

**IN THE SUPREME COURT OF THE VIRGIN ISLANDS**

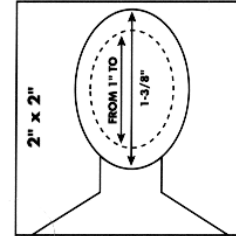
**IN THE MATTER OF THE APPLICATION OF:**

**S.Ct.BA. No. :** \_\_\_\_\_

(For official only)

\_\_\_\_\_  
(Applicant's Full Legal Name)

**FOR SPECIAL ADMISSION TO THE VIRGIN ISLANDS BAR.**



**APPLICATION FOR SPECIAL ADMISSION TO THE VIRGIN ISLANDS BAR**

**I HEREBY APPLYING FOR:** *Special Admission: This admission type is for any person employed or about to be employed as an attorney by the Government of the Virgin Islands, its branches, departments, agencies, and instrumentalities, the United States, Legal Services of the Virgin Islands and Disability Rights Center of the Virgin Islands or VIVA for Children, Inc., pursuant to VISCR 202. PLEASE NOTE that applicants seeking special admission, are required to submit both their Application for Special Admission to the Virgin Islands Bar and the completed National Conference of Bar Examiners Character and Fitness Report to the moving agency for its submission to the Court.*

**TO THE SUPREME COURT OF THE VIRGIN ISLANDS:**I understand that the following answers and statements are submitted under oath and that failure to answer any item or to fully disclose any fact or information called for in this application, and accompanying forms, may result in the denial of my application for special admission and/or in disciplinary action.

\_\_\_\_\_  
(Applicant's Signature)

# APPLICATION FOR SPECIAL ADMISSION

## PERSONAL INFORMATION

**Full Name:**

\_\_\_\_\_

(First)

(Middle)

(Last)

(Suffix)

**Have you ever used or been known by any other name?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If **YES**, state in full each name (other than the name given above) which you have used or by which you have at any time been known, the period of, and the reason for, the use of each such name; if change of name is marriage, so state; if change of name was by court order, so state. Please attach additional pages as necessary.

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

(Month)

(Date)

(Year)

**Place of Birth:** \_\_\_\_\_

(City)

(State)

(Country)

**Are you a citizen of the United States?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Are you a Resident non-citizen who is a legal immigrant?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**NCBE 8-Digit Identification Number:** N \_\_\_\_\_

**Please note:** Applicants must visit the National Conference of Bar Examiners' website at [www.ncbex.org/ncbe-number](http://www.ncbex.org/ncbe-number) where they will be required to submit an online request via a secure online account. The site also has a link to some frequently asked questions that may be of assistance while completing the online request. Once the required information is submitted, an NCBE Number is generated instantaneously and appears on the applicant's NCBE Number Account home page along with a link that allows the applicant to print the written confirmation notice.

## APPLICATION FOR SPECIAL ADMISSION

### CONTACT INFORMATION

Home Telephone Number: (        )        -

Home Physical Address:

Home Mailing Address:

Personal Email Address: \_\_\_\_\_  
(**Please note:** In accordance with VISCR 40.2(b), applicants are required to register as Filing Users of the VISCEF system. Therefore, an email address is a requirement.)

### PRESENT EMPLOYMENT

If you are presently unemployed please check this box

Firm/Agency/Organization/Business Name:

Physical Address:

Telephone Number:        (        )        -

Fax Telephone Number:    (        )        -

## APPLICATION FOR SPECIAL ADMISSION

### EDUCATION

List all colleges, universities and professional schools (other than law schools) attended. *Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.* Please attach additional pages as necessary.

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of College/University/Other:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

## APPLICATION FOR SPECIAL ADMISSION

### EDUCATION

List all law schools attended. *Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.* You must send the Dean Certificate to the ABA accredited law school where you received your JD or your LLB Degree. Please additional pages as necessary.

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

**DATES OF ATTENDANCE** from (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

**Name of law school:**

Street Address:

City/Town:

State:

Zip Code

Country (If not US):

Degree:

Reason for Not Receiving a degree (If applicable):

## APPLICATION FOR SPECIAL ADMISSION

### ADMISSION TYPE

**Special Admission Pursuant to VISCR 202:** Special Admission in accordance with VISCR 202 maybe extended to applicants that are employed or about to be employed as an attorney by the Government of the Virgin Islands, its branches, departments, agencies, instrumentalities, the United States, Legal Services of the Virgin Islands, and Disability Rights Center of the Virgin Islands or VIVA for Children, Inc.

**Please complete the following:**

- I am employed or about to be employed as an attorney by:  
\_\_\_\_\_.
- My handwritten initials affix hereto \_\_\_\_\_ evidences my understanding that as an attorney specially admitted under this rule, I shall at all times be subject to the direction and control of \_\_\_\_\_, which is the moving instrumentality, department or agency.
- My handwritten initials affix hereto \_\_\_\_\_ evidences my acknowledgement that in accordance with VISCR 202, the special admission provided by this rule shall expire after two (2) years unless the special admittee takes the required portions of the Virgin Islands Bar examination within that time and will, in any event, expire no later than three (3) years after the date of such special admission.
- I have completed the Dean Certificate Form on \_\_\_\_\_ and have forwarded it to my law school for completion. (Please note that faxed or scanned Dean Certificate forms or completed forms received directly from the applicants will not be accepted.)
- I have requested that my official law school transcript from \_\_\_\_\_, be forwarded to the Office of Bar Admissions in support of my application. (Please note that faxed, scanned transcripts or transcripts submitted directly by applicants or third parties not authorized by the law school will not be accepted.)
- My handwritten initials affix hereto \_\_\_\_\_ evidences my acknowledgement that upon immediate completion of this application and the National Conference of Bar Examiners Character and Fitness Report both documents will be submitted to the moving agency for the agency's submission to the Court.

## APPLICATION FOR SPECIAL ADMISSION

### BAR MEMBERSHIP

Have you ever applied for admission to the Virgin Islands Bar, including admission *pro hac vice* or In-House Counsel, Foreign Legal, Certified Legal Intern or Military Spouse? (See VISCR 201 - 202) \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, please provide the following information: court case of admission, case number, type of admission, year of admission and court of admission on a separate page.

Have you ever been admitted to the bar of any State, District, Territorial, and Federal Bar of the United States or Foreign Jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please provide the jurisdiction of admission and membership information.)

Jurisdiction (Please attach additional pages as necessary)	Date of Admission (mm/dd/yyyy)	Bar ID Number	Current Status (Active, Inactive etc.)

**Please note: Certificates of Good Standing:** An applicant is required to file a current Certificate of Good Standing bearing the original seal of the highest court of the jurisdiction for every jurisdiction of admission, evidencing the status of their admission. Documentation from the state bar association will not be accepted. **Certificates of Good Standing must be dated no more than sixty (60) days prior to the date you submit your application.** The certification must attain the following information:

1. The date you were admitted to practice law in that jurisdiction.
2. That you are a member in good standing of the bar and are entitled to practice law in that jurisdiction;
3. That there is not now pending nor has there ever been pending any complaint, grievance, disciplinary action against you except as is specifically stated in this certificate; and
4. As to each such complaint, grievance, disciplinary proceeding or action: the nature of the charge and the full facts, including documents verifying the disposition of the matter and the name and address of the person in possession of the permanent records.

**Inactive:** If an applicant is an inactive member, a separate page with a full explanation must be provided including the date that the applicant was granted inactive status for each jurisdiction. Additionally, a statement from each jurisdiction as appropriate to that effect along with a discipline check for the years you were active. **Resignations:** If an applicant resigned from a state bar, a separate page with a full explanation must be provided including the effective date of their resignation and the reason(s) therefore. Additionally, certification from the Disciplinary Board or the designated agency must be submitted as an attachment certifying that from the time of resignation or withdrawal, the applicant has not been subject to any disciplinary proceedings.

## APPLICATION FOR SPECIAL ADMISSION

### APPLICANT CERTIFICATION

Are admitted to practice law before any United States Courts? \_\_\_\_\_ Yes \_\_\_\_\_ No

U. S. Court (Please additional pages as necessary)	Date of Admission (mm/dd/yyyy)	Bar Identification Number

**Please note: Certificates of Good Standing:** An applicant is required to file a current Certificate of Good Standing from each United States Court of which applicant is a member, bearing the original seal of the court. Certificates of Good Standing must be dated no more than sixty (60) days prior to the date your application is submitted.

### APPLICANT'S STATEMENT OF ACKNOWLEDGMENT

I \_\_\_\_\_, hereby acknowledge that I understand that this application is a continuing application and that I will notify the moving agency of any changes in information during the pendency of my application, to allow the agency to file in written format updated information as appropriate through the Virgin Islands Supreme Court Electronic Filing System (VISCEFS) in accordance with V.I.R.APP.P.40 of any changes in any information provided herein.

**Signature:**

**Date:**



APPLICATION FOR SPECIAL ADMISSION

IN THE SUPREME COURT OF THE UNITED VIRGIN ISLANDS

IN THE MATTER OF THE APPLICATION OF:

(Applicant's Full Legal Name)

FOR SPECIAL ADMISSION TO THE VIRGIN ISLANDS BAR.

APPLICANT'S AFFIDAVIT IN SUPPORT OF APPLICATION FOR SPECIAL ADMISSION TO THE VIRGIN ISLANDS BAR

STATE/TERRITORY OF : \_\_\_\_\_

COUNTY : \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, on oath or affirmation, do hereby depose and say:

1. I am over the age of twenty-one years, having been born on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
2. I am a citizen of the United States or a legal immigrant, i.e., an immigrant who has lawfully been admitted for permanent residence in the United States.
3. I am a person of good moral character and is otherwise professionally, morally and ethically qualified for admission to the Bar of the Virgin Islands.
4. I have / have not (please select one) been disbarred, suspended or sanctioned, or have been reinstated or exonerated, and I am not under pending disciplinary action, by any State, District, Territorial, Federal, or foreign jurisdiction.
5. Accordingly, I have / have not (please select one) provided complete and truthful statements in both my Application for Special Admission to the Virgin Islands Bar and the National Conference of Bar Examiners' Request for a Character Report.
6. I am a graduate of: \_\_\_\_\_, which is an accredited law school approved by the American Bar Association.

In Re:

\_\_\_\_\_ 's  
(Applicant's first Initial and Last Name)

Affidavit

7. I am employed or about to be employed as an attorney by \_\_\_\_\_, and in accordance with VISCR 202(a), am seeking to be admitted specially without written examination and only for the purposes of such employment if, upon application, the Supreme Court determines that I meet the qualifications of regular active admission except for having passed the Virgin Islands Bar examination.
8. I certify that I have carefully read and familiarized myself with VISCR 202, which governs the special admission to the Virgin Islands Bar, and if specially admitted to the practice of law, agree at all times to be bound thereby.
9. I certify that the information that I have provided in my application and National Conference of Bar Examiner Request for Character Report and all documents that I have submitted in support of my application are true and complete.
10. I hereby acknowledge that my Application for Special Admission to the Virgin Islands Bar is a continuing application and that it is my responsibility to provide prompt written notification to the moving agency of any changes in any aspect of this application.
11. I acknowledge and understand that an admission issued pursuant to this rule shall state its special nature and it shall terminate automatically when the person ceases to be employed by the petitioning agency or instrumentality of the Government of the Virgin Islands, Legal Services of the Virgin Islands, the Disability Rights Center of the Virgin Islands, VIVA for Children, Inc., or the United States, fails to remain in good standing in each jurisdiction of admission, or as provided herein.
12. If I am found morally fit to practice law in the Virgin Islands, I agree that I will subscribe to the oath of office administered by the Supreme Court of the United States Virgin Islands.

**FURTHER AFFIANT SAYETH NOT.**

DATED: \_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

**(SEAL)**

**My Commission Expires:**



# Supreme Court of the Virgin Islands

## COMMITTEE OF BAR EXAMINERS

HON. GEOFFREY W. BARNARD  
Chairman

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**Execute Three Original Copies**

**V.I. COMMITTEE OF BAR EXAMINERS**  
**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, having filed an application for limited permission to practice as a foreign legal consultant with the V.I. Committee of Bar Examiners in the Territory of the Virgin Islands, hereby authorize and give my consent to the V.I. Committee of Bar Examiners, (hereinafter referred to as the "Committee") to conduct an investigation into my moral character and fitness to practice law and to make inquiries and request such information from third parties as in the sole discretion of the Committee is necessary to such investigation. I further authorize the use of any such information in the course of the Committee's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm company, corporation, school, employer (past or present) governmental agency, court, association, institution, or other third party having any opinion of me or knowledge or control of any information, document, record (including, but not limited to, criminal history, record information, or medical records), or other data pertaining to me, to reveal, furnish, and release to the Committee, or any of its agents or representatives, any such opinion, knowledge, information, document records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or professional school records relating to my admission to, and conduct during, my enrollment in such schools. I hereby authorized all such persons as set forth above to answer any inquiry, question or interrogatory concerning me which may be submitted to them by or on behalf of the Committee and to appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me. I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release.

I hereby release, discharge and hold harmless the Committee, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Committee or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection and use of such opinions, knowledge, documents, records or other data.

A photocopy of this authorization shall be accepted with the same validity as the original.

\_\_\_\_\_  
Signature of the Applicant

SUBSCRIBED AND SWORN TO BEFORE  
ME ON \_\_\_\_ DAY OF \_\_\_\_\_,  
\_\_\_\_\_.

**(SEAL)**

\_\_\_\_\_  
(NOTARY PUBLIC)  
My Commission expires: