



Application for Admission to the Palau Bar
Form J: Physical 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 physical disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your physical 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 physical 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 physical disability or disabilities provide documentation, at his/her expense, establishing that he/she has a physical 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. The information you provide may be forwarded by the Court to a qualified specialist(s) for the purpose of evaluating the applicant's request.

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.

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

What is the specific diagnosis (including diagnosis code) of the condition or impairment for which the applicant requests test accommodations?

Briefly describe the nature of the condition or impairment.

When was the condition or impairment first diagnosed? _____

What is the date of your most recent treatment/consultation with the applicant? _____

Is this a permanent condition or impairment? yes no

If no, when is this condition or impairment likely to abate? _____

Briefly describe current treatment of the condition or impairment.

Is the applicant following the prescribed course of treatment, including compliance with 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)