

STATE BAR OF CALIFORNIA

**REPORT OF CRIMINAL CHARGES/CONVICTION**  
*(Business & Professions Code, § 6068(o)(4)&(5))*

I hereby report to the State Bar the following:

The bringing of an indictment or information charging a felony against me.  
*Please attach a copy of the charging document or provide the following information:*  
Date that charges were filed: \_\_\_\_\_  
Court case number.: \_\_\_\_\_  
Name/address of court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A verdict of guilty against me or my plea of guilty or no contest to felony charge(s).  
*Please attach a copy of a court record or provide the following information:*  
Date of verdict/plea: \_\_\_\_\_  
Court case number: \_\_\_\_\_  
Name/address of court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A verdict of guilty against me or my plea of guilty or no contest to misdemeanor charge(s) committed in the course of the practice of law, or in a manner in which a client of the attorney was the victim, or a necessary element of which, as determined by the statutory or common law definition of the misdemeanor, involves improper conduct of an attorney, including dishonesty or other moral turpitude, or an attempt or a conspiracy or solicitation of another to commit a misdemeanor of that type.  
*Please attach a copy of a court record or provide the following information:*  
Date of verdict/plea: \_\_\_\_\_  
Court case number: \_\_\_\_\_  
Name/address of court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ Bar number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**MAIL REPORTING FORM TO:**

*If practicing in So. Calif. or outside the state:*  
Office of the Chief Trial Counsel, Intake  
The State Bar of California  
1149 S. Hill St.  
Los Angeles, CA 90015-2299

*If practicing in No. Calif.:*  
Office of the Chief Trial Counsel  
The State Bar of California  
180 Howard St.  
San Francisco, CA 94105-1639