



**Application for Admission to the Palau Bar**  
*Form I: Psychological Disability Verification 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 each licensed professional who has been involved in diagnosis or treatment of your psychological disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your psychological disability or disabilities. Please read, complete and sign below before submitting this form to your treating professional(s) for completion of the remainder of this form. The completed form **MUST** be submitted with your Application for Admission to the Palau Bar, not at a later time.

**Section I**

Applicant's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treatment date(s): \_\_\_\_\_

Applicant's mailing  
Address:

I give permission to the treating professional referenced below 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 TREATING PROFESSIONAL: Please complete Sections II through IV of this form. 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.**

The above-named person is requesting accommodations for the Republic of Palau bar examination. You have seen him/her for evaluation and/or treatment of a psychological disability or disabilities. The Supreme Court of the Republic of Palau (Court) needs information and documentation in order to assess that request.

The Court requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Court requires current documentation of the condition or impairment (generally within the last three years). The information you provide may be forwarded by the Court to a qualified specialist(s) for the purpose of evaluating the applicant's request.

The Court requires that an applicant with a psychological disability or disabilities provide documentation, at his/her expense, establishing that he/she has a psychological disability that results in functional limitations that require accommodations in order for the applicant to take the examination on an equal basis with other applicants. The evaluation must be current (generally completed or updated within the past three years) and document that the applicant requires accommodations in order for the applicant to take the examination on an equal basis with other applicants.

**Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the examination administered by the Court.** Reports and records should include psychiatric history, relevant developmental history, educational history, relevant medical history, results on full mental status examination, diagnostic formulation, and prognosis.

## Section II

### Treating Professional Information

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation and specialty: \_\_\_\_\_

License number and Certification Location: \_\_\_\_\_

Describe your specialized training in the assessment, diagnosis of applicant's condition and to recommend accommodations for the applicant's condition:

### Section III

#### Diagnostic Information Concerning Applicant

When did you first meet the applicant? \_\_\_\_\_

Provide the date of your most recent complete evaluation of the applicant: \_\_\_\_\_

Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis. Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

What other diagnoses were considered?

How were these diagnoses ruled out?

Is there evidence of a co-morbid personality disorder? If so, explain.

How long has the applicant had a documented history of mental or psychological disability?

Briefly describe the applicant's current self-reported symptoms of mental or psychological disability. Include a description of symptom frequency and intensity to establish severity of psychiatric symptomology.

Briefly describe any objective evidence of mental or psychological disability (e.g., collateral interviews, prior records, mental status examination), and attach relevant materials.

Briefly describe current treatment of the disability.

Is the applicant following the prescribed course of treatment, including compliance with any prescribed medication?  yes  no

If no, please explain.

Do the positive effects of treatment mitigate the applicant's condition/disability?

yes  no

If so, fully describe to what extent the applicant's condition/disability has been mitigated.

Describe any substantial limitation(s) and the functional impact on the applicant's ability to take the bar examination under standard conditions. If none, write "none."

What, if any, remediation techniques has the applicant used in prior testing settings? Describe the effectiveness of any remediation. If none, write "none."

Section IV

**Recommended Accommodations**

Do you recommend that the applicant receive accommodations during bar examination testing?

yes     no

If yes, list your recommended accommodations below:

Provide the rationale for each request indicated above (attach additional sheets if necessary)

**Professional's Signature**

**I have attached copies of all test results, evaluations, and educational or psychological reports that I relied upon in completing this form.**

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

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

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

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

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

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