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	
Home Address	
Telephone Numbers	(home)
	(work)

Date of Birth ______ Marital Status ______

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.

State or foreign country

Date Applied for Admission or Reinstatement

State Disposition of Application

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.

Type of License	Issuing Authority				
	Date Issued				
Address of Issuing Authority					

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 the name and address of the authority in possession of the

¹ A certified copy of any disbarment or suspension order in any jurisdiction <u>other than the District of</u> <u>Columbia Court of Appeals</u> shall be attached to this questionnaire.

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).

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. 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(4) or Section 14(f).

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).

28. 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 Number 14

Form A	Description of Dependency	Mental,	Emotional,	Nervous	Disorders	or	Chemical
Name	Firet						
	First		Middle		Last		
Social Secu	irity Number						
Date of Trea	atment: From Mo	/Yr		То Мо	/Yr		
Name of att	ending physician						
Physician's	current address						
City	State		te		Zip _		
Telephone							
Name of ho	spital or institution	۱					
Address							
City		State			Zip _		
Telephone							
Describe co	mpletely the diag	nosis 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 Number 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, Address of Institution or Doctor) ______

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol to representatives of the Office of Bar 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 information as may be received will become part of Bar Counsel's file in my reinstatement proceeding and that should Bar Counsel decide to offer any of the information received as evidence in that proceeding that he will advise me to provide me with the opportunity to apply to the hearing committee for a protective order.

I hereby release, discharge and exonerate the Office of Bar Counsel, its agent and representatives, the Board on Professional Responsibility, its agents and representatives and (Names, Address of Institution or Doctor)

its agents and representatives so furnishing information form 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 Bar Counsel or the Board on Professional Responsibility.

Signature of Petitioner

Date

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

Notary Public

Seal or Stamp must be affixed to each original.

To Be Completed With Question Number 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 Bar 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 Bar Counsel's file in by reinstatement proceeding and that should Bar Counsel decide to offer any information received as evidence in that proceeding that he will advise me to provide me with the opportunity to apply to the hearing committee for a protective order.

I hereby release, discharge and exonerate the Office of Bar 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 Bar Counselor the Board on Professional Responsibility.

	Signature of Petitioner
	Date
Subscribed and sworn to me before this	s day of,

Notary Public

Seal or Stamp must be affixed to each original.