## APPLICATION FOR ADMISSION TO THE PRACTICE AS AN ATTORNEY OR TRIAL ASSISTANT IN THE REPUBLIC OF THE MARSHALL ISLANDS

Application Fee: Attorneys – \$500.00 Trial Assistants – \$250.00

f mo	re space is required for a response to a question, attach extra sheets of paper as necessary	ıry.				
.a.	Full Name of Applicant					
.b.	List all other names or surnames you have used or been known by and describe when, how and why your name was changed.					
	Name Dates Used Description of Change					
	Date of Birth Age Sex					
3.	Citizenship Place of Birth					
l.a.	Social Security Number					
l.b.	List any other social security number(s) you have used					
	Reason					
i.a.	Permanent Home Address					
.b.	Address in Marshall Islands					
· )•	Contact telephone number, fax number, and email address					

7.	degree received, if any.							
	Name of Law School Location	Dates	s Attended	Degree				
8.		List the names and locations of all other colleges and universities you attended, the dates attended and the degree received, if any.						
	Name of College/university	Location	Dates Attended	Degree				
9.	List the names and locations of all high schools you attended, the dates attended and whether you graduated.							
	Name of High School Location	Dates Attend	led Graduated (	(Yes/No)				
10.	Specialization in law (if any)(e.g., cr	riminal, corpo	orate, real estate, fami	ly, tort)				
11.a.	Intent to practice as government attorney or trial assistant	, private no	on-profit, or pr	ivate for profit				
11.b.	If government practice, state title							
12.	Representation will involve mostly c civil, or legal drafting and adv	eriminal vising	_, mostly civil,	both criminal and				
13.a.	Have you ever been refused admission	on to practice	in any jurisdiction?					
	Yes No							

If yes	, where date	
	on	_
	you resigned in lieu of discipline, been reprimanded, censured, suspended, red, or otherwise disciplined from practicing law before any court or administrative y?	;
Yes	No	
If yes	explain the type of action, jurisdiction, date and details of the action.	
agair	here now or have there ever been any charges or complaints (formal or informal) st you or investigations commenced concerning your conduct as an attorney or trial ant? Include charges or complaints that did not result in discipline.	
If yes	explain the type of complaint, investigation or action, jurisdiction, date, details and me of the action.	1
Emp	byment experience in the preceding four years.	
	very job you have held in the last four years, the name and addresses of your over, and the dates of employment.	
A.	Position or job description	_
	Employer dates	_
	Address of employer	-
B.	Position or job description	_
	Employer dates	
	Address of employer	_

C.	Position or j	ob description			
	Employer			dates	
	Address of e	mployer			
		ears, have you be	en suspended,	discharged, or asked	d to resign from
Yes_	No _				
•	-	ction, the reasons	for the action,	the dates, and the na	ame and address
cautio	oned by an emp	ployer as a result o			
Yes_	No _				
action	n, the name(s)				
Do yo	ou currently co umption affects	nsume alcoholic by your ability to pr	peverages or use actice law on	se drugs in such qua a day-to-day basis?	ntities that your
Yes_	No _				
If yes	s, explain fully				
Legal	l practice expen	rience in the prece	eding four year	rs.	
Name	e any two cases sel.	s in which you ser	ved as counse	l and you consider th	nat you did well as
A.	Civil cases:			Counsel for:	
(i)					
	During any end of the Yes of the Grant of the Grant of sure of	Employer	Employer	Employer	Employer

Name of court(s)	(i) (ii)			
Subject matter of lit	` ′	(i) (ii)		
Outcome of case	(i)			
	(ii)			
Criminal cases:			Counsel for:	
Name of court(s)	(i)			
	(ii)			
Charge/charges	(i)			
	(ii)			
Judgment/verdict	(i)			
	(ii)			
During the preceding	g four ye	ears where	have you practiced law?	
Privately	, or in pa	rtnership <sub>.</sub>	, or in government	į
Or other	(complet	te details b	pelow)	
(i) With the law	v firm of			
In the state of			_, country of	
(ii) With the gov	vernmen	t of		

		in the	state of	_, country of			
		(iii)	With the agency/entity/compan	ny of			
		In the	state of	_, country of			
	D.	I have been admitted to the bars of the following jurisdictions:					
		Jurisd	iction		date		
		Jurisd	iction		date		
		which standi	nust submit a copy of your certification you are admitted. Also, you mung for each jurisdiction in the Unithe required certificates to this	ust submit a c nited States in	copy of certificate of good		
21.	Have :	you eve	r served as counsel in a case wh	ere title to lar	nd was involved?		
	Yes_		No				
	If yes,	state ju	risdiction, tribunal and date				
22.a.	Have		r been a party to any civil action				
	Yes _		No				
22.b.	-	_	of the case, the cour of the case.	t or tribunal,	the date, your involvement and		
23.a.	Have :	you had	any traffic violations in the pas	t 3 years in ar	ny jurisdiction?		
	Yes _		No				
23.b.	If yes, resolu	explair tion of	n the violation, the court or tributhe violation.	nal, the date o	of the violation, and the		
24.a.	Have	you eve	r been cited, arrested, charged o	r convicted fo	or any violation of criminal law		

Yes	No
	ain the violation, the court or tribunal, the date of the action, and the resolution
Have you runder the in	efused to submit to a test to determine whether you had consumed and/or were afluence of alcohol or drugs?
Yes	No
If yes, explusuch test, the submit to the to such a te	ain fully. Include in your explanation the date you were asked to submit to ne type of test requested, the name of the person or entity that asked you to ne test, the outcome of your refusal and the reason why you refused to submit st.
Within the	past 3 years, have you had any debts, including loans, that have been more
than 90 day	s past due?
Yes	No
If yes, expl	ain fully
Have you e	ver defaulted on any loans?
Yes	No
If yes, expl	ain fully
Have you e	ver had a credit card or charge account revoked?
Yes	No
If yes, expl	ain fully
Have you e property of	ver been accused of mishandling, mismanaging, or stealing the money or others?
Vac	No

If yes,	explain fully
Do yo	ou know of any factors that would impair your ability to competently practice law or ry out your ethical responsibilities to clients or as an officer of the court?
Yes _	No
If yes	explain fully
Do yo	ou currently use illegal drugs?
Yes_	No
If yes	explain fully
you h	ences. State the names and addresses of two references in each jurisdiction where ave practiced law or worked. References should be persons with whom you are nally acquainted and may be those who are your former or present employers. Do at anyone as a reference who is related to you by blood or by marriage.
A.	Reference for jurisdiction of
Name	Occupation
Addre	ess
Telep	hone number Years known
B.	Reference for jurisdiction of
Name	Occupation
Addre	ess
Telep	hone number Years known
Reference blood profes from	ences. State the names and addresses of two clients who are not related to you by or by marriage. If you have not had clients, substitute the names of two law ssors, other attorneys or trial assistants. The persons listed here must be different those listed in item 32.
A.	Reference for jurisdiction of
Name	Occupation

Address	
Telephone number	Years known
B. Reference for jurisdiction of	
Name	Occupation
Address	
Telephone number	Years known
ACKNO	DWLEDGMENT
I have read this document and have a answers are complete and true to the best of	answered all questions fully and honestly. The my knowledge.
provide the information in this application a attorney or as a trial assistant to practice law	of a continuing nature and must correctly and fully as of the date of my appearance to be sworn in as an in the Republic of the Marshall Islands. I will, Chief Justice of the High Court, in writing, of any omitted in this application.
	Signature of Applicant
Subscribed and sworn before me this	s day of
	Notary public

## **AUTHORIZATION AND RELEASE**

I,	,
born at	
on, 19	
having filed an application for admission to practi (Republic), hereby apply for a character report and my moral character, professional reputation, and f information as may be received all of which will be agree to give any further information which may be understand that the content of my character report	I consent to have an investigation made as to itness for the practice of law and such other be reported only to the admitting authority. I be required concerning my past record. I
I also authorize and request every person, agency, court, association, or institution having coinformation pertaining to me, to furnish the Chief such information, including documents, records, f against me, including any complaint erased by law closed, or any other pertinent data, and to permit this agents or representatives to inspect and make cinformation. The records, however, will not inclu offense.	ntrol of any documents, records, and other Justice of the High Court of the Republic any iles regarding charges or complaints filed y, whether formal or informal, pending or the Chief Justice of the High Court, or any of copies of such documents, records or other
I hereby release, discharge and exonerate tagents and representatives, and any person so furnevery nature and kind arising out of the furnishing information or the investigation made by the Chie	ishing information from any and all liability of of such documents, records, and other
I have read the foregoing document and ha The answers are complete and are true of my own	ve answered all questions fully and frankly. knowledge.
Signa	ture of Applicant
Ç	day of
Notar	y Public

## CERTIFICATE OF MORALS AND CHARACTER REQUIREMENTS OF RULE IV FOR ADMISSION TO PRACTICE LAW AS AN ATTORNEY IN THE REPUBLIC OF THE MARSHALL ISLANDS

I,		·,	do hereby certify that no criminal charge nor any charge
for violation	of profession	al ethics or responsibil	lity is currently pending against me and that I have never
been convicte	ed of any crin	ne or found in violation	n of a rule of professional ethics or responsibility.
Date		, 20	<u>.</u>
		FOR ADMISSIO AS AN AT	VICE OF LEGAL DOCUMENTS ON TO PRACTICE LAW TORNEY IN THE IE MARSHALL ISLANDS
I,			, do hereby certify that the address upon which
legal docum	ents may be	served upon me, and	d which service will be binding, is as set forth below:
			- -
			-
Fax 1	No		
Ema	il		
Date	:	, 20	

## CERTIFICATE OF FAMILIARITY WITH THE CONSTITUTION AND THE REVISED CODE AND COMPLIANCE WITH APPLICABLE RULES FOR AN ATTORNEY IN THE REPUBLIC OF THE MARSHALL ISLANDS

Ι,	, do hereby certify that I have read and I am
familiar with the Constitutio	of the Republic of the Marshall Islands and the Marshall Islands
Revised Code and if admitte	d will meet all of the requirements of the RMI Rules for Admission
to Practice Law, as amended	from time to time.
Date:	, 20