

Complete this C&F Update Affidavit and the Authorization and Release ONLY if you previously filed an Application for Character and Fitness Report within the preceding 36 months and are not required under Rule 8.05(d) to file a new Application for Character and Fitness Report with your Application for Bar Exam.

C&F UPDATE AFFIDAVIT

NAME:

DOB:

Answer the following questions to cover the time period since your last application or update was filed. For any "YES" answers, complete the specified FORM. If a FORM is not specified by the question, provide an explanation in an ADDENDUM Form for any "YES" answers.

- A. Has your employment status changed or have you changed jobs? **FORM 8** YES NO
- B. Have you been suspended, disciplined, formally reprimanded, fired, asked to resign, or allowed to resign in lieu of discharge in connection with any employment? **FORM 8** YES NO
- C. Have you become a party to any non-criminal legal proceeding? **FORM 13** YES NO
- D. Have any judgments, decrees, liens, or orders been awarded or issued against you? YES NO
- E. Have you been cited, arrested, charged, summoned, or taken into custody for the violation of any law? **FORM 14** YES NO
- F. Have you been suspended, placed on probation, expelled, warned, reprimanded, or disciplined in any way for any academic or non-academic reason? YES NO
- G. Have you been disbarred, censured, placed on probation, reprimanded, or disciplined as an attorney, as a member of any profession, or as a holder of public office? YES NO
- H. Are there any pending charges, complaints, or grievances (formal or informal) against you as an attorney, as a member of any profession, or as a holder of public office? YES NO
- I. Do you currently have any disorder or condition (including but not limited to alcohol abuse, substance abuse, or a mental, emotional, or nervous disorder or condition) that in any way impairs your behavior, judgment, understanding, capacity to recognize reality, ability to function in school, work, or other important life activities, or ability to practice law in a competent or professional manner? **FORM 22** YES NO
- J. Regardless of whether asked about in Questions A - I above, has there been any change to any of the information sought or provided in your previously filed application? YES NO

If you marked "NO" to all of the questions above, write the following statement in the space provided below: "I certify that the answers to all of the questions in my previous Application for Character and Fitness Report remain true, complete, and accurate. I have no new information to provide."

I hereby swear (or affirm) under penalty of perjury that all statements contained herein are true.

Signature of Applicant

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

(Seal or stamp must be affixed)

Notary Public

AUTHORIZATION AND RELEASE and CONSENT TO DISCLOSURE OF SSN

I, _____, born on _____
Name Date of Birth

at _____
City, State, Country of Birth

am applying for admission to the Bar of Missouri, hereby authorize, release, and consent to the following:
I authorize and give my consent to the Board of Law Examiners, its agents, employees, and representatives, to conduct an investigation as to my character and fitness for the practice of law, and to request such information and make inquiries of third parties as the Board deems necessary in its sole discretion. I further authorize the use of any such information in the course of the Board’s investigation and evaluation of my character and fitness.

I authorize and request every person, firm, company, corporation, employer (past or present), credit reporting agency, governmental agency, law enforcement agency, court, bar association, school, college, university, educational institution, and any other agency having control of any documents, records, files, writings, or other information pertaining to me to furnish to the Board of Law Examiners any such information, including but not limited to charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, investigations, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, credit reports or any other data or information pertaining to me. Without limiting the previously described authority, I specifically authorize the release of records of any professional associations or licensing or disciplinary entities concerning charges or complaints filed against me, including complaints erased by law, and whether formal or informal, pending or closed.

I acknowledge and understand that pursuant to the Federal Privacy Act of 1974, disclosure of my Social Security Number (SSN) is voluntary. The Board will use my SSN as necessary to avoid errors of identity and to expedite completion of the Board’s investigation. I consent to disclosure by the Board of my SSN to such entities, agencies, and persons having control of records or other information, including credit and tax records, pertaining to me, and to the National Conference of Bar Examiners (NCBE) to identify my MBE score and for use in the NCBE’s national cross-reference database of applicants, accessible to bar admissions authorities in other jurisdictions.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record to release to the Board of Law Examiners information or photocopies from my military personnel and related medical records. This could include a photocopy of my Form DD214, Report of Separation.

I hereby release, discharge and exonerate the Board of Law Examiners and any person furnishing information, documents, or records pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of their participation in the investigation made by the Board.

I further consent that a photocopy of this Authorization and Release may be accepted in lieu of an original.

Signature of Applicant

State of _____)

County of _____)

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

[Seal or stamp must be affixed.]

Notary Public

FORM 8/EMPLOYMENT - Use with Question 8.
Provide a separate FORM 8 for EACH employment.

Applicant's Name:

SSN:

Position held:

From Mo/Yr:

To Mo/Yr:

Employer:

Type of Business:

Immediate Supervisor:

Check the applicable box to describe how you left this employment:

Resigned

Fired

Laid Off

Quit Without Notice

Asked to Resign

N/A

Were you ever suspended, disciplined, or formally reprimanded at this employment?

YES

NO

Employer's CURRENT mailing address:

Street:

City:

State/Country:

Zip:

Telephone:

Fax (if available):

Supervisor's E-Mail (if available):

Employer's location at the time of your employment if not the same as current mailing address above:

City:

State/Country:

Zip:

If employer listed above is no longer in business, please provide last known address of your former supervisor, a former co-worker, or a similar verifying reference:

Name:

Title:

Street:

City:

State/Country:

Zip:

Telephone:

Fax (if available):

E-Mail (if available):

If you are/were self-employed in this position, please provide the name of a landlord, CPA, or similar verifying reference (NOT related to you by blood or marriage):

Name:

Title:

Street:

City:

State/Country:

Zip:

Telephone:

Fax (if available):

E-Mail (if available):

FORM 13/NON-CRIMINAL LEGAL PROCEEDINGS - Use with Question 13

Applicant's Name:

SSN:

Caption or title of case:

Case #:

Date filed:

Date of final disposition:

Name, address, and telephone number of court where case is/was filed:

Description/explanation of the case:

Full name(s) and address(es) of plaintiff(s):

Full name(s) and address(es) of defendant(s):

Description of Final Disposition:

Did this proceeding result in a judgment or the imposition of financial obligation against you? **YES** **NO**

If so, has that judgment or obligation been satisfied? **YES** **NO** **N/A**

If YES, attach proof of satisfaction.

If NO, explain why and state amount still owed.

If you were ordered to pay maintenance, alimony, or child support, provide the name, address, and telephone number of the payee or office receiving your payments.

FORM 14/ARRESTS, CHARGES, or CONVICTIONS - *Use with Questions 14, 15, and 16*

Applicant's Name:

SSN:

Date of incident:

Location of incident:

Title of complaint or indictment:

Case or Citation Number:

Name, complete mailing address, and telephone number of court involved:

Date case tried or heard:

Charge(s) at time of arrest:

Charge(s) at time of trial:

Date of final disposition:

Description of final disposition:

Detailed description of incident: (continue on a separate piece of paper if necessary)

Have you attached a copy of the officer's narrative report?

YES

NO

N/A

If you answered NO to the above question, explain in detail in an Addendum Form your efforts to obtain a copy of the arresting officer's narrative report, including specifically to whom your requests have been directed and when.

FORM 22 - Use with Questions 22-23. Provide a separate Form 22 for each treatment provider.

HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act - 45 CFR Parts 160 and 164.)

(Applicant/Patient’s Full Name)

(Date of Birth)

(SSN)

(1) I hereby authorize (list the Name and Address of Health Care Provider below):

to disclose the protected health information described below to: **Missouri Board of Law Examiners, 1700 Jefferson Street, Jefferson City, MO 65109.**

(2) I permit the release of all information, including test results and/or diagnosis and treatment information, if any, concerning drug/alcohol treatment or use, psychiatric treatment, or AIDS/HIV and other communicable diseases.

(3) The date(s) of treatment covered by this Authorization are:

(4) This medical information may be used by the Missouri Board of Law Examiners for the purpose of investigating and evaluating my character and fitness to be licensed to practice of law.

(5) I understand that once this information has been released pursuant to this Authorization, it may no longer be protected by Federal and State law and may no longer be deemed “Confidential.”

(6) I understand that the health care provider to whom this Authorization is directed will not condition my treatment, billing, or enrollment or eligibility for health insurance benefits on whether I sign this Authorization.

(7) I understand that I may revoke this Authorization at any time except to the extent that prior action has been take in reliance on it. This Authorization will expire six months after the date it is signed if I do not cancel it in writing prior to the expiration date.

Date: _____

Signature of Applicant

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

Signature of Notary Public

[Seal or Stamp must be affixed to each original]

Addendum Form

Name

Social Security Number

Question Number

Part