**IN THE SUPREME COURT OF THE STATE OF SOUTH CAROLINA**

In the Matter of the Application of

(Applicant's FULL Name)

FOR A LIMITED CERTIFICATE OF ADMISSION TO PRACTICE LAW IN SOUTH CAROLINA PURSUANT TO RULE 430, SCACR.

APPLICATION MUST BE TYPED. This application becomes a part of

the Court's permanent record. Each application must be complete with

all attached exhibits. Attach a separate sheet when additional space is needed to answer questions. If a question does not apply, answer "not applicable" or "N/A". Do not leave any question unanswered.

# APPLICATION

Picture taken within last six months. Color or Black & White.

I, the undersigned applicant, apply for a limited certificate of admission to practice law in the State of South Carolina, in conformity with Rule 430 of the South Carolina Appellate Court Rules, and furnish the following information. I fully understand that any answers and statements made by me hereinbelow and any answers and statements whether oral or in writing submitted by me in furtherance of this application are submitted under oath and that failure to answer any question or to make full disclosure of any fact or information called for herein or as a result of this application may result in denial of my application for a limited certificate of admission to practice law, termination of the limited certificate, or other disciplinary action pursuant to Rule 413 of the South Carolina Appellate Court Rules.

1. (a) Full name

(First) (Middle) (Last)

(b) Have you ever been known by any other name or surname?  Yes  No

If so, state all pertinent facts fully.

(c) Social Security No.

1. (a) Residential Address

(Street or P. O. Box)

(City) (State) (Zip Code)

Telephone Number

(Area code) (Number)

(b) Office Address

(Street or P. O. Box)

(City) (State) (Zip Code)

Telephone No.

(Area Code) (Number)

(c) Address to which official correspondence should be addressed:

      Residence       Office (check one)

1. Date of birth       Birthplace
2. Are you a citizen of the United States?  Yes  No

If not, of what country are you a citizen and attach proof that you are lawfully in the United States.

1. (a) Have you ever made application to practice law in this state?  Yes  No

(b) If so, specify the date of application and the reason you were not

admitted or your application was withdrawn.

1. (a) Have you ever taken the Uniform Bar Examination (UBE)?  Yes  No

(b) If yes, list each jurisdiction where you have taken the UBE, the date of the

exam(s), and the scaled score(s) received. (Provide this information for each UBE you have taken).

If you answered yes to this question, you must request the National Conference of

Bar Examiners (NCBE) forward an official transcript containing each of your UBE score(s) to the Clerk of the Supreme Court of South Carolina. You may contact the NCBE to request an official transcript at [www.ncbex.org](http://www.ncbex.org).

1. List all jurisdictions where you have been admitted to practice law.

(ATTACH A CURRENT CERTIFICATE OF GOOD STANDING FROM EACH

JURISDICTION)

1. (a) List all colleges (other than law schools) you have attended, dates of attendance, and whether or not you graduated.

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| --- | --- | --- | --- | --- |
| SCHOOL | LOCATION | DATES OF ATTENDANCE | DEGREE | DATE OF GRADUATION |
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1. List all law schools you have attended, dates of attendance, degrees

received, and date of graduation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAW SCHOOL | LOCATION | DATES OF ATTENDANCE | DEGREE | DATE OF GRADUATION |
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(ATTACH PROOF OF GRADUATION-ORIGINAL TRANSCRIPT OR CERTIFICATE FROM DEAN OF ADMISSIONS OR REGISTRAR)

1. (a) Are you the dependent spouse of an active duty service member of the United States Unfirmed Services as defined by the Department of Defense—or for the Coast Guard when it is not operating as a service in the Navy, by the Department of Homeland Security?  Yes  No

(b) Where is your Service Member Spouse on Permanent Change of Station (PCS) orders stationed in South Carolina?

(PROVIDE COPY OF YOUR UNITED STATES UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD AND PROVIDE COPY OF YOUR ACTIVE DUTY SERVICE MEMBER SPOUSE'S ORDERS TRANSFERRING YOUR SPOUSE TO SOUTH CAROLINA)

1. Have you ever served in the armed forces of the United States?  Yes  No

If so, give branch, serial number, and date of service, character of discharge, and details, including disposition, of any official disciplinary action to which you were subjected. (ATTACH CERTIFIED COPY OF DISCHARGE, OR IN LIEU OF ACTUAL DISCHARGE, CERTIFIED COPY OF FORM DD214 SHOWING CHARACTER OF SERVICE MAY BE SUBMITTED.)

1. During the past ten years, I have been employed as an attorney by the following: (show current employer first, then next preceding, etc.)

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| --- | --- | --- | --- |
| NAME AND ADDRESS OF EMPLOYER | OCCUPATION OR JOB | DATES | REASON FOR TERMINATION |
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1. Have any disciplinary proceedings of any kind, formal or otherwise, been taken against you at any school or college you have attended?  Yes  No

If so, state facts fully, including disposition.

1. (a) Have you ever held a bonded position?  Yes  No

If so, specify the nature of the position, amount of bond, and whether or not anyone ever sought to recover thereon or to cancel the same. State the facts fully, including the names of the bonding companies.

(b) Have you ever been denied a bond or denied a position because you could not be bonded?  Yes  No

1. The following is a complete record of all instances in which I have been arrested, or taken into custody or accused, formally or informally, of the violation of a law including instances which have been expunged by Order of the Court, and including juvenile offenses whether or not the records are sealed.

(ATTACH CERTIFIED COPIES OF ALL CRIMINAL PROCEEDINGS IN WHICH YOU HAVE BEEN INVOLVED OR ARE PRESENTLY INVOLVED, OR WHICH MAY BE PENDING). You may exclude minor traffic violations for which a fine or forfeiture of $100 or less was imposed.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | PLACE | NATURE | DISPOSITION  (to include any fine or punishment imposed) |
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1. (a) 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?  Yes  No

If you answered yes, furnish a thorough explanation and provide relevant dates.

(b)

1. 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, ethical, and professional manner?  Yes  No
2. If your answer to Question 15(b)(I) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program.  Yes  No

If your answer to Question 15(b)(I) or (II) is yes, complete a separate Form 1 and 2 for each service provider. As used in Question 15(b), "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

(c) Have you ever been sued or discharged from employment based on allegations of

fraud, dishonesty, or breach of trust?  Yes  No

If yes, please explain.

(d) Have you ever been denied any license or certificate, the obtaining of which required proof of good moral character?  Yes  No

If yes, please explain. (Refer to but do not repeat answers given to other questions herein.)

(e) Has your conduct, or that of anyone by whom you have been employed or with whom you have been associated, ever been called in question with reference to the unauthorized practice of law?  Yes  No

If yes, please explain.

(f) Have you, or has anyone by whom you have been employed or with whom you have been associated, ever been censured, reprimanded, disciplined, suspended, disqualified, or disbarred as a member of any profession or as a practitioner before any administrative agency, or have you ever been suspended or removed from any public or private office because of conduct reflecting upon your character?  Yes  No

If yes, please explain.

(g) Are you the subject of any pending disciplinary proceeding in any other jurisdiction?  Yes  No

If yes, please explain.

(h) Are you delinquent in the payment of any financial obligations?

Yes  No

If so, list them giving names and addresses of creditors, amounts, dates and nature of judgment, and reasons for nonpayment. (Letter from creditor to be provided when agreement for repayment is reached.)

16. (a) Have you ever knowingly organized or helped to organize or become a member

of any organization or group of persons which, during the period of your membership or

association, you knew was advocating or teaching that the government of the United

States or any State or any political subdivision thereof should be overthrown or

overturned by force, violence, or any unlawful means?  Yes  No

If yes, please state facts.

(b) If your answer to (a) is "yes", did you, during the period of such membership or

association, have the specific intent to further the aims of such organization or group of

persons to overthrow or overturn the government of the United States or any State or

any political subdivision thereof by force, violence, or any other unlawful means?

Yes  No  N/A

17. Do you now and will you hereafter, without any reservations, loyally support the Constitution of the United States and the Constitution of the State of South Carolina?  Yes  No

18. Are there any other facts not disclosed by your answers herein but concerning your background, history, experience, or activities which in your opinion may have a bearing on your character, moral fitness, or eligibility to practice law in South Carolina and which should be placed at the disposal of or brought to the attention of the Court?  Yes  No

If so, explain fully.

19. (a) Have you completed the Bridge the Gap Program?  Yes  No

If so, If not\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program Date of Program Registered to Attend

Information regarding Bridge the Gap may be found on the South Carolina Bar's website, [www.scbar.org](http://www.scbar.org), using the link CLE and Bridge the Gap FAQ. Additional questions regarding Bridge the Gap must be directed to the South Carolina Bar at (803) 771-3330 or (800) 768-7787, ext. 189.

(b) Have you completed an Essentials Series course administered by the South Carolina Bar?  Yes  No

If so, If not, \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Course Date of Course Registered to Attend

Questions regarding the Essentials Series course must be directed to the South Carolina Bar at (803) 771-3330 or (800) 768-7787, ext. 189.

**NOTE: You must register for and attend the Bridge the Gap prior to or within three months of admission. You must also attend an Essentials Series course within your first year of practice if granted admission under Rule 430, SCACR.**

19. Your fingerprints must be submitted as a part of the application process. The two options for submitting your fingerprints are as follows:

Option 1:

1. request a Form 258 fingerprint card from the Office of Bar Admissions;
2. take the Form 258 fingerprint card to a law enforcement agency and have your fingerprints taken. Make sure the fingerprint card contains the following information: your sex, race, height, weight, eye and hair color, date of birth, place of birth, citizenship, social security number, the reason for your fingerprinting (South Carolina Bar Application), your signature, and the signature, employer, and address of the individual who takes your prints; and
3. mail the *fully completed* Form 258 fingerprint card, along with the applicable fee, to Safran/MorphoTrust USA f/n/a L-1 Identity Solutions. The mailing address, applicable fee, and acceptable form of payment may be obtained by calling the Safran/MorphoTrust USA f/k/a L-1 Identity Solutions Call Center at (866) 254-2366.

Option 2:

If you are in South Carolina, you may have your fingerprints taken by Safran/MorphoTrust USA f/k/a L-1 Identity Solutions. You may contact Safran/MorphoTrust USA f/k/a L-1 Identity Solutions to schedule an appointment at [www.MorphoTrust.com](http://www.MorphoTrust.com) and arrange for payment of the applicable fee.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI) and the South Carolina Law Enforcement Division. You may challenge the accuracy of the information contained in the FBI's record as provided by the procedures on the FBI's website www.fbi.gov.

Applicant Must Complete Affidavit Below:

STATE OF

COUNTY OF

I, the undersigned, being first duly sworn, on oath depose that I am the applicant named in the foregoing application; that I fully realize that the determination as to whether I am admitted to practice law in South Carolina may depend largely on the truth, falsity or completeness of my answers hereinabove set forth; that I will give any further information which may be required concerning my past record but that, to my knowledge, the answers which I have given to the questions hereinabove are true and complete; that I hereby authorize the Supreme Court of the State of South Carolina and the South Carolina Bar, or any agent or authorized representative of either of them, to make a complete investigation of my character and fitness to practice law in South Carolina and of the completeness and truthfulness of my answers hereinabove made, and I hereby release and exonerate those so authorized, and any person or organization supplying requested information, from liability of any kind resulting from the investigation or furnishing of the information; that I understand that I am not to receive or be entitled to receive or have access to any information developed or secured during such investigation; and that I have read the South Carolina Appellate Court Rules (Rule 430, SCACR) relating to the limited admission to practice law in this State and have read the Rules of Professional Conduct. (Rule 407, SCACR).

APPLICANT

Subscribed and sworn to before me

this       day of      ,      .

Notary Public for:

My Commission Expires:

AUTHORIZATION AND RELEASE

Re Application of:

(Name of Applicant or Registrant)

TO WHOM IT MAY CONCERN:

I,      , born at       (city),      (state or foreign country), on       having filed an application for admission to the Bar of South Carolina, and fully recognizing the responsibility to the Public, the Bench and the Bar of this State lodged with the Committee on Character and Fitness (hereinafter Committee) to determine that only those of high character and ability are admitted to the Bar of South Carolina, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the admitting authority. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents.

I hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, governmental agency, organization, institution or any other person or entity having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of an attorney, to furnish the originals or copies of any such documents, records and other information to the Committee, or any of its representatives, and/or the National Conference of Bar Examiners, and to permit said Committee or any of its representatives, to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-Rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the S.C. Committee on Character and Fitness or its authorized representative, and to appear before said Committee, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the S.C. Committee on Character and Fitness, or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, governmental agency, court, association or institution or any other person or entity having control of any documents, records and other information pertaining to me, to furnish to the National Conference of Bar Examiners any information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the National Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I  (was)  (was not) required to register with the Selective Service System. If you were not, the following paragraph is not applicable.

I specifically authorize the National Conference of Bar Examiners to obtain any information from my official record on file with Local Board Number       (leave blank if unknown as Local Board Numbers have been abolished) of the Selective Service System located in the City of      , State of     ; (where you resided at the age of 18 when you were required to register with Selective Service)and hereby consent to and authorize the release of such information by the Selective Service System. www.sss.gov

I hereby request and authorize the Department of the  Army,  Navy,  Air Force, to furnish the National Conference of Bar Examiners the records of each period of my service therein and to furnish the character of service rendered for each period. My serial number is

I hereby release, discharge and exonerate the National Conference of Bar Examiners, its agents and representatives, the admission agency of the above jurisdiction, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference or by the admission agency.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, institution or entity which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by said South Carolina Committee on Character and Fitness. The undersigned further waives absolutely any privilege (he/she) may have relevant to (his/her) good moral character and fitness to perform the responsibilities of an attorney under South Carolina laws.

I understand that all forms of Authorization and Release executed by applicants for admission into the practice of law in South Carolina terminate immediately upon admission to the South Carolina Bar; upon the receipt of written notice of withdrawal of the application; or upon the termination of the application by final rejection of the applicant, except that such information will be retained on file by the Committee, may be released to the National Conference of Bar Examiners, and may be released upon written request by any other admitting authority or Bar Grievance Committees where the applicant may later apply for admission or be admitted to the practice of law.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of

County of

\_\_\_\_\_\_

Signature of Applicant

Subscribed and sworn to before me

this       day of      ,      .

Notary Public for:

My Commission Expires:

DO NOT ALTER THIS FORM

Corrections/erasures VOID this form

*To be used with Question 15(b)*

**FORM 1/AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Applicant's name

Name of institution, doctor, or counselor

Address

City       State       Zip

Country       Province

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol concerning advice, care, or treatment provided to me, to representatives of the Supreme Court of South Carolina, the Committee on Character and Fitness, the Office of Bar Admissions, and the National Conference of Bar Examiners who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the admitting authority. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below. A photocopy of this form is acceptable for purposes of obtaining this information.

I hereby release, discharge, and exonerate the Supreme Court of South Carolina, the Committee on Character and Fitness, the Office of Bar Admissions, and the National Conference of Bar Examiners, and their agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of documents, records, or other information, or out of investigations made by the Supreme Court of South Carolina, the Committee on Character and Fitness, the Office of Bar Admissions, and the National Conference of Bar Examiners.

I am not required to sign this authorization in order to receive treatment from the above provider. I have the right to refuse to sign this authorization. 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. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the provider above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

STATE/DISTRICT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_ day

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal or stamp must be affixed to each original.

The National Conference of Bar Examiners is aware of HIPAA requirements.

*To be used with Question 15(b)*

**FORM 2/DESCRIPTION OF CONDITION OR IMPAIRMENT**

Name                

First Middle Last Suffix

Relevant dates: From Mo/Yr       To Mo/Yr

Describe the condition or impairment

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

Name and complete address of attending physician or counselor (if applicable):

Name of physician or counselor

Physician's or counselor's current address

City       State       Zip

Country       Province

Telephone

Name and complete address of hospital or institution (if applicable):

Name of hospital or institution

Hospital's or institution's current address

City       State       Zip

Country       Province

Telephone