### IN THE SUPREME COURT OF THE VIRGIN ISLANDS

# IN THE MATTER OF THE APPLICATION OF: (Applicant's Full Legal Name) FOR SPECIAL ADMISSION TO THE VIRGIN ISLANDS BAR.

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

I HEREBY APPLY 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)	

	PEF	RSONAL INFORMA	ATION	
Full Name:				
(First)	(Mid	ddle)	(Last)	(Suffix)
If <b>YES</b> , state in forwhich you have such name; if characteristics	ull each name (o at any time beer ange of name is	wn by any other name? ther than the name given known, the period of, marriage, so state; if chages as necessary.	and the reason for, th	e used or by
Social Security  Date of Birth: -	Number:	(Date)	(Year)	
Place of Birth:	(City)	(State)	(Country)	
Are you a citize	n of the United	States?	Yes	No
Are you a Reside	ent non-citizen w	vho is a legal immigrant	? Yes	No
www.ncbex.org/r secure online ac be of assistance submitted, an N	oplicants must vacbe-number who count. The site while completing the completing the count home page count home pages	mber: N	d to submit an online frequently asked ques Once the required asly and appears on t	request via a tions that may information is he applicant's

	CO	NTACT	INFORMA	ATION
Home Telephone Numb	er: (	)	-	
Home Physical Address	<b>;</b> :			
Home Mailing Address:				
				ic Filing Rules, applicants are required Therefore, an email address is a
	PR	ESENT	EMPLOY	MENT
If you are present	y unemr	ployed plea	se check thi	s box
Firm/Agency/Organization	/Busines	ss Name:		
Physical Address:				
Telephone Number:	(	)	-	
Fax Telephone Number:	(	)	-	

**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): Reason for Not Receiving a degree (If applicable):

## **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 attach additional pages as necessary.

Name of law school:	n (Month/Year):	To (Month/Year):
Street Address:		
City/Town:	State:	Zip Code
Country (If not US): Degree: Reason for Not Receiving	a degree (If applicable):	
DATES OF ATTENDANCE from Name of law school:	n (Month/Year):	To (Month/Year):
Street Address:		
City/Town:	State:	Zip Code
Country (If not US): Degree: Reason for Not Receiving	a degree (If applicable):	
DATES OF ATTENDANCE from Name of law school:	n (Month/Year):	To (Month/Year):
Street Address:		
City/Town:	State:	Zip Code
Country (If not US): Degree: Reason for Not Receiving	a degree (If applicable):	

### **ADMISSION TYPE**

**Special Admission Pursuant to VISCR 202:** Special Admission in accordance with VISCR 202 may be 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
•	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.

# 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) 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 iurisdiction:
- 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.

APPLICANT CERTIFICATION

Are admitted to practice law before any United States Courts? Yes No						
U. S. Court (Please additional pages as necessary)						
Please note: Certificates of Good Standing: An applicant is required to file a current Certificate of Good Standing from each United States Courts 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						
Judiciary Electronic Filing System (VIJEFS) changes in any information provided herein.						
Signature:	D	ate:				

IIN	IN THE MATTER OF THE APPLICATION	JN OF:	
	(Applicant's Full Legal Nan	•	
FO	FOR SPECIAL ADMISSION TO THE V	IRGIN ISLANDS BAR.	
	APPLICANT'S AFFIDAVIT SPECIAL ADMISSION		
S	STATE/TERRITORY OF :		
C	COUNTY :		
	l,	, being first o	duly sworn, on oath or
affir	ffirmation, do hereby depose and say:	_	•
1.	. I am over the age of twenty-one	•	orn on the day of
2.	I am a citizen of the United States lawfully been admitted for perman		
3.	I am a person of good moral chara ethically qualified for admission to		
4.	<ul> <li>I have / have not (please select one) be been reinstated or exonerated, and any State, District, Territorial, Federal</li> </ul>	d I am not under pendin	g disciplinary action, by
5.	Accordingly, I have / have not (statements in both my Application and the National Conference of Ba	for Special Admission t	o the Virgin Islands Bar
6.	I am a graduate of: law school approved by the Americ	can Bar Association.	, which is an accredited

In Re:	nt's firs	t Initial an	d Last Name)				_'s					
Affida	/it											
7.	exa	amina	employed nce with VISO tion and only	for th	ne purpo	ses o	of suc	h employme	nt iḟ́, ι	ipon a	application,	the
		•	or having pas						_	iiai a	Stive admis	51011
8.	go	verns	that I have c the special a tice of law, a	dmis	sion to t	he Vi	rgin Is	slands Bar, a	nd if			
9.	Со	nferer	that the infornce of Bar Exubmitted in su	amin	er Requ	uest f	or Ch	aracter Repo	ort an	d all d	documents	
10.	Isla pro	ands I ompt v	acknowledg Bar is a cont vritten notific ication.	inuin	g applic	ation	and	that it is my	resp	onsib	ility to prov	vide
11.	1. 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.	sul	oscrib	ound morally e to the oath irgin Islands.	of o								
	FURTHER AFFIANT SAYETH NOT.											
DATE	D:											
								(Signature o	of Appl	licant)		
Subse	cribe	ed and	sworn to befo	re me	this	da	ay of _			_, 20_		
My C			PUBLIC) n Expires:			-				(SEA	AL)	



# Supreme Court of the Virgin Islands

### COMMITTEE OF BAR EXAMINERS

MARIE E. THOMASGRIFFITH, ESQ.

**Execute Three Original Copies** 

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

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 ONDAY OF,	
·	(SEAL)
(NOTARY PUBLIC) My Commission expires:	