

# IN THE SUPREME COURT OF THE VIRGIN ISLANDS

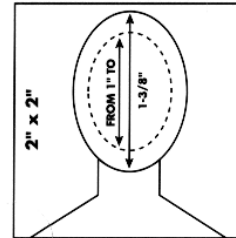
IN THE MATTER OF THE APPLICATION OF:

S.Ct.BA. No. : \_\_\_\_\_

(For official only)

\_\_\_\_\_  
(Applicant's Full Legal Name)

FOR ADMISSION TO THE VIRGIN ISLANDS BAR.



## APPLICATION FOR ADMISSION TO THE VIRGIN ISLANDS BAR

*I hereby apply for:*

### INSTRUCTIONS:

Please select one admission type per application.

- Admission by Examination (UBE):** This is Regular Admissions pursuant to VISCR 204(a). You will be required to provide additional information.
- Admission by UBE Score Transfer:** Pursuant to VISCR 204(g)(1). You will be required to provide additional information.
- Admission by Motion:** This admission type is without exam pursuant to VISCR (204)(j). You will be required to provide additional information.

**TO THE SUPREME COURT OF THE VIRGIN ISLANDS:** I understand that the following answers and statements are submitted under oath and that failure to answer any item or to fully disclose any fact or information called for in this application, and accompanying forms, may result in the denial of my application for admission and/or in disciplinary action. Further, I acknowledge that I understand that this application is a continuing application and that I will notify the Office of Bar Admissions through written format filed through the Virgin Islands Supreme Court Electronic Case Filing System (VISCECFS) in accordance with V.I.R. APP.P.40 of any changes in any information provided herein.

\_\_\_\_\_  
(Applicant's Signature)

# APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

## PERSONAL INFORMATION

**Full Name:**

\_\_\_\_\_

(First)

(Middle)

(Last)

(Suffix)

**Have you ever used or been known by any other name?**       Yes       No

If **YES**, state in full each name (other than the name given above) which you have used or by which you have at any time been known, the period of, and the reason for, the use of each such name; if change of name is marriage, so state; if change of name was by court order, so state.

Please attach additional pages as necessary.

**Social Security Number:**      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

(Month)

(Date)

(Year)

**Place of Birth:** \_\_\_\_\_

(City)

(State)

(Country)

**Are you a citizen of the United States?**       Yes       No

**Are you a resident non-citizen who is a legal immigrant?**       Yes       No

**NCBE 8-Digit Identification Number:** N \_\_\_\_\_

**Please note:** Applicants must visit the National Conference of Bar Examiners' website at [www.ncbex.org/ncbe-number](http://www.ncbex.org/ncbe-number) where they will be required to submit an online request via a secure online account. The site also has a link to some frequently asked questions that may be of assistance while completing the online request. Once the required information is submitted, an NCBE Number is generated instantaneously and appears on the applicant's NCBE Number Account home page along with a link that allows the applicant to print the written confirmation notice.

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### CONTACT INFORMATION

Home Telephone Number: (        )        -

Home Physical Address:

Home Mailing Address:

Personal Email Address:

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(**Please note:** In accordance with VISCR 40.2(b), applicants are required to register as Filing Users of the VISCEF system. Therefore, an email address is a requirement.)

### PRESENT EMPLOYMENT

If you are presently unemployed please check this box

Firm/Agency/Organization/Business Name:

Physical Address:

Telephone Number:        (        )        -

Fax Telephone Number:    (        )        -

# APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

## EDUCATION

List all colleges, universities and professional schools (other than law schools) attended. *Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.* Please attach additional pages as necessary.

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### EDUCATION

List all law schools attended. *Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.* You must send the Dean Certificate to the ABA accredited law school where you received your JD or your LLB Degree. Please additional pages as necessary.

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### BAR MEMBERSHIP

Have you ever applied for admission to the Virgin Islands Bar, including admission *pro hac vice* or special admission, In-House Counsel, Foreign Legal, Certified Legal Intern or Military Spouse?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide the following information: Court Case of Admission, Case Number, Type of Admission, Year of Admission and Court of Admission. If admission was not granted, provide an explanation.

Have you ever been admitted to the bar of any State, District, territorial jurisdiction of the United States or foreign jurisdiction? *(If yes, please provide the jurisdiction of admission and membership information.)*

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Jurisdiction <small>(Please additional pages as necessary)</small>	Date of Admission <small>(mm/dd/yyyy)</small>	Bar ID Number	Admitted by Exam <small>(Yes/No)</small>	Current Status <small>(Active, Inactive etc.)</small>

**Please note: Certificates of Good Standing:** An applicant is required to file a current Certificate of Good Standing bearing the original seal of the highest court of the jurisdiction for every jurisdiction of admission, evidencing the status of their admission. Documentation from the state bar association will not be accepted. **Certificates of Good Standing must be dated no more than sixty (60) days prior to the date you submit your application.** The certification must contain the following information:

1. The date you were admitted to practice law in that jurisdiction.
2. That you are a member in good standing of the bar and are entitled to practice law in that jurisdiction;
3. That there is not now pending nor has there ever been pending nor has there ever been pending any complaint, grievance, disciplinary action against you except as is specifically stated in this certificate; and
4. As to each such complaint, grievance, disciplinary proceeding or action: the nature of the charge and the full facts, including documents verifying the disposition of the matter and the name and address of the person in possession of the permanent records.

**Inactive:** If an applicant is an inactive member, a separate page with a full explanation must be provided including the date that the applicant was granted inactive status for each jurisdiction. Additionally, a statement from each jurisdiction as appropriate to that effect along with a discipline check for the years you were active. **Resignations:** If an applicant resigned from a state bar, a separate page with a full explanation must be provided including the effective date of their resignation and the reason(s) therefore. Additionally, certification from the Disciplinary Board or the designated agency must be submitted as an attachment certifying that from the time of resignation or withdrawal, the applicant has not been subject to any disciplinary proceedings.

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### APPLICANT'S CERTIFICATION

Are you a member of the bar of any United States Courts?  Yes  No

U. S. Court (Please additional pages as necessary)	Date of Admission (mm/dd/yyyy)	Bar Identification Number

**Please note: Certificates of Good Standing:** An applicant is required to file a current Certificate of Good Standing from each United States Court of which applicant is a member, bearing the original seal of the court.

Certificates of Good Standing must be dated no more than sixty (60) days prior to the date you submit your application.

### EXAMINATION/TRANSFER TYPE

#### Multistate Professional Responsibility Examination (MPRE):

**INSTRUCTIONS:** Please select one.

I am applying for admission by motion.

I will take the specified MPRE in satisfaction of VISCR 204(e)(3):

March 20  August 20  November 20

I am transferring a valid MPRE score as required pursuant to VISCR 204(g)(3).

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### EXAMINATION/TRANSFER TYPE

**INSTRUCTIONS:** Please select the admission type that you are applying and answer the associated questions in full.

- Admission by Examination (UBE):** **PLEASE NOTE:** that you must sit two consecutive days in this jurisdiction to receive a portable Uniform Bar Examination Score.

\_\_\_\_\_ I will be sitting UBE in February 20\_\_\_\_ July 20\_\_\_\_

\_\_\_\_\_ I will handwrite my exam answers.

\_\_\_\_\_ I will participate in the Laptop Computer Program (LCP). (My payment of \$150 non-refundable fee payable to the Committee of Bar Examiners is attached.)

- Admission by UBE Score Transfer:** I elect to transfer a valid UBE score pursuant to VISCR 204(g)(1).

Date of UBE administration: February 20\_\_\_\_ July 20\_\_\_\_

Name of transferring jurisdiction: \_\_\_\_\_

- Transfer of MBE Score:** I elect to transfer a valid MBE score pursuant to VISCR 204(g)(2).

Date of MBE administration:

February 20\_\_\_\_ July 20\_\_\_\_

I will be take:

MEE/MPT: February 20\_\_\_\_ MEE/MPT: July 20\_\_\_\_

\_\_\_\_\_ I will handwrite my exam answers.

\_\_\_\_\_ I will participate in the Laptop Computer Program (LCP).  
My payment of \$150 non-refundable fee made payable to the Committee of Bar Examiners is enclosed.



## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### ADMISSION TYPE

**Instructions:** Applicants electing to be admitted on motion, please check the box and complete the following information.

**Admission on Motion:** I hereby apply for admission as an active member of the Virgin Islands Bar and provide the following information in compliance with the Rules of admission of the Supreme Court of the Virgin Islands. **Please note** that a certification of admission by examination must be completed)

- *Education Eligibility:* I hold a J.D. or LL. B. degree from:

\_\_\_\_\_,  
a law school approved by the American Bar Association at the time of my matriculation or graduation. (**Please note** that a Dean Certification form must be completed and forwarded to your law school to provide certification of your law school degree.)

- *Examination Eligibility:* After passing a written examination, I was admitted to the practice of law in:

\_\_\_\_\_,  
a United States jurisdiction in satisfaction of VISCR 204(j)(1)(ii). (**Please note** that written certification from the jurisdiction where an applicant passed the bar examination expressly stating that the applicant passed the written bar examination is required to be sent **directly** to the Office of Bar Admission by the qualifying jurisdiction.)

- *Reciprocal Admission Eligibility:* List the jurisdiction from which you are basing your eligibility for admission on motion in accordance with VISCR 204(j)(1)(iii): I am admitted to the practice of law in:

\_\_\_\_\_,  
which is a United States jurisdiction that admits members of the Virgin Islands Bar to the practice of law on motion without oral or written examination. If you have practiced law in any other jurisdiction as a licensed attorney, list those jurisdictions on a separate sheet.

- I am currently licensed to practice law **and** am in good standing in the following jurisdictions (See VISCR 204(j)(1)(iv):

\_\_\_\_\_  
(**Please list** all jurisdiction separated by commas.)

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### Admission on Motion- Active Practice of Law Eligibility

Pursuant to VISCR 204(j)(vi), an applicant seeking admission on motion must demonstrate that they have been primarily engaged in the active practice of law in one or more United States jurisdictions for five of the seven years immediately preceding the date upon which their application is filed. (See VISCR 204(j)(2), which establishes activities authorized for the purposes of consideration of an application for admission on motion.)

1. **Active Practice of Law:** Please attach a statement showing that you have been primarily engaged in the active practice of law as described in VISCR 204(j)(2), in one or more jurisdictions, where you are admitted and authorized to practice, or if performed in a jurisdiction that affirmatively permits such activity by a lawyer not admitted in that jurisdiction in satisfaction of VISCR 204(j)(1)(vi). For each state or jurisdiction, please include in your statement the following information:
  - a. The name and address of the organization, the full name of your supervisor or managing partner.
  - b. The exact dates for each place of employment;
  - c. A complete statement describing your practice of law (include nature and extent of your duties and/or practice) during each period of employment (including any temporary or part-time work);
  - d. The reason for discontinuance of each employment period.
  - e. Please do not submit a curriculum vitae.
2. **Statements from Each Employer, Firm or Association:** Submit a separate notarized statement or statements from each employer, firm or association that you have been primarily engaged in the active practice of law for each employer, firm or association statement should include the following information:
  - a. Name and address of employer, firm or association must include the state or jurisdiction of practice and the dates of employment.
  - b. The exact dates for each place of employment;
  - c. A complete statement describing your practice of law (include nature and extent of your duties and/or practice) during each period of employment (including any temporary or part-time work);
  - d. The reason for discontinuance of each employment period.
3. **Self-Employment:** If you have been self-employed for part or all of the required period of time, please submit a separate notarized statement listing the state or jurisdiction of practice and the exact dates that you were self-employed.

## APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

### APPLICANT KNOWLEDGEMENT STATEMENT

I, \_\_\_\_\_,  
hereby acknowledge that all responses provided on both the Virgin Islands Bar Admission Application and the National Conference of Bar Examiners Request for Preparation of a Character Report must be typed and electronically filed using the Virgin Islands Supreme Court Electronic Case Filing System (VISCECFS) in accordance with V.I.R. APP.P.40.

Further, the undersigned applies for admission to practice as an attorney in the Virgin Islands and in support of such application submits the following sworn statement and attachments. I acknowledge that my application is a continuing application and I will notify the Director of Bar Admissions of any changes in any information provided herein.

I have read VISCR 204 as applicable, governing my admissions; VISCR 203 that governs professional responsibility and discipline of members of the Virgin Islands Bar and shall respectfully show unto the Court and allege the information contained therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR ADMISSIONS TO THE VIRGIN ISLANDS BAR

**IN THE MATTER OF THE APPLICATION OF:**

*(For Official use by the Office of Bar Admissions only)*

**S.Ct.BA. No. :** \_\_\_\_\_

\_\_\_\_\_  
*(Applicant's Full Legal Name)*

**FOR ADMISSION TO THE VIRGIN ISLANDS  
BAR.**

## APPLICANT'S AFFIDAVIT IN SUPPORT OF APPLICATION FOR ADMISSION TO THE VIRGIN ISLANDS BAR

**STATE/TERRITORY OF :** \_\_\_\_\_

**COUNTY :** \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, on oath or affirmation, do hereby depose and say:

1. I am over the age of twenty-one years, having been born on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
2. I am a citizen of the United States or a legal immigrant, i.e., an immigrant who has lawfully been admitted for permanent residence in the United States.
3. I am a person of good moral character.
4. I have / have not (*please select one*) been disbarred, suspended or sanctioned, or have been reinstated or exonerated, and I am not under pending disciplinary action, by any State, District, Territorial, Federal, or foreign jurisdiction.
5. Accordingly, I have / have not (*please select one*) provided complete and truthful statements in both my Application for Admission to the Virgin Islands Bar and the National Conference of Bar Examiners' Request for a Character Report.
6. I am a graduate of: \_\_\_\_\_, which is an accredited law school approved by the American Bar Association.

# IN THE SUPREME COURT OF THE VIRGIN ISLANDS

In Re:

\_\_\_\_\_ 's  
(Applicant's first Initial and Last Name)

Affidavit in Support of Application for Admissions to the Virgin Islands Bar

7. I have carefully read and familiarized myself with VISCR 202 or 204 as applicable, which governs admission to the Virgin Islands Bar, and if admitted to the practice of law, agree at all times to be bound thereby.
8. I certify that the information that I have provided in my Application for Admission to the Virgin Islands Bar and National Conference of Bar Examiner Request for Character Report and all documents that I have submitted in support of my application is true and complete.
9. I hereby acknowledge that my application for admission to the Virgin Islands Bar is a continuing application and that it is my responsibility to provide prompt written notification to the Director of Bar Admissions of any changes in any aspect of this application.
10. If I am found morally fit to practice law in the Virgin Islands, I agree that I will subscribe to the oath of office administered by the Supreme Court of the United States Virgin Islands.

### FURTHER AFFIANT SAYETH NOT.

DATED: \_\_\_\_\_  
\_\_\_\_\_ (Signature of Applicant)

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

\_\_\_\_\_  
(NOTARY PUBLIC)

**My Commission Expires:**

**(SEAL)**



# Supreme Court of the Virgin Islands

## COMMITTEE OF BAR EXAMINERS

HON. GEOFFREY W. BARNARD  
Chairman

### Execute Three Original Copies

#### COMMITTEE OF BAR EXAMINERS AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, having filed an application for admission with the V.I. Committee of Bar Examiners in the Territory of the Virgin Islands, hereby authorize and give my consent to the V.I. Committee of Bar Examiners, (hereinafter referred to as the "Committee") to conduct an investigation into my moral character and fitness to practice law and to make inquiries and request such information from third parties as in the sole discretion of the Committee is necessary to such investigation. I further authorize the use of any such information in the course of the Committee's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm company, corporation, school, employer (past or present) governmental agency, court, association, institution, or other third party having any opinion of me or knowledge or control of any information, document, record (including, but not limited to, criminal history, record information, or medical records), or other data pertaining to me, to reveal, furnish, and release to the Committee, or any of its agents or representatives, any such opinion, knowledge, information, document records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during, my enrollment in such schools. I hereby authorize all such persons as set forth above to answer any inquiry, question or interrogatory concerning me which may be submitted to them by or on behalf of the Committee and to appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release.

I hereby release, discharge and hold harmless the Committee, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Committee or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

\_\_\_\_\_  
Signature of the Applicant

SUBSCRIBED AND SWORN TO BEFORE  
ME ON \_\_\_\_ DAY OF \_\_\_\_\_,  
\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(NOTARY PUBLIC)  
My Commission expires: