

5. Date of Birth: _____ Birth Place _____
Mo / Day / Year City/Village State/Province/Territory Country

6. I have had a report for Character and Fitness completed in the Commonwealth: Yes No
If yes, when was the report completed? _____
Mo / Day / Year

7. I am submitting Form H: Notification of Special Needs with my application: Yes No

Question 8 is for Attorney Exam Applicants Only:

8. I qualify to take the Attorney's Exam pursuant to Rule of Admission 72-2: Yes No
If yes, applicant must attach declaration in accordance with Rule of Admission 72-2.

Question 9 is for Regular Exam Applicants Only:

9. I qualify to waive the requirements of the Multistate Bar Examination pursuant to Rule of Admission 72-1(e)? Yes No
If yes, applicant must forward the score to the Bar Administrator in accordance with 72-1(e).

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: _____
Applicant

Date: _____

FOR OFFICE USE ONLY

Recd by:

Postmark date:

Enclosed:

MBE Exmp

C&F Exmp

Form B Form C Form D Form H C&F App. NCBE Rel./Auth Ed. Q.

C&F Fees MBE Fee Test Fee

ATT Ex: Declaration Cert of Stnd