

IN THE SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS



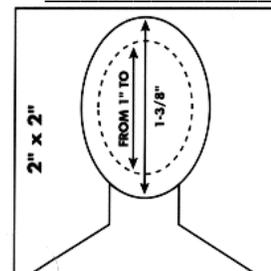
IN THE MATTER OF THE APPLICATION OF:

(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.



APPLICATION FOR ADMISSION TO THE VIRGIN ISLANDS BAR

I am applying for: Regular Admission pursuant to VISCR 204.

Special Admission pursuant to VISCR 202. *Please provide the name of the agency moving your special admission:*

Please note that for applicants seeking special admissions, upon completion of the application; please submit the Application for Admission to the Virgin Islands Bar and the National Conference of Bar Examiners Character and Fitness Report in support of the agency's Motion for Special Admissions.

SECTION I. BIOGRAPHICAL/PERSONAL INFORMATION

1. Full Name:

(Last)

(First)

(Middle)

Please provide all other name(s)/aliases by which you were/are known by separated by commas:

2. Date of Birth:

(Month)

(Date)

(Year)

In Re: _____'s
(Applicant's first Initial and Last Name)

3. Place of Birth:

(City) (State) (Country)

4. Social Security Number: [Furnishing your Social Security Number (SSN) is voluntary pursuant to the Federal Privacy Act of 1974. Your SSN will be used for purposes of investigation and verification and will help avoid errors of identity which might introduce problems and delays into the certification and licensure process.]

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5. Are you a citizen of the United States or a legal immigrant who has been admitted for permanent residence in the United States? Yes No

6. How do you wish to have your name appear on your Certificate of Admission?

7. National Conference of Bar Examiners (NCBE) Number:

Please note: Applicants must visit the National Conference of Bar Examiners' website at 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.

SECTION II. CONTACT INFORMATION

1. Personal Address: (Please provide the addresses where correspondence may be conventionally sent during the pendency of your application for admission.)

In Re:

_____ 's
(Applicant's first Initial and Last Name)

2. Permanent/Residential Address (A street address is required; a P.O. Box is not acceptable)

3. Email Addresses: (In accordance with VISCR 40.2(b), applicants for regular admissions to the Virgin Islands Bar are required to register as Filing Users of the Supreme Court's VISCEF system. Therefore, an email address is a requirement.)

Primary Email Address:

Other Email Address:

4. Telephone Numbers: (Please provide telephone numbers where you may be contacted during the pendency of your application.)

Home Telephone Number:

Home Fax Number:

Other Telephone Number:

Work Telephone Number:

Other Fax Number:

Work Fax Number:

5. Employment Contact Information:

If you are presently unemployed please state: _____

Telephone number :

Fax number:

Mailing Address:

In Re: _____'s
 (Applicant's first Initial and Last Name)

SECTION III. EDUCATION

1. Undergraduate and Graduate Degrees:

Please list the name of each college or university you attended, the dates of attendance, degree received if any, and the mailing address for each institution.

Please provide the college or university where you obtained your undergraduate and postgraduate degree first and then all institutions were you attended in pursuit of your undergraduate and post graduate studies.

[If no degree was received, please indicate ND in the space provided].

College/University Information	Dates of Attendance (mo/yr to mo/yr)	Name of the Degree Received	Date Degree Received (mo/yr to mo/yr)
Name: Mailing Address:			

In Re:

_____ 's
(Applicant's first Initial and Last Name)

2. Law School(s):

Please list the name of every law school, where you attended starting with the school **approved by the American Bar Association** where you obtained your Juris Doctorate Degree. Please provide the, mailing address, dates of attendance, degree and date received, if any, and date of degree for.

Law School Information	Dates of Attendance (mo/yr to mo/yr)	Name of the Degree Received	Date Degree Received (mo/yr to mo/yr)
Name: Mailing Address:			

In Re:

_____ 's
(Applicant's first Initial and Last Name)

SECTION V.: MULTISTATE BAR EXAMINATION (MBE) & MULTISTATE RESPONSIBILITY EXAMINATION (MPRE)

Multistate Bar Examination (MBE): Check the option below upon which you intend to rely to fulfill the requirement of VISCR 204(e)(1).

- 1. I will take the MBE on _____ in _____ .
(MM/YYYYY) (State/Territory)
- 2. I have taken the MBE on _____ in _____ .
(MM/YYYYY) (State/Territory)
- 3. Have you requested the transfer of your MBE scores to the Virgin Islands? Yes No

Multistate Professional Responsibility Examination (MPRE): Check the option below upon which you intend to rely to fulfill the requirement of VISCR 204(e)(3).

- 4. I will take the MPRE on _____ in _____ .
(MM/YYYYY) (State/Territory)
- 5. I have taken the MPRE on _____ in _____ .
(MM/YYYYY) (State/Territory)
- 6. Have you requested the transfer of your MPRE scores to the Virgin Islands? Yes No

APPLICANT'S STATEMENT OF ACKNOWLEDGMENT

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 Supreme Court of the Virgin Islands' Electronic Filing System (VISCEFS) in accordance with VISCR 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 202 and 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 following information:

Signature:

Date:

IN THE SUPREME COURT OF THE UNITED VIRGIN ISLANDS

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 who has been reinstated or exonerated, and who is 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 Re:

_____ 's
(Applicant's first Initial and Last Name)

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 admissions 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 _____,
_____.

(NOTARY PUBLIC)

My Commission Expires:

(SEAL)



Supreme Court of the Virgin Islands

COMMITTEE OF BAR EXAMINERS

JUDGE GEOFFREY W. BARNARD

Chairman

Execute Three Original Copies

V.I. COMMITTEE OF BAR EXAMINERS AUTHORIZATION AND RELEASE

I, _____, having filed an application for admission with the V.I. Committee of Bar Examiners to be admitted to the practice of law 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 authorized 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:



Supreme Court of the Virgin Islands

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JUDGE GEOFFREY W. BARNARD

Chairman

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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 authorized 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:



Supreme Court of the Virgin Islands

COMMITTEE OF BAR EXAMINERS

JUDGE GEOFFREY W. BARNARD

Chairman

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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 authorized 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:

DEAN CERTIFICATION FORM

TO THE APPLICANT: The original of this form should be mailed to the Dean of your law school or other authorized official for completion. Type your name in the space provided below and sign the authorization to release law school records. Proof of receipt of law degree must be received in this office **PRIOR** to the application deadline date. **Faxes, completed forms and/or Official Transcripts received from Applicants will not be accepted.**

Authorization To Release Law School Records

I, _____ hereby authorize _____
(Applicant's Full Name) (Name of Law School)

to release to the **Virgin Islands Committee of Bar Examiners**, a copy of my final transcript and any other information in my law school record relevant to my application for admission to the Virgin Islands Bar.

(Applicant's Signature) (Notary Public)

SSN: _____ Subscribed and Sworn before me this ____
day of _____, _____.
My Commission expires:

TO THE LAW SCHOOL: This form must be returned directly to **Elsie-Mae King, Director of Bar Admissions, Supreme Court of the Virgin Islands, P.O. Box 590, St. Thomas, VI 00804**. An official final transcript bearing the school's official seal must be attached to this form. **Faxed or photocopy forms will not be accepted.**

Name of Student and Social Security Number

I, _____, hereby certify that I am the _____
(Name of Official) (Position Title)

of _____; that _____
(Name of Law School) (Student's Name)

entered the law school on _____, and that the degree of Juris Doctorate was conferred
(Date)

on _____. Said law school **was accredited by the American Bar**
(Date)

Association on _____.
(Date)

Applicant's records [] do [] do not reflect any matters which may adversely affect the applicant's good moral character and/or fitness to practice law. I have attached any relevant documents and/or provided below written explanation of such matters: (Attach additional pages as necessary.)

Date: _____ (Seal) _____
(Signature)

IN THE SUPREME COURT OF THE VIRGIN ISLANDS

In the matter of the application of:

S. Ct. BA. No.:

For admission to the Virgin Islands Bar.

NOTICE OF CHANGE OF BAR APPLICANT CONTACT INFORMATION

TO THE APPLICANT: Please complete this form if you move during the pendency of your application for admission to the Virgin Islands Bar. This form must be electronically filed through the Virgin Islands Supreme Court Electronic Case Filing System (VISCEFS) in accordance with VISCR 40.

Please update my contact information with the following information

Change in Telephone Number

Change in Address

Please indicate the type of address Change (i.e. employment, residence, etc.)

Additional Comments:

Requesting Attorney's signature must be affixed to the form in accordance with VISCR 40.4:

Signature:

IN THE SUPREME COURT OF THE VIRGIN ISLANDS

FORM 2 V.I.

(Additional Response(s) to the Virgin Islands Bar Application)

In the matter of the application of:

S. Ct. BA. No.: _____

For admission to the Virgin Islands Bar.

Additional Response to Question No: _____

Applicant's signature must be affixed to the form in accordance with VISCR 40.4:

Signature: _____

Date:

MM

DD

YEAR

