

**ALABAMA STATE BAR ADMISSIONS OFFICE**

**PAPER ITEMS PACKET INSTRUCTIONS**

**BAR EXAM APPLICATION (NCBE C&F NOT REQUIRED)**

The items in this packet must be printed in hard copy, completed (including notarization where applicable) and returned to the Admissions Office before processing will begin on your electronic application. Once these items have been received, you will receive confirmation and we will begin processing your application.

The items listed below are included in this packet and must be received by the deadline given in your application acknowledgment email.

- Acknowledgment of Complete Application
- Alabama Authorization & Release
- Attorney Affidavit (x3) – to be completed and returned separately by attorney affiants; **may be received after Paper Items Packet deadline.**

The completed items must be returned in hard copy format to the following address:

Alabama State Bar  
Attn: Admissions  
P.O. Box 671  
Montgomery, AL 36101

For more information, you may contact the Admissions Office at (334) 269-1515.

\_\_\_\_\_  
Applicant Name

**ACKNOWLEDGMENT OF COMPLETE APPLICATION**

I have submitted an application to the Alabama State Bar, through its online application portal and, in said application, I have answered all questions completely and fully in all respects without mental reservation or purpose of evasion. I am aware that the application is continuing in nature and that I should update my application, if necessary. I have not modified the questions in any respect, and I understand that should they be modified, work on my application may be terminated. I understand that I should update my application during its pendency and that failure to do so may result in delays in its processing.

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

\_\_\_\_\_  
Date

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Notary Public*

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

Seal or stamp must be affixed to each original.

ALABAMA AUTHORIZATION AND RELEASE

Name of Registrant or Applicant

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ Applicant Name

Having filed an application with the Alabama Board of Bar Examiners and fully recognizing the responsibility to the Public, the bench and the Bar of this State lodged with the Alabama Board of Bar Examiners by the Supreme Court of Alabama under the Constitution of the State of Alabama to determine that only those of high character and ability are admitted to the Bar of Alabama, hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of an attorney, to furnish the originals or copies of any such documents, records and other information to said Board, or any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the Alabama Board of Bar Examiners or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other incident in any way to cooperation with the Alabama Board of Bar Examiners, or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize the Alabama Board of Bar Examiners or its authorized representative, at their discretion, to prepare for immediate or future release of bar exam scores, statistics and other reports on performance which may contain my name.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by said Alabama Board of Bar Examiners. The undersigned further waives absolutely any privilege he/she may have relevant to his/her good moral character and fitness to perform the responsibilities of an attorney under the laws of Alabama, Rules of Court, and such other regulations as may be promulgated governing the practice of law in the State of Alabama.

In witness whereof, I have set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, an officer duly authorized to administer oaths and take acknowledgments, hereby certify that on this day personally appeared before me

Applicant Name

to me well known to be the person described in an who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at the City of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

Commission Expires

CERTIFICATE

All forms of Authorization and Release executed by student registrants and applicants for admission into the Alabama State Bar shall terminate immediately upon admission to the Alabama State Bar or within 60 days of the total and absolute withdrawal of an application the applicant.

I, Terri B. Lovell, as Secretary of the Alabama Board of Bar Examiners, hereby certify that the above referenced registrant or a pplicant has not notified this Board of the termination of his/her application, nor has the registrant or applicant been admitted t o the Alabama State Bar.

DATE \_\_\_\_\_

Secretary, Alabama Board of Bar Examiners

**ATTORNEY AFFIDAVIT**

**NOTE TO ATTORNEY AFFIANTS:**

*The Attorney Affidavit serves a most useful and important function in the certification process. Be sure you are sufficiently acquainted with the application to execute the affidavit. State the "facts" called for with some particularity. General statements are of little assistance to the Committee on Character and Fitness.*

**STATE/DISTRICT** \_\_\_\_\_

**COUNTY/PARISH** \_\_\_\_\_

Before me the undersigned Notary Public in and for said County/Parish, in said State/District, personally appeared

\_\_\_\_\_  
*Attorney Affiant's Name*

who is known to me, and who being duly sworn, on oath deposes and says:

That affiant is and for more than FIVE years continuously has been admitted to the Bar of

\_\_\_\_\_  
*Jurisdiction(s) Where Attorney Affiant Admitted*

and is a member in good standing; that the affiant is personally acquainted with the applicant

\_\_\_\_\_  
*Applicant's Name*

and has known him/her well and continuously for a period of \_\_\_\_\_ years; that affiant has frequently come in contact with him/her and has knowledge of the demeanor, habits, character, and conduct of the said applicant, as well as the associates and the type of associates of the applicant; affiant is familiar with the background, standing, and position in life of the applicant; the applicant has a good character and reputation where he/she resides and enjoys the confidence and respect of the general public; that affiant's association and intimacy with the applicant, his/her family and/or his/her associates, arise out of the following facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**AFFIANT**

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

**NOTARY PUBLIC** \_\_\_\_\_

(Seal or Stamp) **COUNTY/PARISH** \_\_\_\_\_

**Commission Expires** \_\_\_\_\_

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