884.

FBI Criminal History Report

You are responsible for obtaining your criminal history report from the FBI. You will need to have a fingerprint card prepared in order to obtain the report. You may do this when you appear in person at an SBI office to order your SBI criminal history report. It will require payment of an additional fee, which you can find on the SBI's web page at the hyperlinked address above. You are also free to have your FBI-compliant fingerprint card prepared through another law enforcement agency or a private fingerprinting service provider if you do not reside in Delaware.

Complete information and forms for obtaining your FBI criminal history report, including a helpful checklist, can be found on the FBI's *Identity History Summary Checks* web page, available at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/identity-history-summary-checks>.

PRECEPTOR'S CERTIFICATE
(due on or before September 1)

I, _____, a member of the Bar of the Supreme Court of the State of Delaware, and preceptor for _____ (“Applicant”), who has filed an Application for Admission to the Bar of the Supreme Court of the State of Delaware (“Application”), do hereby certify as follows:

- (1) I have been admitted to practice before the courts of this State for at least ten (10) years prior to undertaking my duties as preceptor;
- (2) I have studied carefully Supreme Court Rule 52 and Rule 10 of the Rules of the Board of Bar Examiners of the Delaware Supreme Court;
- (3) Within the past three years I have attended a meeting of preceptors held on a date and time designated by the Board;
- (4) I am or will be mentoring Applicant with respect to civility, legal ethics, professionalism, and the expected conduct and obligations of a member of the Delaware Bar; and
- (5) I have personally reviewed and discussed with Applicant the Application and First Affidavit of Completeness, as well as all documents and forms submitted in connection with the Application and First Affidavit of Completeness, except that I have not reviewed or discussed with Applicant Questions 26, 27, or 28 on the Application, nor have I reviewed or discussed with Applicant any documents and forms Applicant is submitting in connection with Questions 26, 27, or 28.
- (6) I have complied with the requirements of Board Rule 10(c).

Date: _____

Preceptor

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

2014 LAW CLERK SCHEDULE OF LEGAL ASSIGNMENTS

Applicant Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Preceptor's Name: _____

Performance of the following assignments is to be considered the minimum requirement for each applicant for admission to the Delaware Bar. These assignments must be performed in the State of Delaware after matriculation at law school and before admission to the Delaware Bar. Responsibility for scheduling rests on the applicant; making these arrangements is regarded as an important part of the clerkship training. Either your preceptor or a "Qualified" member of the Delaware Bar must supervise each completed assignment.

For purposes of this Schedule, "Attend" means in person appearance at the proceeding until completion of the proceeding, or one-half day, whichever is shorter, except as specified in assignments 9 and 10 below. Note that if an assignment permits you to review a transcript or listen to/watch a recording in lieu of attending in person, attendance in person is strongly preferred and you must make a good faith effort to attend the proceeding in person. It is important to note that court cases often settle at the last minute. Therefore, you should begin your efforts to complete these assignments early in your clerkship.

Once you have completed the Schedule, please execute the certification on page 4 and submit the Schedule to the Board of Bar Examiners, along with the fully-executed Certificate of Preceptor.

ASSIGNMENT

1. Attend one civil trial in a Justice of the Peace Court.

Date Completed _____

2. Attend one weekly session of Protection from Abuse ("PFA") hearings in Family Court.

Date Completed _____

3. Attend one Guardianship or Dependency/Neglect hearing in Family Court.
Date Completed _____
4. Attend (or listen to a recording of) one civil trial in Court of Common Pleas.
Date Completed _____
5. Attend one criminal trial in the Court of Common Pleas.
Date Completed _____
6. Attend one ADR Proceeding in Delaware under the Rules of any Delaware State or Federal Court or, alternatively, attend one arbitration or mediation in Delaware under the Rules of the American Arbitration Association or any similar ADR organization.
Date Completed _____
7. Attend one session of arraignments in Superior Court.
Date Completed _____
8. Attend one session of sentencing in Superior Court.
Date Completed _____
9. Attend one complete jury selection in Superior Court or District Court.
Date Completed _____
10. Attend a criminal trial in Superior Court or District Court. This must include (i) either a complete opening statement or a complete closing argument; and (ii) direct and cross examinations of one witness.
Date Completed _____
11. Attend a civil trial in Superior Court or District Court. This must include (i) either a complete opening statement or a complete closing argument; and (ii) direct and cross examinations of one witness.
Date Completed _____
12. Attend a pre-trial conference in District Court, Court of Chancery or Superior Court.
Date Completed _____

13. Attend an argument of a motion in Superior Court after reviewing the applicable motion papers and reviewing the principal authorities relied upon by the parties.

Date Completed _____

14. Attend a trial or a complete hearing in the Court of Chancery. For a trial, this must include (i) either a complete opening statement or a complete closing argument; and (ii) direct and cross examinations of one witness.

Date Completed _____

15. Review papers relating to an appeal of a final judgment to the Delaware Supreme Court, including designation of the record on appeal.

Date Completed _____

16. Review papers relating to a recent certification of a question of law or interlocutory appeal to the Delaware Supreme Court.

Date Completed _____

17. Attend an argument in the Delaware Supreme Court after reviewing applicable briefs, and reviewing the principal authorities relied upon by the parties.

Date Completed _____

18. Attend an interview of a client, witness or litigant.

Date Completed _____

19. Review papers relating to a recently commenced Superior Court civil action, including Complaint, Praecipe, Summons and Civil Information Sheet.

Date Completed _____

20. Attend one contested deposition.

Date Completed _____

21. Review and summarize three recently closed, fully and formally probated estates at the Register of Wills, at least two of which must have been distributed under a will.

Date Completed _____

22. Review papers relating to the formation of a Delaware corporation, Limited Partnership, Limited Liability Corporation (LLC) or Limited Liability Partnership (LLP).

Date Completed _____

23. Attend a hearing of the Delaware Alcoholic Beverage Control Commission, Industrial Accident Board, or other adversarial hearing before a Delaware state administrative agency.

Date Completed _____

24. Attend a half day of omnibus chapter 13 bankruptcy hearings. *Note: These hearings are typically held only once per month.*

Date Completed _____

25. Attend (or review a transcript of) a "First-Day" hearing in a chapter 11 bankruptcy case where the assets or liabilities exceed \$20 million after reviewing the "First-Day" pleadings and the principal authorities relied upon in those pleadings.

Date Completed _____

26. Attend an omnibus hearing in a chapter 11 bankruptcy case where at least one unresolved contested matter is presented.

Date Completed _____

I _____, hereby certify that I have completed a clerkship in the State of Delaware under the supervision of a Delaware attorney aggregating substantially full-time service for at least five months' duration (21 weeks) in full compliance with Delaware Supreme Court Rule 52(a)(8) and have completed all of the items so indicated on this Law Clerk Schedule.

Signature

Date

PRECEPTOR'S LAW CLERK SCHEDULE CERTIFICATE

I, _____, preceptor for _____, an applicant for admission to the Bar of the Supreme Court of the State of Delaware (the "applicant"), do hereby certify as follows:

1. I know the applicant;
2. I am satisfied that the applicant is a person of good moral character and reputation;
3. I am satisfied that the applicant possesses such qualities, aptitudes and disposition as fit the applicant for the practice of law;
4. I am satisfied that the applicant is qualified to take the Bar Examination and to be admitted to the Bar of the State of Delaware;
5. I do hereby certify pursuant to the Board of Bar Examiners Rule BR-10 (d)(2) that said applicant has served a clerkship in the State of Delaware, aggregating substantially full-time service for at least five months' (21 forty-hour weeks') duration in full compliance with Delaware Supreme Court Rule 52(a)(8) and has completed the items indicated on the Law Clerk Schedule.
6. In providing this Certificate, I represent that:
 - (i) I have been admitted to practice before the courts of this State for more than ten (10) years prior to undertaking my duties as preceptor;
 - (ii) I have read and complied with all applicable provisions of Supreme Court Rule 52 and BR-10;
 - (iii) I have attended a meeting of preceptors within the past three years held in conjunction with the annual Bench and Bar Conference or at such other time or times as the Board may designate; and
 - (iv) I understand that the Board and the Supreme Court are relying on my certifications as preceptor and that I may be held accountable to the Supreme Court for failure to perform adequately my duties and obligations as a preceptor.

Signature of Preceptor

Date

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**GENERAL INSTRUCTIONS FOR
REQUESTING TESTING ACCOMMODATIONS
ON THE DELAWARE BAR EXAMINATION**

INTRODUCTION

The Board of Bar Examiners of the Delaware Supreme Court (the “Board”) provides reasonable adjustments or modifications to the standard testing conditions for the Delaware Bar Examination (“Bar Exam”) for qualified individuals who have a disability (as defined under the American With Disabilities Act of 1990, as amended (“ADA”)). The purpose for granting these adjustments or modifications (also referred to as “testing accommodations”) is to give applicants with disabilities equal access to the Bar Exam, and make the applicant’s performance on the Bar Exam a reflection of the applicant’s knowledge and skills with regard to the practice of law, and not a reflection of the impact of the applicant’s disability. Testing accommodations, to be reasonable, must be consistent with the nature and purpose of the Bar Exam—they cannot fundamentally alter the nature of the Bar Exam, impose undue administrative or financial burdens on the Board of Bar Examiners (“Board”), compromise the security, validity, or reliability of the Bar Exam, or provide an unfair advantage to any applicant—and they must be necessitated by an applicant’s disability.

ESTABLISHING THE NEED FOR ACCOMMODATIONS

Applicants who seek testing accommodations for the Bar Exam have the burden of proof to establish both the existence of a recognized disability and the need for the specific testing accommodations sought. Requests for testing accommodations are evaluated on an applicant-by-applicant basis. Applicants must complete the Application for Testing Accommodations (“Application”) in accordance with all instructions, and provide all of the documentation necessary to establish and support the request for testing accommodations. The necessary information and documentation varies depending on the kind of disability for which accommodations are sought.

Applications must include a copy of a comprehensive written report from a qualified professional who conducted an individualized assessment of the applicant and who gave the diagnosis which forms the basis for the requested accommodations. The report must comply in all other respects with the documentation guidelines which are described in detail in the disability verification forms that are Forms A–E to the Application that should be provided to the qualified professional before any report is written. Applicants with more than one disability must have medical and/or diagnostic documentation to support each disability. Do not assume that documentation which was sufficient in other testing situations will be sufficient to support a request for accommodations on the Bar Exam.

Depending on the nature of the disability, accommodations may include getting the Bar Exam in a customized format (e.g., braille, audio file, large print), receiving physical assistance to complete the Bar Exam (e.g., reader, screen reader or typist), additional time to complete one or more parts of the Bar Exam, or changes to the testing environment (e.g., private room, small group). When completing the Application and required forms, applicants and their qualified professionals should give careful thought to what they think is necessary to allow the applicant to take the Bar Exam on an equal basis with applicants who do not have a disability, and they must provide specific rationales for each accommodation requested, which need to be based on the functional impact of the disability on the applicant's ability to take the Bar Exam under normal testing conditions, and must be supported by adequate documentation.

DEADLINES

A COMPLETE APPLICATION FOR TESTING ACCOMMODATIONS (“APPLICATION”) MUST BE RECEIVED BY THE BOARD OF BAR EXAMINERS (THE “BOARD”), AND SHALL BE DEEMED FILED WITH THE BOARD, ONLY IF IT IS FILED WITH YOUR TIMELY APPLICATION FOR ADMISSION TO THE DELAWARE BAR (“BAR APPLICATION”). If the disability for which an applicant is seeking accommodations existed more than fifteen (15) days prior to the final filing deadline for filing the applicant's Bar Application, this deadline will not be extended for any reason. Applicants may file an Application on an emergency basis after the final filing deadline only if the disability for which the applicant is seeking accommodations is based on an injury or impairment acquired after the final filing deadline or within fifteen (15) days prior to the final filing deadline. Failure to get an appointment with, or be diagnosed by, a specialist or treating professional prior to the final filing deadline is not grounds to file an Application after the final filing deadline for the Bar Application. The Board **STRONGLY** encourages you to begin making the necessary arrangements well in advance of the final filing deadline, in

order to ensure that there is sufficient time before the Delaware Bar Examination (“Bar Exam”) for the Board to review and process your Application and for you to be able to avail yourself of administrative remedies should you believe it necessary to do so.

IN ACCORDANCE WITH BOARD RULE 15(B), WHEN FILED, THE APPLICATION MUST CONTAIN ALL INFORMATION AND SUPPORTING DOCUMENTATION UPON WHICH THE APPLICANT WILL RELY IN SUPPORT OF THE ACCOMMODATION REQUESTED. THE BOARD SHALL NOT THEREAFTER ACCEPT OR CONSIDER ANY ADDITIONAL ORAL OR WRITTEN INFORMATION OR DOCUMENTATION IN SUPPORT OF THE ACCOMMODATION REQUESTED, EXCEPT AS PROVIDED BY RULE 15(c), d(i) and (d)(ii).

PREPARING AND FILING THE APPLICATION

In addition to the Application, one or more of seven different verification forms from qualified professionals and prior accommodations providers may need to be filed with the Application. Applicants only need to submit those forms and documents that are relevant to the disabilities for which they are seeking testing accommodations. Copies of the Application and the verification forms are available as part of the Bar Application, or separately on the Board’s website.

APPLICATION REVIEW PROCESS

Complete Applications are referred to a committee of three (3) or more Board members designated by the Chair or Vice Chair of the Board (the “Committee”) for review and decision. The Committee is authorized to seek assistance from qualified professionals as the Committee may deem appropriate, and it may require that an applicant undergo a physical or other examination. The analysis and results of any such assistance or examination shall be submitted to the Committee in writing. The record upon which the Committee bases its decision consists only of the complete Application and any materials submitted to the Committee by any qualified professionals.

In ruling upon the Application, the Committee may grant or deny all of the requested accommodations, grant only some of the requested accommodations, or grant accommodations different than what was requested in the Application. The Committee communicates its decision to the applicant by letter, copies of which are sent to the applicant by email as well as USPS First Class Mail. If the Committee does not grant in full the accommodations sought, its letter decision will set forth the

basis for the Committee's decision and attach the report of any qualified professional upon which the Committee relied in making its decision. Applicants who wish to challenge the Committee's ruling do so by filing an appeal in accordance with the requirements of Board of Bar Examiners Rule 15(d).

APPLICANT'S AUTHORIZATION AND CONSENT

The Certification and Release at the end of the Application must be completed, signed, dated, and notarized for the Application to be processed by the Board. This is important because the Board cannot disclose the information in an Application to qualified professionals retained to assist the Board unless an applicant has authorized and consented to the release of that information. Similarly, the Board cannot discuss an applicant's disability, condition, or treatment with the licensed professional(s) who diagnosed an applicant's ability, or who submitted the report upon which an applicant's accommodations request is based, unless an applicant has authorized and consented to such discussions and the release of information by the licensed professional(s).

CANDOR AND CONFIDENTIALITY

Applicants have a duty of candor and a continuing obligation to provide truthful and correct information with respect to the Application and any information or documentation provided by in connection with it. Falsifying or willfully omitting any information or documentation may result in an applicant being denied the opportunity to sit for the Bar Exam, could prejudice an applicant's examination results, result in an applicant being denied admission to the Bar of the Supreme Court of the State of Delaware, and affect an applicant's subsequent good standing as a member of the Bar, in addition to subjecting an applicant to penalties as may be provided by law.

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APPLICATION FOR TESTING ACCOMMODATIONS

NOTICE TO APPLICANT

The Board of Bar Examiners ("Board") does not consider this Application for Testing Accommodations ("Application") to be complete until all required forms and information have been submitted in the proper format, and will not process or review the Application until it is complete. A complete Application must be received by the Board, and shall be deemed filed with the Board, only if it is filed with your timely Application for Admission to the Delaware Bar ("Bar Application"). If the disability for which an applicant is seeking accommodations existed more than fifteen (15) days prior to the final filing deadline for filing the applicant's Bar Application, this deadline will not be extended for any reason. Applicants may file an Application on an emergency basis after the final filing deadline only if the disability for which the applicant is seeking accommodations is based on an injury or impairment acquired after the final filing deadline or within fifteen (15) days prior to the final filing deadline. The Board **STRONGLY** encourages you to begin making the necessary arrangements well in advance of the final filing deadline, in order to ensure that there is sufficient time before the Delaware Bar Examination ("Bar Exam") for the Board to review and process your Application and for you to be able to avail yourself of administrative remedies should you believe it necessary to do so.

IN ACCORDANCE WITH BOARD RULE 15(B), WHEN FILED, THE APPLICATION MUST CONTAIN ALL INFORMATION AND SUPPORTING DOCUMENTATION UPON WHICH THE APPLICANT WILL RELY IN SUPPORT OF THE ACCOMMODATION REQUESTED. THE BOARD SHALL NOT THEREAFTER ACCEPT OR CONSIDER ANY ADDITIONAL ORAL OR WRITTEN INFORMATION OR DOCUMENTATION IN SUPPORT OF THE ACCOMMODATION REQUESTED, EXCEPT AS PROVIDED BY RULE 15(c), d(i) and d(ii).

BACKGROUND INFORMATION

Full Name: _____

Date of Birth: _____

Have you previously taken the Delaware Bar Exam?

- Yes
 No

If yes, list the year of each such examination, and state whether you requested and received testing accommodations for that examination:

--

DISABILITY STATUS

For which type(s) of disability are you requesting accommodations?

- Physical (Non-Visual)/Auditory
 Visual
 Learning
 Attention Deficit Hyperactivity Disorder (ADHD)
 Psychiatric
 Other (describe): _____

For each disability identified, answer the following questions. Attach additional pages if necessary.

1. What is the nature and extent of your disability, how does it affect your daily life, and what are the functional limitations related to your disability that directly affect your ability to take the Bar Exam?

2. Who was the qualified professional (name, occupation, and specialty) who first diagnosed your disability?

3. When was the disability first diagnosed by a qualified professional?

4. Are you currently being treated for your disability?

- Yes
 No

If yes, provide the name, qualifications, and contact information of your current treating professional(s). If no, explain why you are not.

5. What form(s) of treatment are you currently receiving (such as therapy, medication, assistive devices, auxiliary aids, and/or personal strategies)?

6. Are you following the treatment as prescribed?

- Yes
 No

If yes, describe the treatment's effectiveness in reducing or controlling your symptoms and the functional limitations related to your disability. If no, explain why you are not.

PAST ACCOMMODATIONS

1. **Did you request testing accommodations for bar examinations you have taken in other jurisdictions?**

- Yes
- No
- I have not taken a bar examination in another jurisdiction

If yes, in which jurisdiction(s) did you request testing accommodations?

For each jurisdiction you listed above, answer the following questions and submit a completed Bar Examination Accommodation Verification (Form F). The form must be signed by an authorized official with the bar admission entity with responsibility for administering the bar examination in each such jurisdiction and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

2. Did you request testing accommodations for the Multistate Professional Responsibility Examination (MPRE)?

- Yes
- No

If yes, then for each administration of the MPRE you have taken, attach a copy of the letter you received from the National Conference of Bar Examiners (NCBE) with the results of your request for testing accommodations.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

3. Did you request testing accommodations in law school?

- Yes
- No

If yes, then for each law school you attended answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized law school representative, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

4. Did you request testing accommodations for the Law School Admission Test (LSAT)?

- Yes
- No

If yes, then for each administration of the LSAT you have taken, attach a copy of the letter you received from the Law School Admission Council (LSAC) with the results of your request for testing accommodations.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

5. Did you request testing accommodations during college (whether as an undergraduate or graduate student, or both)?

- Yes
- No

If yes, then for each college you attended as an undergraduate or graduate student, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the college, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

6. Did you request testing accommodations during high school?

- Yes
- No

If yes, then for each high school you attended, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the high school, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

ACCOMMODATIONS REQUESTED

Examination Format

- Large Print – please specify font size _____
- Other (describe): _____

Physical Assistance

- Reader; screen reader
- Typist or voice recognition computer for essays
- Other (describe): _____

Note: The specific individual(s) who will serve as reader or typist (or other role as described) must be approved by the Board. Include with your Application a résumé and detailed background information for the individual(s) you propose to have serve as your reader or typist (or other role as described), and the same information for at least one alternate. The proposed individual(s) and alternate(s) cannot have any legal education, training, or background, and cannot be affiliated with or employed in the legal field or by a law-related organization.

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%
 50
 Other: _____

Rationale:

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time 10% 25%

Requested: 50%
 Other: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time 10% 25%

Requested: 50%
 Other: _____

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

Orthopedic/Mobility Needs

Small Group

Private Room

Other: _____

Rationale:

CERTIFICATION AND AUTHORIZATION

I CERTIFY that I understand that:

- This Application is not complete unless it includes all necessary forms and all documents substantiating and supporting the request for accommodations, and that it is my responsibility to ensure that this Application is complete.
- The Board will not process this Application if the Board does not receive it with my Bar Application, and that it is my responsibility to ensure that the Board receives the complete Application with my Bar Application.
- The Board is authorized to seek assistance from qualified professionals with regard to my request for testing accommodations, and that any qualified professionals retained by the Board will need to review the information in my complete Application in order to give such assistance to the Board.
- In order for the Board to review and process my Application it may be necessary or appropriate for the Board to contact the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.
- If I falsify or willfully omit any information in this Application, I may prejudice my examination results, be denied admission to the Bar of the Supreme Court of the State of Delaware, and affect my subsequent good standing as a member of that Bar, and I may be subjected to such penalties as provided by law.
- I have a continuing obligation to provide truthful and correct information to the Board with regard to this Application, my Application for Admission to the Delaware Bar, and any other information provided to the Board in connection with my admission to the Bar.

I AUTHORIZE and CONSENT to the Board disclosing my Application, or information contained therein, to medical, psychiatric, or other qualified professionals retained by the Board to assist the Board in its review of my Application.

I AUTHORIZE and CONSENT to the Board contacting the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.

I AUTHORIZE and CONSENT to the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application, releasing and disclosing all relevant information to the Board, and I WAIVE any applicable privilege, such as physician/patient or psychotherapist/patient, to the extent necessary to permit such diagnostician(s) or licensed professional(s) to provide all relevant information to the Board.

I RELEASE, DISCHARGE, AND EXONERATE (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) diagnostician(s) or qualified professional(s) and their agents and representatives furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspections of any documents, records and other information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I DECLARE under penalty of perjury under the Laws of the State of Delaware that all of the information in this Application is true and correct to the best of my knowledge and belief.

Date

Signature

DO NOT REFER TO THIS DOCUMENT AS AN APPLICATION FOR A BAR EXAMINATION

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**FORM A:
PHYSICAL (NON-VISUAL)/AUDITORY DISABILITY
VERIFICATION**

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a physical (non-visual)/auditory disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Bar Exam on the basis of a physical (non-visual)/auditory disability.

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form. If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activities on the Bar Exam. The Board generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many physical (non-visual)/auditory disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name:

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

**License Number/
Certification/State:** _____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. **What is the specific diagnosis (including diagnostic code) for which the applicant requests testing accommodations?**

2. **Describe the nature of the physical (non-visual)/auditory disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.**

3. When did you first meet with the applicant?

4. When was the applicant's physical (non-visual)/auditory disability first diagnosed?

5. Did you make the initial diagnosis?

Yes

No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

6. When was your last complete evaluation of the applicant and what was the applicant's physical/auditory status at the time?

7. Is this a permanent disability?

Yes

No

If no, do you have an expectation, to a reasonable degree of medical certainty, as to how long the disability is likely to continue to cause a substantial limitation?

Yes

No

If yes, when?

8. Does the severity of the disability fluctuate?

- Yes
- No

If yes, describe the settings or circumstances affecting severity that are relevant to taking the Bar Exam.

9. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.

10. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

11. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?

- Yes
- No

III. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Tuesday, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two sections designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or

accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

Examination Format

- Large Print – Please specify font size _____
- Other: _____

Physical Assistance

- Reader; Screenreader
- Typist or voice recognition computer for essays
- Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

- Extended Time Requested: 10% 25%
 50%
 Other: _____

Rationale: _____

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

Orthopedic/Mobility Needs

Small Group

Private Room

Other: _____

Rationale:

IV. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional

DO NOT USE AS APPLICATION FOR REFERENCE PURPOSES ONLY

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM B:
VISUAL DISABILITY VERIFICATION**

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a visual disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Bar Exam on the basis of a visual disability.

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form. If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activities on the Bar Exam. The Board generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many visual disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

NOTE: If the applicant (1) is legally blind, (2) will test exclusively with tactile or auditory input (e.g., Braille, reader, audio recording), and (3) will not use any visual material, you only need to complete Section II.

II. DIAGNOSIS – GENERAL

1. What is the current diagnosis for which the applicant requests testing accommodations? Please indicate whether the applicant's condition is stable or progressive.

2. What is the applicant's best corrected visual acuities for distance and near vision?

3. When was the applicant's visual disability first diagnosed?

4. Did you make the initial diagnosis?

- Yes
 No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

5. When was your last complete evaluation of the applicant?

6. Is this a permanent disability?

- Yes
- No

If no, do you have an expectation, to a reasonable degree of medical certainty, as to when the disability is likely to abate?

- Yes
- No

If yes, when?

7. Does the severity of the condition/impairment fluctuate?

- Yes
- No

If yes, describe the settings or circumstances affecting severity that are relevant to taking the Bar Exam.

8. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?

- Yes
- No

III. DIAGNOSIS – SPECIFIC FINDINGS

If any of the following areas are relevant to your diagnosis with respect to applicant's vision, please describe your findings for each such area.

1. How is the applicant's eye health (both external and internal evaluations)?

2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

4. Accommodative Skills: at near point, with and without lenses (provide measurements)

5. Ocularmotor Skills: saccades, pursuits, tracking

IV. DIAGNOSIS – FUNCTIONAL LIMITATIONS

1. Describe the applicant's current functional limitations and explain how the limitations impact the applicant's reading ability and/or restrict the condition, manner, or duration under which the applicant can take the Bar Exam.

2. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

V. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Tuesday, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two items designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law’s Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

Examination Format

- Braille
- Audio CD or File
- Large Print – Please specify font size _____
- Other: _____

Physical Assistance

- Reader; Screenreader
- Typist or voice recognition computer for essays
- Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

- Extended Time Requested:
- 10%
 - 25%
 - 50%
 - Other: _____

Rationale: _____

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

Orthopedic/Mobility Needs

Small Group

Private Room

Other: _____

Rationale:

VI. CERTIFICATION

I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and I certify that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional

DO NOT USE AS APPLICATION FOR REFERENCE PURPOSES ONLY

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM C:
LEARNING DISABILITY VERIFICATION**

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a learning disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation & Specialty: _____

License Number/
Certification/State: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of learning disabilities with the adult population.

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. What is the specific diagnosis for which the applicant requests testing accommodations? Include the specific diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.

2. Describe the nature of the applicant's learning disability, including the specific area(s) of impairment and level(s) of severity for each. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.

3. When did you first meet with the applicant?

4. When was the applicant's disability first diagnosed?

5. Did you make the initial diagnosis?

- Yes
 No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

6. When was your last complete evaluation of the applicant?

7. Describe the applicant's current level of functioning, the impact of any functional limitations on the applicant's major life activities, and how any functional limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.

8. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?

- Yes
- No

(a) Did you administer Symptom/Performance validity tests?

- Yes
- No

(b) Did the Symptom Performance validity tests demonstrate a valid test profile?

- Yes
- No

(c) Do you believe your test results are reliable and valid?

- Yes
- No

Describe how your reliability and validity determination was made. If symptom/performance validity tests were not administered, please explain why they were not.

9. How do your test results align with previous history of testing and academic accomplishments? What alternative interpretations can be made of the test results (e.g. influenced by English as a second language, not feeling well on day of testing, exhibits a deliberate work pace/style)?

10. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?

- Yes
- No

III. COMPREHENSIVE TESTING AND REPORT

An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

Although a learning disability normally is lifelong, the severity and manifestations can change. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. You must attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis. The report should include the following:

- Account of a thorough diagnostic interview that includes all relevant background information necessary to support the diagnosis, including:
 - ◆ Description of the presenting problem(s);
 - ◆ Developmental history;
 - ◆ Academic history, including results of prior standardized testing, reports of classroom performance and behavior, special education services, and Individualized Education Programs (IEPs), and/or 504 plans;
 - ◆ Relevant family history, including primary language of the home, and current fluency of English where relevant;
 - ◆ Relevant psychosocial history;
 - ◆ Relevant medical history, including the absence of a medical basis for the present symptoms; and
 - ◆ History of prior treatment and effectiveness;
- Clear, objective evidence of a substantial limitation to learning and academic achievement provided through assessment in the areas of reading and writing and information processing abilities. Results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores.
- Interpretation of the diagnostic profile that integrates the assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of dual diagnosis, alternative, or coexisting conditions affecting the applicant's performance (such as mood, behavioral, neurological, or English as a second language);
- Specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- Rationale for each recommended accommodation based on the diagnostic information presented (including but not limited to background history, test scores, and documented observations).

It is important that the tests used in the evaluation be reliable, valid, comprehensive, and age-appropriate, and that the most recent edition or version of each diagnostic instrument

or measure is used. Scores should be reported as age-based standard scores and percentiles. Standardized test batteries (e.g. Wechsler or Stanford-Binet IQ scales and Woodcock Johnson or Wechsler achievement test batteries) are preferred over screening measures (e.g. Nelson Denny Reading Test or Test of Word Reading Efficiency). Supplementary cognitive and neuropsychological tests may be helpful in some cases to demonstrate areas of impairment, but should be considered as secondary to measures of academic achievement when making a diagnosis.

IV. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Tuesday, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two items designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law’s Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

Examination Format

- Large Print – Please specify font size _____
- Other: _____

Physical Assistance

- Reader; Screenreader
- Typist or voice recognition computer for essays
- Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other: _____

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

- Small Group
- Private Room
- Other: _____

Rationale: _____

V. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM D:
ATTENTION DEFICIT HYPERACTIVITY
DISORDER VERIFICATION**

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of attention deficit hyperactivity disorder. Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of attention deficit hyperactivity disorder ("ADHD"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation & Specialty: _____

License Number/
Certification/State: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of ADHD with the adult population.

II. DIAGNOSTIC INFORMATION

1. When was the applicant first diagnosed with ADHD?

2. Did you make the initial diagnosis?

- Yes
- No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

3. When did you first meet with the applicant?

4. When was your last complete evaluation of the applicant?

5. Describe the applicant's current symptoms of ADHD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms.

6. Describe the applicant's symptoms of ADHD that were present in childhood or early adolescence (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms.

7. Describe the applicant's functional impairment and provide objective evidence that demonstrates substantial limitations in major life activities (e.g. school accommodation plans, 504 Plans, IEPs, loss of job or poor performance evaluations, driving violations, relationship difficulties, substance abuse, financial problems, etc.).

ATTACH A COMPREHENSIVE EVALUATION REPORT. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activity on the Delaware Bar Examination. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM")

published by the American Psychiatric Association are used as the basic guidelines for determining a diagnosis of ADHD.

To the extent possible, the report should include a summary of the information obtained from the diagnostic interview to substantiate the applicant's ADHD diagnosis and current functional limitations. In addition to the applicant's self-report, the information should include objective historical and current evidence from third-party sources such as rating scales filled out by parents, teachers, or others; job performance evaluations; third-party interviews; historical information garnered from transcripts, teacher comments, tutoring evaluations, and report cards; and IEPs or 504 Plans, if any. The diagnostic interview, with information from a variety of sources, should include, but not necessarily be limited to:

- history of presenting ADHD symptoms, including evidence of non-remitting symptoms that have interfered with functioning over time and evidence of symptom presentation prior to age 12;
 - developmental history;
 - family history for the presence of ADHD and other educational, learning, physical, or psychological difficulties;
 - thorough academic history, including elementary, secondary, and postsecondary education, as well as performance on standardized tests such as the SAT, ACT, and LSAT, IEPs, 504 Plans, report cards, and accommodations previously utilized, if any;
 - relevant medical history, including the absence of a medical basis for the symptoms, effects of medication (positive or negative), and whether prescribed medication had been taken at the time of the evaluation;
 - relevant psychosocial history and interventions;
 - relevant employment history;
 - review of any prior neuropsychological or psychoeducational test reports;
 - current symptoms that have been present for at least the past six months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

The report must include a review of the diagnostic criteria for ADHD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) both currently and retrospectively. The report must demonstrate a persistent pattern of clinically significant symptoms that interfere with functioning. It should identify which symptoms have persisted for at least six months and specify which symptoms were present prior to age 12 years. There must be clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning, and several symptoms must be present in two or more settings. The report should specify if symptoms are in partial remission, and should also specify the current severity of symptoms (mild, moderate, or severe).

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations.

The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

NOTE: If there is another diagnosis pertinent to the accommodation request, please provide complete information regarding any other diagnoses and findings, and ask the applicant to provide appropriate forms relating to such diagnoses to you for completion.

- 1. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

- Yes
- No

III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of ADHD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with ADHD (inattention, working memory, etc.). Please answer the following questions.

- 1. Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD symptoms fall in the abnormal range?**

- Yes
- No

If yes, please provide copies.

- 2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms?**

- Yes
- No

If yes, please describe the findings.

- 3. Was testing performed that rules out other factors (e.g., other psychiatric conditions, sleep disturbance, medical conditions, lifestyle issues, stressors, anxiety, depression, etc.) as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?**

Yes

No

If yes, please describe the findings.

- 4. Was testing performed to assess the possibility that a lack of motivation or effort affected test results?**

Yes

No

If yes, please describe what testing was performed and the findings, and state whether any symptom validity tests were administered. If symptom validity tests were not administered, please explain why they were not.

IV. TREATMENT

1. Is the applicant currently being treated for ADHD?

- Yes
 No

If yes, describe the treatment, including any medication, and identify the extent to which the treatment is effective in controlling the applicant's ADHD symptoms and reducing any impairment.

If no, explain why treatment is not being pursued.

V. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which

contains two items designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

Examination Format

- Large Print – Please specify font size _____
- Other: _____

Physical Assistance

- Reader; Screenreader
- Typist or voice recognition computer for essays
- Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other:

Rationale:

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: 10% 25%

50%
 Other:

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: 10% 25%

50%
 Other:

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

- Small Group
- Private Room
- Other: _____

Rationale: _____

VI. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM E:
PSYCHIATRIC DISABILITY VERIFICATION
NOTICE TO APPLICANT AND AUTHORIZATION**

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a psychiatric disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of a psychiatric disability. The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?** Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation & Specialty: _____

License Number/
Certification/State: _____

Please describe your qualifications and training to assess, diagnose, and treat psychiatric disabilities, and to verify the applicant's condition and recommend reasonable accommodations for it.

II. DIAGNOSTIC INFORMATION

1. When was the applicant first diagnosed with a psychiatric disability?

2. Did you make the initial diagnosis?

- Yes
 No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

3. When did you first meet with the applicant?

4. When was your last complete evaluation of the applicant?

5. What is the applicant's specific diagnosis per the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association? If diagnosis is not definitive, please list differential diagnoses.

6. Describe the applicant's current functional limitations caused by the disability in different settings and specifically address the impact of the disability on the applicant's ability to take the Bar Exam under standard testing conditions. Note: Psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations.

7. Describe the applicant's compliance with and response to treatment, including medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the Bar Exam.

ATTACH ALL COMPREHENSIVE EVALUATION REPORTS. An applicant's specific psychiatric disabilities must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. In some cases it is necessary to assess functioning within the past several months. Attach to this form a copy of the comprehensive evaluation report including test results from norm-referenced tests and a DSM differential diagnosis. The report should include the following:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's psychiatric/psychological, developmental, medical, family, social, and educational history;
- Results of a full mental status examination;
- Description of current functional limitations in different settings;
- Results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests;
- Diagnostic formulation, including discussion of differential or "rule out" diagnoses, including objective evidence of the diagnostic condition; and
- Prognosis.

III. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set.

Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two items designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law’s Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant’s disability? Please mark all that apply.

Examination Format

Large Print – Please specify font size: _____

Other: _____

Physical Assistance

Reader; Screenreader

Typist or voice recognition computer for essays

Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time 10% 25%

Requested: 50%

Other:

Rationale:

Multistate Practice Test

Standard Length: One half day, consisting of one 3-hour session

Extended Time 10% 25%

Requested: 50%

Other:

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time 10% 25%

Requested: 50%

Other:

Rationale:

Test Environment

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

- Small Group
- Private Room
- Other:

Rationale:

IV. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM F:
BAR EXAMINATION ACCOMMODATION
VERIFICATION**

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by the bar admissions administrator from the jurisdiction in which you received accommodations to take that jurisdiction's bar examination. Read, complete, and sign below before submitting this form to the bar admissions administrator for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the bar admissions administrator completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

Date Signature

NOTICE TO BAR ADMISSIONS ADMINISTRATOR

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination. The applicant has stated that your jurisdiction provided testing accommodations to take the bar examination on account of the applicant's disability.

To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the applicant's request for testing accommodations for the Delaware Bar Examination, the Board requests that you answer the questions below regarding any

testing accommodations the applicant received to take the bar examination in your jurisdiction.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name: _____

Title: _____

Full name of bar admissions authority for which you are completing this form:

Address of bar admissions authority: _____

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for a bar examination in your jurisdiction?

- Yes
 No

If yes, please answer the following three questions. If no, please skip ahead to the Certification.

1. For which sittings of the bar examination (identified by month and year) did Applicant request accommodations?

2. For what disability or disabilities did Applicant request accommodations?

3. What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation.

4. Was any request (s) for accommodations reviewed on your behalf by a qualified professional, and if so, please identify each qualified professional by name, address and telephone number.

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

Date

Signature

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**
Carvel State Office Building
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Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

**FORM G:
EDUCATIONAL INSTITUTION ACCOMMODATION
VERIFICATION**

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by an authorized representative for each educational institution you attended where you requested testing accommodations. Read, complete, and sign below before submitting this form to the authorized educational institution representative for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the authorized educational institution representative completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

Date Signature

**NOTICE TO REPRESENTATIVE
OF EDUCATIONAL INSTITUTION**

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination on account of a disability. The Applicant has stated that your educational institution provided testing accommodations during the administration of examinations at your educational institution on account of a disability.

To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the Applicant's request for testing accommodations for the Delaware Bar Examination, the Board requests that you answer the questions below regarding any testing accommodations the applicant received during the administration of examinations at your educational institution.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name: _____

Title: _____

Name of educational institution for which you are completing this form:

Address of educational institution: _____

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for examinations at your educational institution?

- Yes
- No

If yes, please answer the following three questions. If no, please skip ahead to the Certification.

1. For which examinations did Applicant request accommodations? If Applicant requested accommodations for all examinations during a semester or school year, it is sufficient to identify the semester(s) or school year(s).

2. For what disability or disabilities did Applicant request accommodations?

3. What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation.

4. For each accommodation requested, please identify if such request was reviewed by a qualified professional on your behalf, and, if so, please provide the name, address and telephone number for each qualified professional.

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

Date

Signature

**BOARD OF BAR EXAMINERS
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ADMINISTRATIVE ACCOMMODATIONS REQUEST

IF YOU WISH ONLY TO:

- Request permission to bring with you into the examination room a medical assistive item or other device, such as diabetic supplies, a lumbar support pillow, a lactation pump, or prescription medication; and/or
- Request special seating because of a medical condition;

THEN YOU MUST COMPLETE AND FILE THIS FORM WITH THE BOARD OF BAR EXAMINERS. DO NOT FILE AN APPLICATION FOR TESTING ACCOMMODATIONS

This form must be filed with the Board **NO LATER THAN JUNE 1, provided however, that an applicant may file an administrative accommodation request after June 1 only if the administrative accommodation request is based on a condition or disability acquired after June 1, or within fifteen (15) days immediately preceding June 1, and such request is filed promptly.** If you do not complete this form by the applicable deadline, the Board may not process your request.

Full Name: _____

Date of Birth: _____

What administrative accommodation are you requesting? (Check all that apply)

MEDICAL ASSISTIVE ITEM/DEVICE

What assistive item(s) or device(s) do you wish to bring into the examination room?

Why do you need the assistive item(s) or device(s)?

SPECIAL SEATING REQUEST

What typing of special seating request are you requesting?

- Wheelchair-Accessible Examination Room
- Examination Room Located Near Restroom
- Seat Near Entrance to Examination Room
- Seat at Rear of Examination Room
- Other: _____

Why do you need this special seating?

Attach all documents substantiating your need for the medical assistive item/device or special seating, such as a letter from your treating physician, or a copy of your prescription records. Any prescription medication must be brought in its original container.

I declare under penalty of perjury under the Laws of the State of Delaware that the above information is true and correct. I understand that any false statements made herein could result in denial of my admission to practice law in Delaware based on moral character grounds.

Date

Signature

FOR REFERENCE PURPOSES ONLY
DO NOT USE AS APPLICATION