



**Application for Admission to the Palau Bar**  
*Form E: Statement of Jurisdiction Form*

All original documents must be received by the Supreme Court of the Republic of Palau by the deadline for the Application for Admission to the Palau Bar.

(Please print or type; form must be legible)

**NOTICE TO APPLICANT: Section I of this form is to be completed by you.**

The remainder of the form is to be completed by the bar admissions administrator from the jurisdiction in which you received testing accommodations to take that jurisdiction's bar examination. Please read, complete and sign below before submitting this form to the bar admission authority for completion of the remainder of this form.

Section I	
Applicant's full name:	_____
Date of Birth:	_____
Examination date(s):	_____
Applicant's mailing Address:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
I give permission to the bar admissions administrator completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Supreme Court of the Republic of Palau.	
Applicant's Signature _____	Date: _____

**NOTICE TO JURISDICTION OFFICIAL: Please complete Section II on the next page. Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Supreme Court of the Republic of Palau for consideration of the applicant's request for test accommodations.**

Section II

The above-named person is requesting accommodations for the Republic of Palau bar examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she was granted to take the bar examination in your state.

I, \_\_\_\_\_, state that my position on the staff of the  
(Name of Bar Admissions Administrator)

bar admissions authority in \_\_\_\_\_  
(Name of Jurisdiction)

is such that it is my responsibility to administer the program for providing testing accommodations for bar admission applicants with disabilities.

The above-named applicant, who took the \_\_\_\_\_ bar examination,  
(Date mm/yyyy)

was  was not

granted testing accommodations during that examination.

Applicant was accommodated for the following disabilities:

And was granted the following accommodations:

I certify that the information supplied on this form is true and correct.

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Daytime telephone)

\_\_\_\_\_  
(Email address)