

4. Are you a resident of the Commonwealth of the Northern Mariana Islands? Yes No

If so, what date did you become such a resident? _____

5. Are you requesting special testing accommodations for a disability, as that term is defined in the Americans with Disabilities Act of 1990? Yes No

[If your answer is "yes", the Bar Administrator will contact you to request detailed information about your disability. Reasonable efforts will be made to accommodate an applicant with a disability.]

6. The answers contained on Section One and Section Two of the Bar Admissions Application packet are complete and true to the best of my knowledge.

7. Upon satisfying all of the requirements for admission to the Commonwealth of the Northern Mariana Islands Bar, I hereby apply for admission to practice law in the Commonwealth of the Northern Mariana Islands.

Dated this day of _____, 20____.

(Applicant's signature)

COMMONWEALTH/STATE OF _____

AFFIDAVIT

ISLAND/COUNTY OF _____) §§

_____ being first duly sworn, on oath or affirmation, does hereby depose and say:

That I do hereby apply to the **CNMI** Board of Bar Examiners and the Supreme Court of the Commonwealth of the Northern Mariana Islands for permission to sit for the _____, 20__ bar examination; and if this application is approved, and if I am successful in attaining a passing score on such examination, I further apply for admission to practice the profession of law before the Supreme Court;

That I have read the bar admissions application, including the instructions, and my complete answers, and that the same are full, true and complete in all respects and that I have completed such answers, and provided such information without mental reservation or purpose of evasion. I fully realize that the determination of whether I may be allowed to practice law in the Northern Mariana Islands depends on the truth and completeness of my answers in this application and the information furnished with it;

I understand that if I have furnished significantly false or incomplete information, my application may be summarily rejected. I also understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one, and accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted which would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Supreme Court of the Commonwealth of the Northern Mariana Islands of the discrepancy, and furnish the necessary information to correct or complete my application. I will give any further information which may be required in connection with my application;

That I have carefully read the Rules of the Commonwealth Supreme Court relating to the admission to practice law in the Northern Mariana Islands and I make this application in accordance with those rules;

I hereby authorized the Supreme Court of the Commonwealth of the Northern Mariana Islands, or any agent or authorized representative thereof, to make a complete investigation of my character, financial responsibility, and general fitness to practice law in the Northern Mariana Islands. I release and exonerate any person or organization supplying requested information in connection with this application, or the investigation.

I understand that the information furnished in, and in connection with, this application is confidential and will not be disclosed to persons outside of the **CNMI** Bar Examiners Committee and Supreme Court of the Commonwealth of the Northern Mariana Islands, their agents, representatives or respective staffs, without my prior consent; and that such application is and shall remain the property of the Supreme Court of the Commonwealth of the Northern Mariana Islands.

That if I achieve a passing grade on the written examination and if I am found otherwise fit to practice law, I agree that I will subscribe to the oath of office propounded by the Supreme Court of the Commonwealth of the Northern Mariana Islands.

Dated this _____ day of _____, 20_____

(Applicant's signature)

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

Notary Public for the
Commonwealth/State of _____
County of _____
My Commission expires _____

(Notary Seal)

COMMONWEALTH/STATE OF) _____

ISLAND/COUNTY OF _____) §§

AUTHORIZATION AND RELEASE

To: _____

I, _____, born at (City) _____, (State) _____, (Country) _____ having filed an application for admission to the Commonwealth of the Northern Mariana Islands Bar, hereby give my consent for a character report, and 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 by the admitting authority. I agree to give any information which may be required in reference to my past record. I understand that the contents of my character report are privileged.

I also 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 the Commonwealth of the Northern Mariana Islands and their agents and representatives, any such 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 Supreme Court of the Northern Mariana Islands or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I authorize the National Personnel Records Center, in St. Louis, Missouri or other custodian of my military records to release to the Supreme Court of the Commonwealth of the Northern Mariana Islands information or photocopies from my military personnel and related medical records, or only the following information/records:

This could include a copy of my DD For 214, Report of Separation.

I hereby release, discharge, and exonerate the Supreme Court of the Commonwealth of the Northern Mariana Islands, its agents and representatives, the admitting authority of the above jurisdiction, its agents and representatives, and any person so 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 Supreme Court of the Commonwealth of the Northern Mariana Islands.

Date: _____

(Applicants signature)

Subscribed and sworn to or affirmed before me this day of _____, 20____.

(Notary Seal)

Notary Public for the
Commonwealth/State of _____
Island/County of _____
My Commission expires _____