



APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 6—DESCRIPTION OF CHEMICAL DEPENDENCY AFFECTING YOUR CURRENT ABILITY TO PRACTICE LAW

Please complete this form if you answered "Yes" to question 61 on the Determination Application, or question 58 on the Extension Application.

Name: _____ File Number: _____

DATE OF TREATMENT From: _____ / _____ To: _____ / _____
Month Year Month Year

Name of treating provider: _____

Physician's current address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____

Name of hospital, clinic, or other institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____

Type of problem: _____

Please describe the chemical dependency issue affecting your current ability to practice law. Include the diagnosis and current treatment, if relevant:

