

**BEFORE THE BOARD OF COMMISSIONERS  
ON CHARACTER AND FITNESS  
OF THE SUPREME COURT OF OHIO**

---

In the Matter of the Application of \_\_\_\_\_

**APPLICANT'S SUPPLEMENTAL  
CHARACTER QUESTIONNAIRE**

to Take the Bar Examination

**EXPLANATION AND INSTRUCTIONS**

Prior to filing your Application to Take the Bar Examination, you should have filed an Application to Register as a Candidate for Admission to the Practice of Law in Ohio ("Registration Application"). As part of that application, you submitted a completed Character Questionnaire. The filing of that Character Questionnaire triggered the process by which your character, fitness, and moral qualifications to practice law were reviewed.

This Supplemental Character Questionnaire is required by Gov. Bar R. I, Sec. 3, as a final step in the character and fitness review process. The information you provide in the Supplemental Character Questionnaire will update the information you provided earlier in the Character Questionnaire you filed with your Registration Application. It will be considered confidential and may not be released except to the extent permitted in Gov. Bar R. I.

Pursuant to Gov. Bar R. I, Sec. 3, Div. (C), your completed Supplemental Character Questionnaire will be forwarded to a regional or local bar association admissions committee for review. If appropriate or necessary, the admissions committee may conduct further investigation or request a personal interview. After the admissions committee completes its supplemental character and fitness review, it will make a final recommendation as to your character, fitness, and moral qualifications.

The Board of Commissioners on Character and Fitness will consider and act upon the admissions committee's recommendation. You must receive final Board approval of your character, fitness, and moral qualifications at least three weeks prior to the examination you are applying to take. If you receive timely final approval from the Board, a notice of final approval will be sent to you, along with your bar examination instructions, approximately two weeks before the examination. Unless and until you receive final approval of your character, fitness, and moral qualifications to practice, you may not take the Ohio bar examination.

**You must answer each question on this questionnaire fully and truthfully. Any omission, untruthful answer or incomplete answer may result in your being denied the privilege of taking the bar examination and practicing law in the State of Ohio. Question 6 "must be fully answered regardless of expungements, bond forfeitures, dismissals or similar terminations and must include all actions or legal proceedings occurring in any court including juvenile court." In re Application of Watson (1987), 31 Ohio St. 3d 220, 221. This includes any matter dismissed favorably to you, filed by you or in which you were involved in any manner other than as a witness.**

If you have any doubts about whether any matter should be reported on this questionnaire, report it. If you are not sure of dates, times, places, or other information requested, you should consult the court, governmental agency, or other entity involved to obtain the correct and full information.

**If the space provided for any answer is inadequate, complete your answer on a separate sheet, specifying the question to which it relates, sign the sheet, and attach the sheet to the questionnaire.** Sign each additional sheet you provide with the questionnaire. The answers to your questionnaire must be verified in front of a notary public. Submit the original and one copy of this questionnaire, along with the rest of your Application to Take the Bar Examination, to the Bar Admissions Office.

---

**1. Contact information**

(a) Full legal name

|         |  |
|---------|--|
| First:  |  |
| Middle: |  |
| Last:   |  |
| Suffix: |  |

If your name has changed since filing the Registration Application, please provide your previous full name:

(b) Mailing address at which you can be contacted about this application:

|                            |  |        |  |
|----------------------------|--|--------|--|
| If business, name of firm: |  |        |  |
| Street:                    |  |        |  |
|                            |  |        |  |
| City:                      |  | State: |  |
| County:                    |  | Zip:   |  |

(c) Telephone numbers and an email address at which you can be reached:

|         |  |
|---------|--|
| Phone:  |  |
| Office: |  |
| Email:  |  |

---

2. (a) Give the name and address of the law school that you are currently attending or that conferred your law degree.

|               |  |        |  |
|---------------|--|--------|--|
| Law School:   |  |        |  |
| Street:       |  |        |  |
|               |  |        |  |
| City:         |  | State: |  |
| County:       |  | Zip:   |  |
| Phone number: |  |        |  |

- (b) Give the date your law degree was or is expected to be awarded.

- 
3. State whether, since filing the Registration Application, you:

- (a) Have been disciplined, placed on probation, suspended, expelled or requested to terminate your enrollment at any law school?  Yes  No
- (b) Have violated or been formally charged with a violation of the honor code of any law school?  Yes  No
- (c) If your answer to (a) or (b) is "Yes," give the name and address of the law school, a description of the violation or alleged violation and any action by the institution, the date of the action and a full explanation of the reasons for the action. **You need not report matters previously reported fully on your Registration Application.**

- 
4. (a) Since filing the Registration Application, have you had a marriage terminated by divorce, annulment, dissolution, or any other legal termination, or have you been a party to an action for legal separation?  Yes  No

If so, provide the following:

- (1) the title and number of the case;
- (2) the name and address of the court granting the decree;
- (3) the date of the decree; and
- (4) the name, address, and phone number of your legal counsel

- (b) List all post-judgment actions filed in any of the matters listed in 4(a) above since filing the Registration Application. This list should include, but is not limited to, citations in contempt, child custody actions or motions filed in this state or any other state, and any actions brought for child support, whether by a local child support enforcement agency or an agency from another state. For each of these actions, give:

- (1) the title and number of the case;
- (2) the name and address of the court involved;
- (3) the disposition or status of the matter; and
- (4) the name, address, and phone number of your legal counsel.

5. **Beginning with the date on which you filed the Registration Application** and continuing to the present, record all employment, including self-employment, clerkships, temporary or part-time employment and military service. Be sure to include any employment that continued beyond your date of registration, even if this employment was previously recorded in your Registration Application. **You must also account for any period of time when you were unemployed, in school, or seeking employment.**

(a) From Mo/Year: \_\_\_\_\_ To Mo/Year: \_\_\_\_\_  Unemployment Period

|                                       |  |               |  |      |  |
|---------------------------------------|--|---------------|--|------|--|
| Position/Description of Unemployment: |  |               |  |      |  |
| Employer or Firm:                     |  |               |  |      |  |
| Supervisor:                           |  | Phone Number: |  |      |  |
| Street:                               |  |               |  |      |  |
|                                       |  |               |  |      |  |
| City:                                 |  | State:        |  | Zip: |  |
| Reason for Leaving:                   |  |               |  |      |  |

(b) From Mo/Year: \_\_\_\_\_ To Mo/Year: \_\_\_\_\_  Unemployment Period

|                                       |  |               |  |      |  |
|---------------------------------------|--|---------------|--|------|--|
| Position/Description of Unemployment: |  |               |  |      |  |
| Employer or Firm:                     |  |               |  |      |  |
| Supervisor:                           |  | Phone Number: |  |      |  |
| Street:                               |  |               |  |      |  |
|                                       |  |               |  |      |  |
| City:                                 |  | State:        |  | Zip: |  |
| Reason for Leaving:                   |  |               |  |      |  |

(c) From Mo/Year: \_\_\_\_\_ To Mo/Year: \_\_\_\_\_  Unemployment Period

|                                       |  |               |  |  |  |
|---------------------------------------|--|---------------|--|--|--|
| Position/Description of Unemployment: |  |               |  |  |  |
| Employer or Firm:                     |  |               |  |  |  |
| Supervisor:                           |  | Phone Number: |  |  |  |

|                     |  |        |  |      |  |
|---------------------|--|--------|--|------|--|
| Street:             |  |        |  |      |  |
|                     |  |        |  |      |  |
| City:               |  | State: |  | Zip: |  |
| Reason for Leaving: |  |        |  |      |  |

(d) From Mo/Year: \_\_\_\_\_ To Mo/Year: \_\_\_\_\_  Unemployment Period

|                                       |  |               |  |      |  |
|---------------------------------------|--|---------------|--|------|--|
| Position/Description of Unemployment: |  |               |  |      |  |
| Employer or Firm:                     |  |               |  |      |  |
| Supervisor:                           |  | Phone Number: |  |      |  |
| Street:                               |  |               |  |      |  |
|                                       |  |               |  |      |  |
| City:                                 |  | State:        |  | Zip: |  |
| Reason for Leaving:                   |  |               |  |      |  |

---

**6.** State whether, since filing the Registration Application, you:

- (a) have been refused a fidelity or other type bond;  Yes  No
- (b) to your knowledge, either have been denied a security clearance or have had revoked a security clearance previously granted to you;  Yes  No
- (c) have been discharged or asked to resign by any employer;  Yes  No
- (d) have been or are a party to or otherwise involved (except as a witness) in:
  - (1) any civil or administrative action or legal proceeding;  Yes  No
  - (2) any criminal or quasi-criminal action or legal proceeding (including, but not limited to, a misdemeanor, minor misdemeanor, traffic offense, or felony);  Yes  No
  - (3) any action or legal proceeding in a juvenile court;  Yes  No

- (e) have been summoned for a violation of any statute, regulation, or ordinance;  Yes  No
- (f) have any outstanding or unpaid fines, court costs, or tickets, including those for traffic or parking violations;  Yes  No
- (g) have been removed, resigned, or asked to resign as a guardian, executor, administrator, trustee or other fiduciary;  Yes  No
- (h) have been granted immunity from prosecution;  Yes  No
- (i) have been cited or arrested for contempt of court for any reason including, but not limited to, failure to appear as a witness or answer a subpoena or a jury summons;  Yes  No
- (j) have filed or been the subject of a petition in bankruptcy;  Yes  No
- (k) have been the subject of a trusteeship, receivership, or wage attachment or garnishment proceeding;  Yes  No
- (l) have been engaged in your own business or been a director, an officer, a more than 5% shareholder, a partner or joint venturer in any business enterprise;  Yes  No
- (m) have had a credit card revoked;  Yes  No
- (n) have any debts, including student loans, that have been more than 90 days past due;  Yes  No
- (o) have any unsatisfied judgments against you or have had a judgment against you that remained unpaid for more than 90 days;  Yes  No
- (p) have been questioned regarding the unauthorized practice of law;  Yes  No
- (q) have engaged in the unauthorized practice of law in Ohio or any other state;  Yes  No
- (r) have been employed by or otherwise connected with any person, firm or corporation whose conduct was questioned on the subject of unauthorized practice of law while you were so employed or connected;  Yes  No

- (s) have been suspended, disqualified, or disciplined as a member of any profession;  Yes  No
- (t) have had any disciplinary complaint filed against you (including any complaints that were dismissed) as a member of any profession;  Yes  No
- (u) have been removed from any office, public or private, because of conduct reflecting upon your character, or charged with conduct reflecting on your character that could result in removal from office;  Yes  No
- (v) have been declared legally incompetent or placed under a guardianship or conservatorship as an adult?  Yes  No

**If your answer to any portion of the above question is “Yes”, give full and complete information regarding the matter.**

---

7. (a) Since filing the Registration Application, have you held or applied for a license or certificate, including but not limited to any license or certificate to practice law in any jurisdiction, the procurement of which required proof of good character?

Yes  No

(b) If so, as to each license or certificate state:

- (i) the type of license or certificate;
- (ii) the date you applied for it;
- (iii) the date it was granted;
- (iv) the name and address of the authority issuing it;
- (v) whether it was refused or revoked; and
- (vi) whether you have been reprimanded, censured, or otherwise disciplined as the holder of the license.

---

8. (a) Since filing the Registration Application, have you held any public office, either by election or appointment, not previously reported?

Yes  No

(b) If so, state:

- (i) the position you have held;
- (ii) the nature of your duties;
- (iii) when you held the position; and
- (iv) where you held the position.

**NOTICE TO APPLICANTS:**

**The Board of Commissioners on Character and Fitness of the Supreme Court of Ohio has adopted questions 9-12 which must be answered by applicants for admission in Ohio.**

---

9. Since filing the Registration Application, 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 below including all relevant dates:

- 
10. (a) 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 was not disclosed in your Registration Application and that in any way affects your ability to practice law in a competent, ethical, and professional manner?

Yes  No

- (b) If your answer to Question 10(a) 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

If your answer to Question 10(a) or (b) is yes, complete a separate **FORM 7B & 8** for each service provider. Duplicate **FORMS 7B & 8** as needed. As used in Question 10, “currently” means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

---

11. (a) Since filing the Registration Application, have you engaged in any conduct that: (1) resulted in arrest, discipline, sanction or warning; (2) resulted in termination or suspension from school or employment; (3) resulted in loss or suspension of any license; (4) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or (5) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules? If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

Yes  No

- (b) If you answered yes, provide the following:
- (i) the name of entity before which the issue was raised (i.e., court, agency, etc.)
  - (ii) the address and phone number of the entity;
  - (iii) the nature of the proceeding;
  - (iv) relevant dates;
  - (v) disposition, if any; and
  - (vi) a thorough explanation.

---

12. (a) Since filing the Registration Application, have you suffered from, been diagnosed with, or been treated for kleptomania, compulsive gambling, pedophilia, exhibitionism, or voyeurism?

Yes  No

- (b) If you answered yes, provide the following:
- (i) date of diagnosis and/or treatment (from Mo/Yr to Mo/Yr);
  - (ii) the name, address, and phone number of any professional health care provider who made the diagnosis and/or rendered the treatment;
  - (iii) the name, address, and phone number of the hospital, institution, or other treatment facility; and
  - (iv) describe completely the diagnosis, the treatment or program, and the prognosis, and provide any other relevant facts.

If you answered yes to Question 12(a), please complete the appropriate Authorization and Release Information form (**FORM 7C**). Be sure to fill out a separate form for each institution or person who made a diagnosis or rendered treatment.

List below three character references who are neither relatives nor in-laws and who are not listed on the Character Questionnaire submitted as a part of your Registration Application:

(a)

|  |  |        |               |                |  |
|--|--|--------|---------------|----------------|--|
| Name of Reference:                     |  |        |               |                |  |
| If business, name of firm:             |  |        |               |                |  |
| Street:                                |  |        |               |                |  |
|  |  |        |               |                |  |
| City:                                  |  | State: |               | Zip:           |  |
| Occupation:                            |  |        | Phone Number: |                |  |
| Nature of Relationship with Reference: |  |        |               | Year(s) Known: |  |

(b)

|  |  |        |               |                |  |
|--|--|--------|---------------|----------------|--|
| Name of Reference:                     |  |        |               |                |  |
| If business, name of firm:             |  |        |               |                |  |
| Street:                                |  |        |               |                |  |
|  |  |        |               |                |  |
| City:                                  |  | State: |               | Zip:           |  |
| Occupation:                            |  |        | Phone Number: |                |  |
| Nature of Relationship with Reference: |  |        |               | Year(s) Known: |  |

(c)

|  |  |        |               |                |  |
|--|--|--------|---------------|----------------|--|
| Name of Reference:                     |  |        |               |                |  |
| If business, name of firm:             |  |        |               |                |  |
| Street:                                |  |        |               |                |  |
|  |  |        |               |                |  |
| City:                                  |  | State: |               | Zip:           |  |
| Occupation:                            |  |        | Phone Number: |                |  |
| Nature of Relationship with Reference: |  |        |               | Year(s) Known: |  |

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

County of \_\_\_\_\_ ss.

Being first duly cautioned, I hereby swear or affirm that I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true of my own knowledge.

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

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

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

*Seal or stamp must be affixed to each original.*