



BOARD ON PROFESSIONAL RESPONSIBILITY

REINSTATEMENT QUESTIONNAIRE

(If the space provided on the questionnaire is not sufficient, continue your answer on a separate page)

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 the petitioner's moral qualifications, competency, and learning in the law, and showing that the 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 the petitioner was disbarred or suspended; 2) the petitioner's recognition of the seriousness of such misconduct; 3) the petitioner's conduct during the period of disbarment or suspension, including steps taken to remedy past wrongs and prevent future ones; 4) the petitioner's present character; and 5) the petitioner's present qualifications and competence to practice law.

1. Full Name: _____
Bar Number: _____
Business Address: _____
Home Address: _____
Telephone Numbers: _____ (home)
_____ (work)
Email Address: _____
Date of Birth: _____
Marital Status: _____

2. Number of Dependents: _____

3. List the names of each college and university and law school the 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.

Name & Address of School	From (Mo. & Yr.)	To (Mo. & Yr.)	Degree Received or Reason for leaving

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.

Occupation	Partners, business associates, & employers	From (Mo. & Yr.)	To (Mo. & Yr.)

5. Attach 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. List all residences maintained by the petitioner during the period of disbarment or suspension, including the names and addresses of landlords, if any.

Residence	Landlord's Name	Landlord's Address

7. List the jurisdictions and courts where the petitioner has been admitted to the practice of law, together with the dates of said admissions.

Jurisdiction / Court	Date of Admission

8. Has the petitioner ever submitted a) an application to be admitted to practice law where the application was denied or if the application was withdrawn, and/or b) an application for reinstatement? ____ If so, list every state or foreign country in which the petitioner has filed such an application. If not, proceed to Question 9.

State or foreign country	Date Applied for Admission or Reinstatement	Disposition of Application

9. Has the petitioner ever applied for 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 so, provide the information below concerning each license application. If not, proceed to Question 10.

For any license that has been held by the petitioner, provide the following information:

Type of License	Issuing Authority	Address of Issuing Authority	Date Issued

For any license application that has been withdrawn or denied, or any license that has ever held but later revoked or suspended, provide the following information:

Type of License	Issuing Authority	Address of Issuing Authority	Date Withdrawn, Denied, 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:

Offense(s) or Misconduct Upon Which Disbarment or Suspension was Based	Date of Disbarment or Suspension Order	Case Caption & Docket Numbers

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

Jurisdiction / Court	Offense or Misconduct Upon Which Disbarment or Suspension was Based	Date of Disbarment or Suspension Order	Case Caption & Docket Numbers

11. Have there been or are there now any charges, complaints, or grievances pending concerning the petitioner's conduct as an attorney in any bar of which the petitioner is a member or has ever been a member other than the District of Columbia Bar? ____ If so, state the date of the name and address of the authority in possession of the records regarding the matter and attach

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.

a brief narrative explanation of the circumstances surrounding each matter. If not, proceed to Question 12.

Jurisdiction / Court	Offense or Misconduct Upon Which Disbarment or Suspension was Based	Date of Disbarment or Suspension Order	Case Caption & Docket Numbers

12. Has the petitioner been disciplined for misconduct 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? ____ If so, include a description of the misconduct and specific disciplinary action(s) below and attach a certified copy of any official action to that effect. If not, proceed to Question 13.

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.

Name	Address	Jurisdiction

14. Was an issue of disability (physical, mental, or addiction) raised in the original disciplinary proceeding, or if such an issue will be raised by the petitioner in this reinstatement proceeding? ____ If so, state whether the petitioner has ever been treated for or counseled for such disability since the date of suspension or disbarment and complete Forms A and B. If not, proceed to Question 15.

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15. Has the petitioner been a party plaintiff or defendant or claimed an interest in any civil action, in any jurisdiction, during the period of disbarment or suspension? ____ If so, provide a statement showing the dates, general nature, and final disposition of every such action together with dates of filing of complaints, titles of courts, 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.

Civil Action Title & Judge	Party Type	Date Complaint Filed	Names & Addresses of Witnesses	Disposition

16. Did the original disciplinary proceeding involving the petitioner address any financial irregularities? ____ If so, identify all banks and other financial institutions at which the petitioner has maintained accounts during the period of disbarment or suspension and answer Questions 17-20. If not, proceed to Question 21.

17. 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.

Type of Financial Obligation	Name & Address of Creditor	Date Obligation was Incurred

18. State whether any surety on any bond on which the petitioner was the principal has been required to pay any money on the petitioner's 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.

Surety	Name & Address of Bonding Company

19. Did the petitioner has filed a petition for bankruptcy during the period of discipline to the date of filing of the petition for reinstatement? ____ If so, provide the name of the court involved, the complete title of the action, and the disposition. If not, proceed to Question 20.

Court	Case Title	Disposition

20. Did the petitioner have had a credit card revoked during the period of discipline to the date of filing of the petition for reinstatement? ____ If so, list 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. If not, proceed to Question 21.

Credit Card Issuer	Account Number	Date of Revocation	Amount Due

21. Has a complaint been filed against the petitioner in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, forgery or legal malpractice during the period of disbarment or suspension? ____ If so, attach copies of the pleadings, allegations, dispositions, and judgments arising from the complaint. If not, proceed to Question 22.

22. Was the disbarment or suspension based on conviction of a crime? ____ If so, provide the name of the prosecuting attorney and answer Question 23. If not, proceed to Question 24.

Prosecutor Name: _____

23. List the date(s) of the incident(s) and charges at time of arrest, regardless of whether the petitioner was prosecuted. Attach a copy of the arresting officer's report.

Date of Incident	Charges at Time of Arrest

24. Has the petitioner been prosecuted for any crime, whether felony or misdemeanor, in any jurisdiction during the period of disbarment or suspension? ____ If so, list the dates, general nature, and ultimate disposition of every such matter, attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any, and complete Form C. If not, proceed to Question 25.

Date of Incident	General Nature of Criminal Matter	Disposition

25. Has the petitioner incurred any moving traffic violations since the date of suspension or disbarment? ____ If so, list the date, location, and brief description of each incident and attach a copy of the officer's report and the disposition. If not, proceed to Question 26.

Description of Incident	Date & Location

26. Has the petitioner taken any financial or other action in the nature of restitution or other appropriate relief to individuals injured by his or her misconduct? ____ If so, describe such action below. If not, proceed to Question 27.

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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.

Case Number	Status

28. Attach hereto a copy of the affidavit that the petitioner filed in compliance with Rule XI, Section 14(g).²

29. Attach hereto any proof of the petitioner's compliance with the notice requirements set forth in Rule XI, Section 14(a), (b), and (c).

30. Does the petitioner intend 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

² Petitioners who were suspended or disbarred before September 1989 should submit proof of compliance with the affidavit and notice requirements in effect at the time of discipline. See Rule XI, Section 19 (1982).

* 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 _____

* To Be Completed with Question 14

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

Seal or Stamp must be affixed to each original.

* 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.

* To Be Completed with Question 24

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.