APPLICATION FOR CERTIFICATION TO PRACTICE PENDING ADMISSION

PURSUANT TO GOV. BAR R. I, SEC. 19

Please type or print.			
1. Name: Please provide your full legal name for the official records of the Supreme Court of Ohio Office of Bar Admissions.			
(Last Name, First Name, Middle Name)			
2. Mailing address: You are required to design telephone number that will appear within and be product of Ohio Office of Bar Admissions. You will you designate as your official address. If your designaddress of your principal place of employment, the	published from the official records of the Supreme receive all printed communications at the address gnated address is not the physical location or street		
Official Mailing Address	Physical Address		
	,		
Business telephone number			
Business fax number			
Business email address			

3. Application(s) for Admission to Practice Law in Ohio:

Please indic	eate which application you have s	submitted for Admission to Practice Law in Ohio:
Exam:	UBE transfer score:	Motion:
Date Applic	cation(s) for Admission to Practic	e Law in Ohio submitted to Office of Bar Admissions
Date that yo	ou began practicing Ohio law; if i	not applicable please mark N/A:
Have you p	reviously been denied Admissiones	n to Practice Law in Ohio?
	reviously taken the Ohio Bar Exa	 -
If yes, date(s):	
Have you e	ver failed the Ohio Bar Examinat	tion? No Yes
If yes, date(s):	
	Admission to Practice Law: Haurisdiction based upon your chara	ve you ever been denied admission to practice before acter or fitness? Check one.
Yes P	lease indicate jurisdiction(s):	
□No		

<u>risdiction</u>	Registration Number
(a) Choose One:	
I am not currently suspended admitted to practice.	d from the practice of law in any jurisdiction where I have b
I am currently suspended from	m the practice of law in the following jurisdictions:
(b) Choose One:	
I have not resigned from the I have been admitted to pract	practice of law with discipline pending in any jurisdiction whice.

Name and Attorney Registration Number of Ohio Attorney:
Address of Ohio Attorney:
Telephone number of Ohio Attorney:
Email address:

pending. An Affidavit of Ohio Attorney must accompany this application.

6. Identity of Ohio Attorney: Please provide the name, address, telephone number and email address of the Ohio attorney with whom you will associate with while your application for admission is