GENERAL APPLICATION FOR GOVERNMENT ATTORNEYS

1.	Applicant's Name:					
	• •	Last	First		Middle	
	Have you ever been known by any other name? Yes \(\sigma\) No \(\sigma\) If so, please provide details stating in full every other name by which you have been known and inclusive dates. If name change was made by court order, attach order to this form.					
2.	Physical Address					
]	Street, Apt No	\	Village, City		
		State/Territory	Zip Code			
		()	()	()		
	-	Cell Phone Number	Alternate Numbe	r Fax Num	nber	
3.	Mailing Address (if different from above):					
		PO Box Number		Village, City		
		State/Territory	Z	Zip Code		
4.	Primary Email address: Alternate Email Address:					
		nary Email address will b uld immediately notify ba				
5.	Date of Birth:		h Place			
	ľ	∕lo / Day / Year	City/Village	State/Province/Territory	Country	
6.		t of the Commonwealth? d you become a resident? _	Yes No No Mo / Year			
7	Current Governme	ent Agency Employer:				
• •	Carroin Governing					

8. Date of Hire at Current Government Agency Er	mployer: Mo / Day / Year				
Please list every other jurisdiction which you ar the dates of admission:	Please list every other jurisdiction which you are now, or were ever, admitted to practice law in and ne dates of admission:				
Jurisidction	Dates of admittance Dates of admittance Dates of admittance Dates of admittance				
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. Have you ever applied for admission to the Commonwealth of the Northern Mariana Islands Bar Association before? Yes \(\subseteq \text{No} \subseteq \) If yes, please attach declaration detailing dates, admission status and circumstances of application.					
By signing this Application, the undersigned hereby swears: The answers contained in this Application and all accompanying documents are complete and true to the best of my knowledge. I understand that the information provided in this Application and all accompanying documents is submitted under oath and failure to answer or to make full disclosure on this or any application material may be grounds for denial of my application for admission to the Bar. Upon satisfying all of the requirements for admission to the Commonwealth of the Northern Mariana Islands Bar, I hereby apply for admission to practice law in the Commonwealth of the Northern Mariana Islands.					
Signed:	Date:				
Applicant					
FOR OFFICE USE ONLY					
Recd by: Postmark date: Enclosed:	C&F Exmp □				
Form B Form C Form D NCBE App. NCBE Rel./Auth C&F Fees Ed. Q. Cert Letter Cert of Stnd					