

CHARACTER AFFIDAVIT

I, _____, of _____ (Street Address) _____, at _____ (City) _____ (State) _____ (Telephone) associated with _____ (Business Firm), as _____ (Position),

being duly sworn, declare that the applicant, named below, to take the bar examination is not related to me by blood or marriage.

I am _____ years of age; and I have known _____ (Applicant) personally for _____ (Years and Months) in the following capacity: (Here state opportunities you have had to observe applicant and give an opinion as to his/her character and fitness.)

I know of no other pertinent facts that should be disclosed about the applicant to the Committee on Character and Fitness.

I submit the name _____ of as a person meeting the character qualifications to practice law in South Carolina to the Committee on Character and Fitness for consideration.

_____ AFFIANT

DATE

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public For:
My Commission Expires: