

## Part B of the Application for Admission

FOR FILING DEADLINES AND FEES

See Rule 402 of the South Carolina Appellate Court Rules

**WARNING:** This application must be filed exactly as it appears. No additions or deletions to any text are permitted except for those fields that are to be completed by the applicant. The application will not be accepted for filing if this instruction is violated.

APPLICATION MUST BE TYPED. DO NOT PRINT DOUBLE-SIDED. (This application becomes a part of the Court's permanent record.)

APPLICATION WILL NOT BE ACCEPTED WITHOUT YOUR CONFIRMATION NUMBER.

Confirmation Number \_\_\_\_\_

(You will receive a confirmation number after you have filed (uploaded) Part A of the Application for Admission)

Applicant's Name

1. Are you a citizen of the United States?  Yes  No

(You must check a box for questions (a) through (e).)

(a) If not, of what country are you a citizen? \_\_\_\_\_ or  Not Applicable

(b) If foreign-born, at what age did you come to the United States? \_\_\_\_\_  
or  Not Applicable

(c) If naturalized, state when and where. \_\_\_\_\_ or  Not Applicable  
(ATTACH PROOF OF NATURALIZATION)

(d) If not naturalized, have you bona fide declared your intention to become a citizen?  
 Yes  No or  Not Applicable

(e) If so, state before what Court, when and where. \_\_\_\_\_ or  Not Applicable

- (f) If you are not a citizen of the United States, you must present original documentation to the Office of Bar Admissions which authorizes your presence in this country.

SAMPLE

2. (a) Have you ever applied for a Character and Fitness Application or to sit for an exam in this state or in any other jurisdiction or country?  Yes  No
- (b) If so, specify in each instance the kind and date of application, where and to whom made, whether you were required to take an examination and, if so, whether it was oral or written and its scope, whether or not you were admitted and, if so, the dates of your admission. If not admitted or if your application was withdrawn, specify the reason for each instance.  Not Applicable or \_\_\_\_\_

(If you have ever taken the Uniform Bar Examination, a transcript of your score(s) must be submitted by the National Conference of Bar Examiners to the South Carolina Office of Bar Admissions. The transcript may be ordered at [www.ncbex.org/ncbe-exam-score-services/ube-score-services](http://www.ncbex.org/ncbe-exam-score-services/ube-score-services).)

(If you have been admitted to the Bar of another state, you must complete and file Appendix 1. Appendix 1 appears later in this form.)

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

ELEMENTARY, MIDDLE, AND HIGH SCHOOL	LOCATION	DATES OF ATTENDANCE	DATE OF GRADUATION

- (b) List all colleges (other than law schools) you have attended, dates of attendance, degrees received, and whether or not you graduated. (ATTACH PROOF OF GRADUATION—ORIGINAL COLLEGE TRANSCRIPT IN A SEALED ENVELOPE FROM THE SCHOOL OR ORIGINAL LETTER FROM DEAN OF ADMISSIONS OR REGISTRAR.)

SCHOOL	LOCATION	DATES OF ATTENDANCE	DEGREE	DATE OF GRADUATION

- (c) List all law schools you have attended, dates of attendance, degrees received, and date of graduation. Information about all law schools you attended must be provided, including information previously entered in response to Part A of your Application for Admission.

LAW SCHOOL	LOCATION	DATES OF ATTENDANCE	DEGREE	DATE OF GRADUATION

**Proof of Graduation** If a graduate of a law school, ATTACH PROOF OF GRADUATION - ORIGINAL TRANSCRIPT OR ORIGINAL LETTER FROM DEAN OF ADMISSIONS OR REGISTRAR WHICH SHOWS DATE OF RECEIPT OF JURIS DOCTOR DEGREE. If not a graduate, state the date you expect to graduate \_\_\_\_\_, and, prior to taking the examination, file PROOF of graduation with the Office of Bar Admissions. Must submit original transcript or original letter from Dean of Admissions as proof of receipt of JD degree.

4. State names, birthplaces, occupations and (if living) addresses of parents. If deceased, so state.

	NAME	BIRTHPLACE	OCCUPATION	ADDRESS
FATHER				
MOTHER				

5. (a) Are you now or have you ever been married?  Yes  No

You must check a box for questions (c) and (d).

(b) If yes, state in each instance the date, place of marriage, and name of spouse. \_\_\_\_\_

(c) Has a suit for divorce, annulment, or separate maintenance ever been instituted by or against you?  Yes  No

If YES, in each instance state roll number and title of suit, name and location of court, date of decree, if any, grounds alleged in complaint, whether you were plaintiff or defendant, and names and addresses of counsel. (Attach Certified Copy of Final Order)\_\_\_\_\_

(d) Do you now live with your spouse and children?  Yes  No or  Not Applicable

If NO, state reason. \_\_\_\_\_

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

If YES, give branch, serial number, dates of service, character of discharge, and details, including disposition, of any official disciplinary action to which you were subjected. (ATTACH CERTIFIED COPY OF DISCHARGE CERTIFICATE(S) OR, IN LIEU OF ACTUAL DISCHARGE, CERTIFIED COPY OF DD FORM 214 SHOWING CHARACTER OF SERVICE MAY BE SUBMITTED.)\_\_\_\_\_

7. Submitted with this application are the original affidavits of three responsible citizens, each of whom is able, and is hereby authorized to give a factual, accurate, and reliable appraisal showing that I am a person of good moral character. (These persons should not be related to you by blood or marriage. You may submit one affidavit from a person you have known from law school as long as you have known the person for more than two years. The remaining two affidavits must be submitted from individuals who have known you independently from law school and for a substantial period of time.) A substantial amount of time is at least two years. These recommendations must be in the form of original affidavits, otherwise they will not be accepted. Affidavit forms are to be completed and returned with the application, not filed separately.

Please list names of affiants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been known by any other name or surname?  Yes  No  
 If YES, state all pertinent facts fully. \_\_\_\_\_

9. Has any disciplinary proceeding of any kind, formal or otherwise, been taken against you at any school or college you have attended?  Yes  No

If YES, state the facts fully, including disposition. \_\_\_\_\_

In addition, provide all documentation from the school or college which explains the circumstances and disposition of the proceeding.

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

If YES, specify the nature of the position, dates, 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?  Yes  No

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

If YES to (b) and or (c), state the facts fully. \_\_\_\_\_

11. (a) Are you now or have you ever been a party to any civil proceeding?  Yes  No

(b) If YES, below list all suits in equity, actions at law, suits in bankruptcy or other statutory proceedings, matters in probate, incapacity, guardianship, and every other judicial proceeding of every nature and kind, including fraud, to which you are or have ever been a party. (ATTACH CERTIFIED COPIES OF FINAL ORDERS IN ANY MATTER IN WHICH YOU HAVE BEEN INVOLVED OR ARE PRESENTLY INVOLVED; IF MATTER IS PENDING, PROVIDE CERTIFIED COPY OF COMPLAINT AND ANSWER.)

DATE	COURT	NATURE OF PROCEEDING	PLAINTIFFS	DEFENDANTS	DISPOSITION


12. (a) Have you ever 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?  
 Yes  No

(b) If YES, 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 FINAL ORDERS IN ALL CRIMINAL PROCEEDINGS WHICH HAVE BEEN CONCLUDED. ATTACH CERTIFIED COPIES OF ARREST WARRANTS OR ORIGINAL TICKETS AND INCIDENT REPORTS IN ALL CRIMINAL PROCEEDINGS WHICH HAVE NOT BEEN CONCLUDED.) If you are unable to procure documentation, you must send written verification from the source that documents are not available.

(c) All applicants must provide, with their first filed application, a certified driving record from the Department of Motor Vehicles for every state where you have been licensed to drive. Thereafter, applicant must provide a certified copy of their current driving record with each application filed.

DATE	PLACE	ORIGINAL CHARGE	DISPOSITION/STATE FINAL CHARGE	AMOUNT OF FINE


**PROVIDE BRIEF PERSONAL EXPLANATION FOR EACH INCIDENT LISTED ABOVE.**

13. Have you ever invoked the protection of the Fifth Amendment to the Constitution of the United States, or of any other provision of the Constitution of the United States or of any State, in refusing to testify under oath in any proceeding on the ground or for the reason that your answer might tend to incriminate you?  Yes  No

If YES, please explain. \_\_\_\_\_

14. (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) (i) 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

(ii) If your answer to Question 14 (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 or  Not Applicable

If your answer to Question 14 (b)(i) or (ii) is YES, complete a separate Appendix 2 and Appendix 3 for each service provider. (Appendix 2 and Appendix 3 appear later in this form.) As used in Question 14 (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 discharged from employment or accused by any person of dishonesty in connection therewith?  Yes  No

If YES, please explain. (Refer to but do not repeat answers given to other questions in this application.) \_\_\_\_\_

- (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. \_\_\_\_\_

- (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) Have you ever been accused of or charged with professional misconduct?  Yes  No

Are you aware of any grievances filed against you?  Yes  No

If YES, please explain. \_\_\_\_\_

- (h) Are you delinquent in the payment of any financial obligations?  Yes  No

If YES, 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.) \_\_\_\_\_

- (i) Have any of the above charges been made or filed or any of the above or similar proceedings been instituted against you?  Yes  No

(If any of these questions, (a) through (i), or any part thereof, is answered in the affirmative, give dates, Court or proceedings, the full facts including disposition, and the names and addresses of the person(s) or body in possession of the record thereof.)

15. Are there any pending actions or suits or any unsatisfied judgments or decrees against you?  Yes  No

If YES, describe the same, give the names and addresses of creditors or parties, the name and location of the Court, and the nature of the claim(s) against you. (Refer to, but do not repeat, answers given to other questions herein.) \_\_\_\_\_

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 political subdivision thereof by force, violence, or any other unlawful means?  Yes  No

(If your answer to (a) is NO, check “not applicable” box).  Not Applicable

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 or brought to the attention of the examining authorities?  Yes  No

If YES, explain fully. \_\_\_\_\_

19. HANDWRITING SAMPLE

In your own handwriting, write in the space below a statement of not more than fifty words your reasons for wanting to practice law. This handwriting sample is to be used in the event it becomes necessary to identify examination papers written by you.

SAMPLE

20. As a part of the application process, your fingerprints must be submitted to IdentoGO by IDEMIA. The two options for submitting your fingerprints to IdentoGO are as follows:

Option 1 (for out-of-state residents):

- a) request a Form 258 fingerprint card from the Office of Bar Admissions. (You must use a Form 258 fingerprint card that contains the South Carolina Bar Admissions ORI Number);
- b) 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
- c) register to send your fingerprints through the mail. To begin the registration process, go to <https://sc.ibtfingerprint.com> and select "Register for Fingerprint Card Processing Service". If you have any questions about using the website, you may call the IdentoGO Call Center for South Carolina at (866) 254-2366.

(Do not forward a completed fingerprint card to the Office of Bar Admissions.)

Option 2 (for in-state residents):

- a) You may have your fingerprints taken by the Live Scan fingerprint capture method at an IdentoGO Center located in South Carolina. To make an appointment for live scan fingerprinting, go to <https://sc.ibtfingerprint.com> and choose "Schedule a New Appointment". If you have any questions about using the website, you may call the IdentoGO Call Center for South Carolina at (866) 254-2366.

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](http://www.fbi.gov).

**If you have already submitted your fingerprints in connection with this current application to IdentoGO, provide:**

**Date you were fingerprinted: \_\_\_\_\_ Transaction number: \_\_\_\_\_**

21. A completed Law School Verification must be submitted as part of the application process. (A Law School Verification appears later in this application. Instructions for submitting the Law School Verification form are included on the form.)

22. Have you taken the Multistate Professional Responsibility Examination?

Yes  No

If so,

\_\_\_\_\_ Date of Examination      \_\_\_\_\_ Place of Examination      \_\_\_\_\_ Scaled Score

See Rule 402(c)(6), SCACR (defining acceptable MPRE score; if the MPRE score was obtained prior to the filing of the applicant's current bar application, the MPRE must have been taken within three (3) years of the date on which the current application is filed)

Did you have your MPRE scores sent to the South Carolina Office of Bar Admissions?

Yes  No

If you took the MPRE under another name, state other name \_\_\_\_\_

If NO, you should immediately request the National Conference of Bar Examiners send your score to the South Carolina Office of Bar Admissions by contacting [www.ncbex.org/ncbe-exam-score-services/ube-score-services](http://www.ncbex.org/ncbe-exam-score-services/ube-score-services). You will need your NCBE Number to access this information.

**IT IS YOUR RESPONSIBILITY TO KEEP YOUR BAR APPLICATION  
CURRENT UNTIL YOU ARE SWORN IN.**

**CHARACTER AFFIDAVIT**

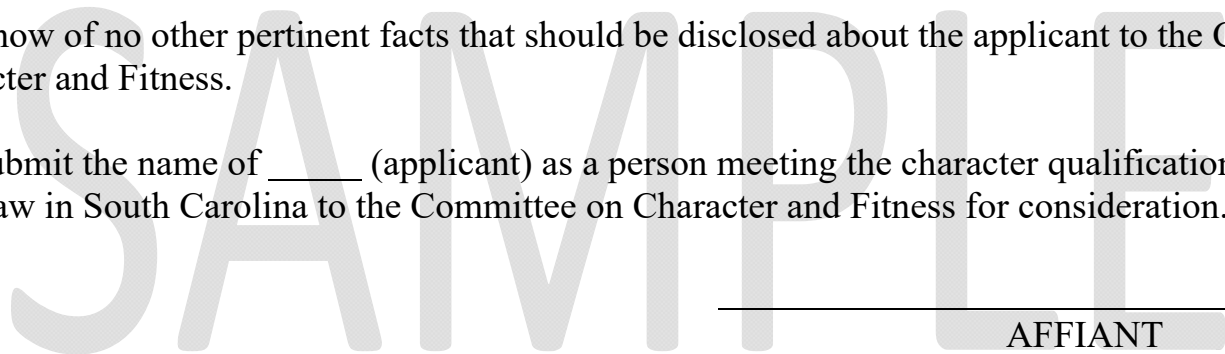
I, \_\_\_\_\_, of \_\_\_\_\_ (street), \_\_\_\_\_ (city), \_\_\_\_\_ (state), at \_\_\_\_\_ (telephone) associated with \_\_\_\_\_ (business/firm), as \_\_\_\_\_ (position), being duly sworn, declare that the applicant, named below, to take the bar examination is not related to me by blood or marriage.

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 \_\_\_\_\_ (applicant) as a person meeting the character qualifications to practice law in South Carolina to the Committee on Character and Fitness for consideration.



\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
(Notary Signature)  
Notary Public For: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**\*\*\*If additional space is needed, please attach separate page.**

**Law School Verification**

**Instructions:** Applicant must complete the following authorization and release statement in the space provided below. DO NOT write in the remainder of this form. This form should be forwarded to the Dean or other appropriate official of EACH law school you attended. The Dean or other appropriate official should complete the form and forward it directly to the Office of Bar Admissions, Supreme Court of South Carolina, P.O. Box 11330, Columbia, South Carolina 29211.

To Be Completed By Applicant:

I, \_\_\_\_\_, born on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me to furnish to the Supreme Court of South Carolina such information, including documents, records, or any other pertinent information. I hereby release, discharge and exonerate the Supreme Court of South Carolina, its agents and representatives, and any persons so furnishing information from any and all liability of every kind and nature arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Supreme Court of South Carolina or its investigating agencies.

NCBE# \_\_\_\_\_ Graduation date (expected) \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

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

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

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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**CERTIFICATE OF DEAN OF LAW SCHOOL**

From the records in your office, including the applicant's law school application, and from your personal knowledge, please check "yes" or "no" below. If your answer is "no," provide a short summary of details.

- \_\_\_ Yes \_\_\_ No    1. Do you believe the applicant to be honest?  
\_\_\_ Yes \_\_\_ No    2. Is the applicant timely and thorough in fulfilling obligations?

From the records in your office, including the applicant's law school application, and from your personal knowledge, please check "yes" or "no" below. If your answer is "yes," provide a short summary of details.

- Yes  No 1. Has the applicant ever been accused of a violation of the honor code or student conduct code, placed on academic or disciplinary probation, suspended, expelled, requested to withdraw, or otherwise subjected to discipline for academic or personal conduct reasons by any educational institution?
- Yes  No 2. Has the applicant ever been a party to legal or administrative proceedings?
- Yes  No 3. Has the applicant ever been charged with, arrested for, or convicted of any traffic or criminal offense?
- Yes  No 4. Has the applicant ever been accused of a violation of trust?
- Yes  No 5. Has the applicant ever been denied admission to the Bar of any other state?
- Yes  No 6. Has the applicant ever been delinquent in any financial obligation?
- Yes  No 7. Are you aware of any conduct or behavior by the applicant within the last five years that could call into question the applicant's ability to practice law in a competent, ethical, and professional manner?

Comments:

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Law School \_\_\_\_\_

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

After submission of this document, if any information comes to your attention which would alter any of your answers on this document, please notify the Office of Bar Admissions.



## APPENDIX 1

### TO BE COMPLETED ONLY IF YOU HAVE BEEN ADMITTED TO THE BAR OF ANOTHER STATE

1. When and where have you been admitted to practice law? (Give date in each jurisdiction.) \_\_\_\_\_
2. Have you been actively engaged in the practice of law?  Yes  No
3. If your answer to the above question is “Yes,” attach a complete statement of your practice since first being admitted in any jurisdiction, including part-time or temporary work, and show in each instance:
  - (a) The dates between which you were employed as an attorney or actively self-employed in the private practice of law;
  - (b) The exact addresses of the offices or places at which you were so employed or engaged and the names and addresses of all former employers, partners, associates, and lawyers or business firms with which you shared office space, if any;
  - (c) The nature and extent of your duties of practice; and
  - (d) The reason for the termination or each employment or period of practice.
4. Have you been in good standing and entitled to practice in the jurisdiction or jurisdictions specified above continuously from the date you first became so entitled until the date of this application?  Yes  No

If not, specify reason and dates of disqualification in each instance. (Refer to but do not repeat previous answers.)

\_\_\_\_\_
5. Give the name and locations of all Courts and administrative agencies before which you have ever been entitled to practice and specify, in each instance, the highest tribunal of that jurisdiction. If you are not now, or have not been continuously, so entitled since first becoming entitled, specify reason and date of disqualification in each instance. \_\_\_\_\_
6. Before which Courts has your practice of law been chiefly conducted? \_\_\_\_\_
7. Give the name and address of each bar association of which you are now or have ever been a member. If not still a member, state reason in each instance. \_\_\_\_\_

8. (a) Has any client ever complained of your failure to remit money?  Yes  No

If so, explain. \_\_\_\_\_

- (b) Have you ever been sued by a client on a cause of action arising out of professional misconduct?  Yes  No

If so, give full facts and disposition. \_\_\_\_\_

- (c) Why did you move to South Carolina? \_\_\_\_\_

9. Have you ever held any judicial office?  Yes  No

If so, state where and for what periods, offices held, and whether or not a Court of record; and, if terminated, the reason for such. \_\_\_\_\_

10. Is it your intention, if admitted, to engage actively in the practice of law in South Carolina?  Yes  No

11. Submitted with this application are the following:

- (a) A current certificate of the Clerk of the highest Court of the District of Columbia or of the State(s) and any court of the United States in which you have been admitted to practice law showing the dates of admission and present standing. (Include all State and Federal Courts)
- (b) A letter or certificate from Judge \_\_\_\_\_ of the \_\_\_\_\_ Court of \_\_\_\_\_ in which you have practiced, certifying your character and standing. If military practice, certificate from JAG is required.
- (c) For each state where you have been admitted, documentation of your attorney disciplinary history or lack thereof from the State Bar, Attorney Disciplinary Commission or other applicable agency. A complete history includes information relating to any and all public and confidential sanctions and any and all charges, complaints, and grievances filed against you regardless of the disposition of the charges, complaints, and grievances. Further, the applicable agency should report any instance in which you may have been transferred or placed on disability or

inactive status. Pending proceedings regarding disciplinary or disability inactive status shall be disclosed.

This record must be requested from each jurisdiction where you are currently or were previously admitted to the practice of law. The record must be sent directly from the applicable agency to the Office of Bar Admissions c/o The Supreme Court of South Carolina, P.O. Box 11330, Columbia, South Carolina 29211.

DO NOT ALTER THIS FORM  
Corrections/erasures VOID this form

*To be used with Question 14*

**APPENDIX 2/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.

*To be used with Question 14*

**APPENDIX 3/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