REINSTATEMENT QUESTIONNAIRE

To facilitate the processing of Petitions for Reinstatement to practice law the petitioner shall complete this questionnaire understanding that complete and accurate answers are required. This questionnaire shall become a part of the record in the reinstatement proceedings. In addition to filing a completed questionnaire, the petitioner must file with the Board Office a petition for reinstatement which shall include a statement of the material facts to be established concerning petitioner’s moral qualifications, competency, and learning in the law, and showing that petitioner’s resumption of the practice of law will not be detrimental to the integrity of the bar or to the administration of justice, or subversive of the public interest. Such material facts shall address: 1) the nature and circumstances of the misconduct for which petitioner was disbarred or suspended; 2) petitioner’s recognition of the seriousness of such misconduct; 3) petitioner’s conduct during the period of disbarment or suspension, including steps taken to remedy past wrongs and prevent future ones; 4) petitioner’s present character; and 5) petitioner’s present qualifications and competence to practice law.

1. Name, business address, telephone, residence address, telephone, date of birth, marital status:

   Full Name

   Business Address
2. Number of Dependents

3. List the names of each college and university and law school petitioner attended, their location (including the campus if the school had more than one), the dates attended, the degree received, and reason for leaving each school if no degree was awarded by that institution.

4. Describe the nature of the occupation pursued by the petitioner during the period of disbarment or suspension, and list the name of all partners, business associates, and employers, if any, and dates and duration of all such relationships and employment.

5. Provide a statement showing the approximate monthly earnings and other income of the petitioner, and the sources from which all such earnings and income were derived during the period of disbarment or suspension.

6. Provide a statement listing all residences maintained by the petitioner during the period of suspension or disbarment, including the names and addresses of landlords, if any.
7. List the jurisdictions and courts where the petitioner has been admitted to the practice of law, together with the dates of said admissions.

8. List every state or foreign country to which you have ever submitted a) an application to be admitted where the application was denied or if the application was withdrawn, and/or b) an application for reinstatement.

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<tr>
<th>State or foreign country</th>
<th>Date Applied for Admission or Reinstatement</th>
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<th>State Disposition of Application</th>
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9. Have you ever applied for (or applied for and then withdrew an application) or held a license for a business, trade, or profession, other than as an attorney at law, the procurement of which required proof of good character and/or examination (e.g., certified public accountant, patent practitioner, or real estate broker)?

If yes, provide the following information about each license.

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<th>Type of License</th>
<th>Issuing Authority</th>
<th>Date Issued</th>
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<th>Address of Issuing Authority</th>
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Have you ever been denied a business, trade, or professional license?

Have you ever had such a business, trade, or professional license revoked or suspended?
10. List the offense(s) or misconduct upon which the disbarment or suspension was based, together with the date of the disbarment or suspension order, and the caption and docket number(s) of the proceeding:

   a. In the District of Columbia:

   b. In any other jurisdiction or court where the petitioner was the subject of a reciprocal discipline proceeding.¹

11. Have there been or are there now any charges, complaints, or grievances pending concerning your conduct as an attorney in any bar of which you are a member or have ever been a member other than the District of Columbia Bar. If you answered yes, state the date of any charges, complaints or grievances, and the name and address of the authority in possession of the records regarding the matter and provide a brief narrative explanation of the circumstances surrounding each matter.

12. List any discipline for misconduct of petitioner other than that which forms the basis for the suspension or disbarment involved in this petition, in any jurisdiction where petitioner has been admitted to practice law. A certified copy of any official action to that effect in any jurisdiction shall be attached to this questionnaire and petitioner shall also provide a description of the misconduct and the specific disciplinary action(s).

¹ A certified copy of any disbarment or suspension order in any jurisdiction other than the District of Columbia Court of Appeals shall be attached to this questionnaire.
13. Provide the names and addresses of all complaining witnesses in the proceedings which resulted in disbarment, suspension or other disciplinary action in the District of Columbia and in any other jurisdiction, and the names of other witnesses involved in the prior proceedings.

14. If an issue of disability (physical, mental, or addiction) was raised in the original disciplinary proceeding or will be raised by the petitioner in this reinstatement proceeding, the petitioner shall state whether he or she has ever been treated for or counseled for such disability since the date of suspension or disbarment and complete Forms A and B.

15. Provide a statement showing the dates, general nature and final disposition of every civil action, in any jurisdiction, during the period of disbarment or suspension wherein the petitioner was either a party plaintiff or defendant or in which he had or claimed an interest, together with dates of filing of complaints, titles of courts and the names and addresses of attorneys for said parties and of the trial judge or judges, and the names and addresses of all witnesses who testified in such actions.

16. If the original disciplinary proceeding involving petitioner addressed any financial irregularities, identify all banks and other financial institutions at which the petitioner has maintained accounts during the period of disbarment or suspension.
17. If the original disciplinary proceeding involving petitioner addressed any financial irregularities, provide a statement showing all financial obligations of the petitioner which are or have been past due more than 90 days during the period of discipline to the date of filing of the petition for reinstatement together with the dates when such obligations were incurred and the names and addresses of all creditors.

18. If the original disciplinary proceeding involving petitioner addressed any financial irregularities, state whether any surety on any bond on which petitioner was the principal has been required to pay any money on your behalf during the period of discipline to the date of filing of the petition for reinstatement and the name and address of the bonding company.

19. If the original disciplinary proceeding involving petitioner addressed any financial irregularities, state whether petitioner has filed a petition for bankruptcy during the period of discipline to the date of filing of the petition for reinstatement and the name of the court involved, the complete title of the action, and the disposition.

20. If the original disciplinary proceeding involving petitioner addressed any financial irregularities, state whether petitioner has had a credit card revoked during the period of discipline to the date of filing of the petition for reinstatement
and the name of the credit card, the account number of the credit card, the date of revocation, and amount due at the time of revocation.

21. Provide a statement as to whether the petitioner during the period of disbarment or suspension had a complaint filed against him or her in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, forgery or legal malpractice. If the answer is yes, attach copies of the pleadings, allegations, dispositions and judgments.

22. Provide the name of the prosecuting attorney if disbarment or suspension was based on conviction of a crime.

23. If disbarment or suspension was based on conviction of a crime, provide a statement showing the date of incident and charges at time of arrest, regardless of whether petitioner was prosecuted. Attach a copy of the arresting officer’s report.

24. Provide a statement showing the dates, general nature and ultimate disposition of every matter involving the prosecution of the petitioner in any jurisdiction during the period of suspension or disbarment for any crime, whether felony or misdemeanor. Attach a copy of the arresting officer’s report, complaint, indictment, trial disposition, sentence and appeal, if any. Complete attached Form C.
25. List any moving traffic violations incurred since the date of suspension or disbarment, including the date of the incident, location, and brief description of the incident. For each such violation, attach a copy of the officer’s report and the disposition.

26. Provide a statement of any financial or other action taken by the petitioner in the nature of restitution or other appropriate relief to individuals injured by his or her misconduct.

27. During the period of disbarment or suspension, has (1) the Attorney/Client Arbitration Board of the District of Columbia Bar (the “ACAB”) made an award against petitioner or (2) the Clients’ Security Fund of the District of Columbia Bar (the “CSF”) requested that petitioner reimburse the CSF for a payment made to petitioner’s client(s)? If so, please provide the case number of each ACAB arbitration or CSF claim, as well as the status of each, including whether the terms of the ACAB arbitration award have been completed and/or whether restitution has been paid to the CSF.

28. State whether you complied with Rule XI of the District of Columbia Court of Appeals Rules Governing the Bar, Section 19, if suspended or disbarred before September 1989, and Section 14, if suspended or disbarred during or after September 1989.

   a. Attach hereto a copy of the affidavit that you filed in compliance with
Rule XI, Section 19 or Section 14.

b. Attach hereto any proof of your compliance with the notice requirements set forth in Rule XI, Section 19(1) and (2) or Section 14 (a), (b), and (c).

29. State whether or not petitioner intends to practice law in the District of Columbia if reinstated.
I have read the foregoing document and have answered all questions fully.
The answers are complete and true to the best of my knowledge.

__________________________________________
Signature

__________________________________________
Date
* To Be Completed with Question 14

Form A Description of Mental, Emotional, or Nervous Disorders or Chemical Dependency

Name ________________________________________________

First Middle Last

Social Security Number ________________________________

Date of Treatment: From Mo/Yr __________ To Mo/Yr ____________

Name of attending physician ________________________________

Physician’s current address ____________________________________

City ______________________ State ________________ Zip ________

Telephone ________________________________

Name of hospital or institution ________________________________

Address ________________________________________________

City ______________________ State ________________ Zip ________

Telephone ________________________________

Describe completely the diagnosis and treatment ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please include dates, location of the hospital, outpatient clinic, or institution, type of problem, and name and address of the attending physician, hospital, or institution.

State present condition ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Form B  Authorization to Release Medical Records

Upon presentation of the original or a photocopy of this signed authorization, I, (petitioner’s name) ____________________________________________, authorize (Name and address of physician, psychiatrist, psychologist, therapist, counselor or other medical provider) ____________________________________________ and (Name and address of hospital, clinic, treatment facility or other institution) ____________________________________________ (hereafter, “the Provider(s)”)) to provide information, including copies of my records and files, concerning advice, care or treatment provided to me, without limitation, relating to illness or disability, and/or use of drugs or alcohol to a representative of the Office of the Disciplinary Counsel, and/or the District of Columbia Board on Professional Responsibility for the following dates of service: from _________ to _________. I understand that any information as may be received will become part of Disciplinary Counsel’s file in any disciplinary proceeding brought against me by Disciplinary Counsel where I raise my disability(ies) in mitigation. I further understand that should Disciplinary Counsel decide to offer any of the information received as evidence in such proceeding, Disciplinary Counsel will so advise me in order to provide me an opportunity to apply for a protective order.

I hereby release, discharge, and exonerate the Office of Disciplinary Counsel, its agents and representatives, the Board on Professional Responsibility, its agents and representatives, and the Provider(s), its agents and representatives, so furnishing information, from any and all liability or every nature and kind arising out of the furnishing, inspection, and/or use of such documents, records, and other information, by the Office of Disciplinary Counsel and/or the Board on Professional Responsibility. I further acknowledge that information disclosed pursuant to this authorization may be redisclosed by the recipient and is no longer protected by HIPAA Privacy Rule, 45 C.F.R. § 164.508(c)(1).

I reserve the right to revoke this authorization in accordance with HIPAA Privacy Rule, 45 C.F.R. § 164.508(b)(5). Said revocation will be in writing to the Provider(s) and will not apply to disclosures made in reliance upon the authorization before it was received by the Provider(s).

This release expires on ____________________ .

______________________________
Signature of Petitioner

______________________________ *
Date of Birth

______________________________ *
Social Security No.

SUBSCRIBED and SWORN to before me this ___ day of ____________, ____________.

______________________________
Notary Public

* This identifying information may be necessary to obtain the requested information from the provider designated above. Please note that Board Rule 19.8(f)(i) provides that Social Security Numbers and Dates of Birth must be redacted from any document filed with a Hearing Committee or the Board.
Form C  Authorization to Release Law Enforcement Agency Records

Upon presentation of the original or a photocopy of this signed authorization, I, (petitioner’s name) ____________________________, authorize (Law Enforcement Agency, Address) ____________________________ to provide information, including copies of records, concerning my criminal record for matters for which I was or am being prosecuted to representatives of the Office of Disciplinary Counsel, District of Columbia Board on Professional Responsibility 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 become a part of Disciplinary Counsel’s file in by reinstatement proceeding and that should Disciplinary Counsel decide to offer any information received as evidence in that proceeding that Disciplinary Counsel will so advise me in order to provide me an opportunity to apply for a protective order.

I hereby release, discharge and exonerate the Office of Disciplinary Counsel, its agent and representatives, the Board on Professional Responsibility, its agents and representatives and the law enforcement agency, 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 such documents, records and other information or the investigation made by the Office of Disciplinary Counsel or the Board on Professional Responsibility.

__________________________________________
Signature of Petitioner

__________________________________________
Date

SUBSCRIBED and SWORN to before me this ___ day of __________________, _______.

__________________________________________
Notary Public

Seal or Stamp must be affixed to each original.