

DISCIPLINARY FORM A

**APPLICATION FOR REINSTATEMENT
TO PRACTICE LAW PURSUANT TO RULE 5.28**

Instructions:

A. This application is to be filed with the Clerk of the Supreme Court of Missouri by persons seeking reinstatement to practice law under Rule 5.28.

B. Applications are continuing. Applicants must provide new and updated responses to any question at any point while the application is pending.

C. Applications meeting the threshold requirements for eligibility will be referred to the Chief Disciplinary Counsel for investigation. An additional questionnaire requiring further documentation will be provided at that time.

D. Applicants should keep a copy of the completed application.

PERSONAL INFORMATION

FULL NAME: _____

MISSOURI BAR NUMBER: _____

CONTACT INFORMATION

HOME OR OFFICE PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

STREET ADDRESS LINE 1: _____

STREET ADDRESS LINE 2: _____

P.O. BOX: _____

CITY: _____

STATE: _____

ZIP/POSTAL CODE: _____

COUNTRY: _____

**THRESHOLD REQUIREMENTS FOR REINSTATEMENT UNDER RULE 5.28
(CIRCLE THE APPROPRIATE RESPONSE)**

YES/NO 1. I have paid the filing fee, required by Rule 5.28, to the Clerk of the Supreme Court of Missouri.

YES/NO 2. The minimum time period to apply for reinstatement set forth in the order of suspension or in Rule 5.28 for disbarment has passed.

YES/NO 3. I have attached copies of all suspension or disbarment orders entered by this Court against me as EXHIBIT A.

YES/NO 4. I believe that the cause for my suspension or disbarment has abated.

YES/NO 5. I have paid restitution to all persons injured as a result of the conduct that led to my suspension or disbarment, or their claims have been discharged by operation of law, or I have notified the injured persons of my intent to file this application at least 10 days but not more than 90 days before the date of this application. **PROOF OF COMPLIANCE WITH THIS SECTION IS ATTACHED AS EXHIBIT B.**

YES/NO 6. I have complied with all requirements established by the order suspending my license or disbaring me and by the requirements contained in Rules 5.27 and 5.28(b)(3).

YES/NO 7. I have attached proof that I have passed the multistate professional responsibility examination within two years of the date of this application. **PROOF OF COMPLIANCE WITH THIS SECTION IS ATTACHED AS EXHIBIT C.**

YES/NO 8. If I was disbarred, I have attached proof that I have passed the bar examination prescribed by Rule 8.08 within one year of the date of this application. **PROOF OF COMPLIANCE WITH THIS SECTION IS ATTACHED AS EXHIBIT D.**

YES/NO 9. I have attached proof, provided by The Missouri Bar, that I have met the continuing legal education requirements established for reinstatement applicants in Rule 5.28(c). **PROOF OF COMPLIANCE WITH THIS SECTION IS ATTACHED AS EXHIBIT E.**

_____ 10(A). Check here if you have pled guilty, nolo contendere, or been convicted of any felony, whether sentence was imposed or not. If checked, list any such cases (including the case caption, court, and case number). *If*

checked, then respond to threshold requirement 9(B). If not checked, skip to threshold requirement 10.

YES/NO 10(B). I have attached proof that I successfully completed any period of confinement and any subsequent period of probation or parole occurring as a result of the conviction, plea, or finding of guilt. PROOF OF COMPLIANCE WITH THIS SECTION IS ATTACHED AS EXHIBIT E.

YES/NO 11. I understand that I carry the burden to establish, by clear and convincing evidence, that I have good moral character and that the best interest of the public will be served by my reinstatement to practice law.

YES/NO 12. I understand that if my application meets the threshold requirements for eligibility, it will be referred to the Chief Disciplinary Counsel for investigation and may be referred to the Board of Law Examiners for a character and fitness investigation. I will cooperate with any investigation and will timely provide additional documentation as required by the Chief Disciplinary Counsel and the Board of Law Examiners.

YES/NO 13. I affirm that the above is true.

STOP: IF YOU HAVE NOT COMPLETED THE APPLICATION OR IF YOU ANSWERED “NO” TO ANY OF THE ABOVE THRESHOLD REQUIREMENTS, THEN YOU ARE NOT ELIGIBLE TO APPLY FOR REINSTATEMENT AT THIS TIME. IN SUCH EVENT, THIS APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU AS INCOMPLETE.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____