



Application for Admission to the Palau Bar

Form A: Character & Fitness Questionnaire

All statements are to be based upon your own knowledge. Answer all questions with as much detail as possible. Every question or space requiring information must be answered. Do not leave any space blank; answer "None" or "Not Applicable." If the space provided is insufficient, you may complete your answer on separate attached pages. Please type or print neatly.

The burden of proof is upon the applicant to establish good moral character. A finding that an applicant has not met this burden is justified if the applicant fails to answer any question on this form. An application may be summarily rejected if all questions on this form are not fully and truthfully answered. Applications may take a week or more to be processed.

I. PERSONAL INFORMATION

Last Name:	First:	Middle:
Birth Date: / /	Age:	Sex:
If you have used another name on any records of a law school, a court, or other forum, including maiden names, state all names used, indicating where and when they were used:		
Citizenship:	Palau Social Security #:	US or other Social Security #:
Current Employer:		

II. ADDRESSES

PRESENT MAILING ADDRESS	Street:	City:	State:	ZIP:
	Home Phone:	Business Phone:	Fax:	
PRESENT PHYSICAL ADDRESS	Street:	State:		
	Date Established:	Email Address:		

List each and every residence you have had for the past five years in chronological order, beginning with your most recent address. State every address including college, law school, summer and any other temporary residences. Use additional pages if necessary.

1. Street:		City:	State:
Country:	ZIP:	From: month/year	To: month/year
2. Street:		City:	State:
Country:	ZIP:	From: month/year	To: month/year
3. Street:		City:	State:
Country:	ZIP:	From: month/year	To: month/year

4. Street:		City:	State:
Country:	ZIP:	From: month/year	To: month/year
5. Street:		City:	State:
Country:	ZIP:	From: month/year	To: month/year

III. EDUCATION

List each school attended even if no credit was granted or degree attained. Use additional pages if necessary.

HIGH SCHOOL	Name:	City:	State:
	Country:	From: month/year	To: month/year
COLLEGE OR UNIVERSITY	Name:	City:	State:
	Country:	From: month/year	To: month/year
	Degree:	Date awarded:	School:
LAW SCHOOL	Name:	City:	State:
	Country:	From: month/year	To: month/year
	Degree:	Date awarded:	ABA Accredited? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever been disciplined, reprimanded, suspended, placed on probation, expelled, asked to resign, or permitted to withdraw from any educational institution for any reason?

YES NO

If yes, please provide the details of each incident on an additional page with any supporting documentation.

Have you completed law school coursework concerning issues of professional responsibility and legal ethics?

YES NO

If yes, which course?

Did you receive a grade of "C" or better?

IV. EMPLOYMENT

List each employer for whom you have worked since you were eighteen years of age in chronological order, beginning with your current or most recent employer. Include temporary or part-time work and any clinical programs or internships while in law school. Use additional pages if necessary.

1. Company or Firm Name:

Street Address:	City:	State:	Country:	ZIP:
Phone number:	Position Held:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Supervisor's Name:	Supervisor's Title:	From: month/year	To: month/year
Reason for Termination of Employment:			
2. Company or Firm Name:			
Street Address:	City:	State:	Country: ZIP:
Phone number:	Position Held:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name:	Supervisor's Title:	From: month/year	To: month/year
Reason for Termination of Employment:			
3. Company or Firm Name:			
Street Address:	City:	State:	Country: ZIP:
Phone number:	Position held:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name:	Supervisor's Title:	From: month/year	To: month/year
Reason for Termination of Employment:			
4. Company or Firm Name:			
Street Address:	City:	State:	Country: ZIP:
Phone number:	Position held:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name:	Supervisor's Title:	From: month/year	To: month/year
Reason for Termination of Employment:			
5. Company or Firm Name:			
Street Address:	City:	State:	Country: ZIP:
Phone number:	Position held:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name:	Supervisor's Title:	From: month/year	To: month/year
Reason for Termination of Employment:			
Have you ever been discharged or requested or permitted to resign from any employment for unsatisfactory conduct or unsatisfactory work performance?			

<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please provide the details of each incident on an additional page with supporting documentation.</i>		
<p>Have you ever been subject to any formal or informal charges of improper conduct by an employer, including excessive absences or lateness, lack of diligence, failure to maintain confidential material, or other misconduct or deficiency?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes, please provide the details of each incident on an additional page with supporting documentation.</i></p>		
V. MILITARY SERVICE		
<p>Are you now or have you ever been a member of the armed forces of the United States, including the National Guard or any reserve group?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes, please list the following details about your service. If no, proceed to Section VI.</i></p>		
Branch of service:	Rank:	Serial Number:
Dates of active service:	Last commanding officer:	
<p>Were any courts martial, Article 15 proceedings, or administrative discharge proceedings lodged against you during your period(s) of service?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you ever received a medical discharge or an administrative discharge?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes to either question, please provide the details of each incident on an additional page with any supporting documentation. At a minimum, you must provide the date, the nature of the charge, the facts and disposition of the matter, and the location and designation of the military establishment where such proceedings took place.</i></p>		
VI. LICENSES		
<p>1. Have you ever applied for a professional or occupational license, other than as an attorney at law, the procurement of which required proof of good character?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes, please list the following details regarding your license. If no, proceed to question 2.</i></p>		
License Applied For:	Date of Application:	License Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name & Address of Licensing Authority:		
<p>2. Have you even been suspended from practice, reprimanded, censured, removed or otherwise disciplined as a member of any profession or occupation, other than legal?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes, please provide the details of each incident on an additional page with any supporting documentation.</i></p>		
<p>3. Have you ever held a bonded position?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>If yes, please list the following details regarding that position. If no, proceed to Section VII.</i></p>		
Nature of position:	Dates:	Amount of bond:
Name & address of bonding company:		Did anyone seek to recover upon your bond? <input type="checkbox"/> YES <input type="checkbox"/> NO

VII. LEGAL PROCEEDINGS

If you answer yes to any of the following questions, you must provide on an additional page the full circumstances surrounding the incident, including: a) the date and place; b) a description of your conduct; c) the nature of the citation, arrest, charge, or conviction; d) the enforcement agency involved; e) any courts involved; f) the case number, name, and location of any court; and g) the disposition of any proceeding, including a copy of the dismissal, acquittal, judgment, or settlement agreement, etc. It is your responsibility to obtain and submit the appropriate records.

1. Have you, in your individual capacity, ever been party to or claimed an interest in any civil proceeding, including, but not limited to, actions involving negligence, unintentional torts, contracts, or domestic relations, such as divorce, custody, visitation, and child support?

YES NO

2. Have you even been charged with, taken into custody for, arrested for, indicted, tried for, pled guilty to, or convicted of the violation of any law? *The entry of an expungement or sealing order does not relieve you of the duty to disclose the matter on this statement. You may describe the terms of the expungement in your additional explanation.*

YES NO

3. Have you ever been charged with fraud, deceit, larceny, embezzlement, misappropriation of funds, misrepresentation, perjury, forgery, or any other similar offense in any legal proceeding, civil, criminal, or in bankruptcy?

YES NO

4. Are there any unsatisfied judgments against you?

YES NO

5. Have you ever been sued or threatened with suit by the receiver, trustee, or other authority of any bankrupt estate for unlawful preference, conspiracy to conceal assets, or any other fraud or offense?

YES NO

6. Have you ever been convicted of a felony?

YES NO

7. Have you ever been convicted of a misdemeanor?

YES NO

8. Are you presently on probation or parole?

YES NO

9. Have you ever been adjudicated incompetent or insane by any court?

YES NO

VIII. HEALTH

If you answer yes to any of the following questions, you must provide on an additional page the full circumstances surrounding the condition, including the manifestation of symptoms, current treatments, and the names and addresses of any treating physicians.

1. Have you ever outwardly manifested symptoms of addiction to alcohol or drugs?

YES NO

2. Have you ever been treated for the abuse of narcotics, drugs, or intoxicating substances, including alcohol?

YES NO

3. Does your current use of any narcotic, drug, or intoxicating substance, including alcohol, impair your ability or judgment to function as an attorney competently, ethically or professionally?

<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Have you ever been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disease?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Are you currently, or have you ever been, suffering from an emotional, mental, or nervous disorder that impairs your judgment or which would otherwise adversely affect your ability to practice law in compliance with the Rules of Professional Conduct?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IX. OTHER BAR APPLICATIONS & ADMISSIONS			
1. Other than the present application, have you ever applied or are you currently applying to sit for a bar examination or for a license to practice law in any other jurisdiction? <i>Include applications for reinstatement and any applications subsequently withdrawn.</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please list the following details regarding your applications. Use additional pages if necessary. If no, proceed to question 2.</i>			
Name & Address of Authority to whom Addressed:			
Date of Application:	State:	Date of Exam:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING
Name & Address of Authority to whom Addressed:			
Date of Application:	State:	Date of Exam:	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> PENDING
2. Has your application to sit for a bar examination or to be admitted to practice ever been denied or withheld?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, you must provide on an additional page an explanation of the circumstances including the name of the jurisdiction, the date of the decision, and the reason for the denial. Attach any relevant documentation.</i>			
3. List all jurisdictions to which you have been admitted to practice law. <i>Use additional pages if necessary.</i>			
<input type="checkbox"/> Check here if you have not been admitted to the bar of any other jurisdiction.			
Jurisdiction:	Court or Agency:		
Dates of Membership:	Are you currently a member in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Jurisdiction:	Court or Agency:		
Dates of Membership:	Are you currently a member in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Have you ever been disbarred, disqualified, permitted to resign, suspended, disciplined, reprimanded, censured, admonished, sanctioned, or are you presently the subject of any grievance or disciplinary complaint in any jurisdiction?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, you must provide on an additional page the full circumstances of incident, including the nature of the action, the date, any sanctions imposed, and the name and complete address of the office where the records for this action are kept.</i>			

X. PERSONAL REFERENCES

List the names, addresses, and phone numbers of three people who know you well enough to attest to your integrity and fitness to practice law. You may not use close relatives, but you may use employers. Any or all of your references may be contacted.

1. Name:	Address:	Phone number:
2. Name:	Address:	Phone number:
3. Name:	Address:	Phone number:
4. Is there any other incident in your career, legal or otherwise, not heretofore referred to, having bearing upon your character and fitness for admission to the bar? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please fully explain the details on an additional page.</i>		

I, _____, do swear that I am the above-named applicant and that all of the statements contained in this application are full, true, and correct.

Applicant's Signature

Date

AFFIDAVIT

I, the undersigned applicant, being first duly sworn on oath, depose and say or affirm that:

1. I am the applicant named in the foregoing application;
2. I have read the Palau Rules of Admission of the Supreme Court relating to the admission to practice law in the Republic of Palau and I make this application in accordance with those rules;
3. I fully realize that the determination of whether I may be allowed to practice law in Palau depends on the truthfulness and completeness of my answers in this application and the information furnished with it;
4. I have read the foregoing application and the answers that I have given are true and complete;
5. I understand that if I have furnished significantly false or incomplete information, my application may be summarily rejected. I also understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one, and accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted that would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the Chief Clerk of Courts of the Republic of Palau of the discrepancy and furnish the necessary information to correct or complete my application;
6. I will give any further information that may be required in connection with my application;
7. I hereby authorize the Supreme Court of the Republic of Palau or any agent or authorized representative thereof, to make a complete investigation of my character, financial responsibility, and general fitness to practice law in Palau.
8. I hereby release and exonerate any person or organization supplying requested information in connection with this application or any related investigation; and

9. I understand that the information furnished in, and in connection with, this application is confidential and will not be disclosed to persons outside the Courts of Palau, their agents, representatives, or respective staffs without my prior consent; and that such application is and shall remain the property of the Supreme Court of the Republic of Palau.

Applicant

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

Notary Public for the Commonwealth/State
of/Republic of

Located at _____

My Commission expires _____

GENERAL RELEASE AND WAIVER

I, _____, born in _____ on _____ and currently residing in _____, have requested permission from the Chief Justice of the Supreme Court of the Republic of Palau to practice law before the courts of the Republic of Palau. In connection with this application, I hereby provide my consent to the Supreme Court of the Republic of Palau, its designees, agents, and representatives (collectively "Supreme Court") to conduct an investigation into my fitness to practice law. I understand and agree that such investigation may include inquiries directed to me and others concerning my moral character, professional reputation, financial credit history, and medical and psychological health. I agree to provide the Supreme Court all information and assistance that may be requested in this regard.

I authorize and request each administrative agency, bar association, business, company, corporation, court, credit agency, educational institution, firm, governmental agency, person, or other entity having control of any documents, records, material, or information pertaining to me to furnish such to the Supreme Court for review, inspection, and copying. Such documents, records, materials, and information include, without limitation, files regarding disciplinary charges or complaints filed against me (whether formal or informal, pending or closed), files and records reflecting my performance at educational institutions (including, without limitation, grades received in particular classes, class work completed and not completed, class credits earned, degrees conferred, ranking among class members, application for admission, and disciplinary action taken or considered), work performance reviews, records concerning criminal and civil actions in which I was or am a party, records concerning criminal investigations into conduct allegedly taken by me, financial credit histories, and medical and psychological evaluation and treatment histories.

I hereby request and authorize the United States Department of Defense to furnish to the Supreme Court all records pertaining to my military service and to furnish a description of the

types of service I rendered for each period of service. My serial number given to me in connection with my service is/was _____.

I hereby release, discharge, exonerate, and hold harmless the Supreme Court and its agents, employees, independent contractors, and representatives as well as any person or entity furnishing or disclosing information to the Supreme Court from any and all liability of every nature and kind, liquidated or contingent, arising from the furnishing or disclosure of documents, records, or information in any form to the Supreme Court.

This General Release and Waiver shall become effective on the date it is signed by me and shall remain in effect at all times while my application to practice law before the courts of the Republic of Palau is pending and, if such permission to practice law is granted to me, at all times while I am permitted to practice law before the courts of the Republic of Palau.

Applicant's Signature

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public for the Commonwealth/State
of/Republic of

Located at _____

My Commission expires _____