

**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.

Your responses to this application must be typed. If the space provided for any answer is inadequate, or if you are providing detailed information regarding a question answered in the affirmative, complete your answer on a separate sheet, specifying the question to which it relates, and attach this sheet to the application. Sign your name on each additional sheet you provide with the application. The original application must be signed under oath or affirmation.

Completed applications are to be filed with the Supreme Court of Ohio Bar Admissions Section by the deadline imposed in Gov. Bar R. I, Sec. 7. If your application is incomplete when submitted, it will not be accepted and you will be contacted to submit the deficient items.

After your application is filed, you will have a continuous reporting obligation and must notify the Bar Admissions Section of the Supreme Court of any changes or additions to the information provided in your application.

Any applicant who qualifies for testing accommodations under the Board of Bar Examiners Policy on Applicants with Disabilities may file a Request for Testing Accommodations. The Request must be filed with this application.

If you have any questions regarding your application or any of the provisions of Rule I, please contact the Bar Admissions Section of the Supreme Court of Ohio at 614.387.9340 or baradmissions@sc.ohio.gov. Applications, application updates, and correspondence regarding admissions matters should be uploaded to the Bar Admissions Portal.

Bar Examination Month/Year for which you are applying _____

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. If you need additional space, complete your answer on a separate sheet and attach it to the application. Sign your name on each additional sheet you provide with the application.**

- (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) 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.

11. Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher, or other educator, based on:

- | | | |
|--|-----|----|
| <ul style="list-style-type: none">• your truthfulness,• your excessive absences• the matter in which you handled or preserved the money or property of others,• a serious or repeated failure to submit your work in a timely manner,• your competence or diligence in the performance of job or academic duties,• your ability to maintain the confidentiality of information, or• your endangering the safety of others? | Yes | No |
|--|-----|----|

If you answered yes, complete the following section. You may include information regarding all defenses or claims that you wish to offer.

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.