



The State Bar of California

Application to Serve on the Joint Supreme Court/State Bar Blue Ribbon Commission on the Future of the California Bar Examination

INTRODUCTION

The Joint Supreme Court/State Bar Blue Ribbon Commission on the Future of the California Bar Examination is charged with developing recommendations concerning whether and what changes to make to the California Bar Exam, and whether to adopt alternative or additional testing or tools to ensure minimum competence to practice law. Members of the Blue Ribbon Commission will be appointed by the Supreme Court. Learn more about the commission [here](#). Please review the commission's charge, timeline, and the categories of stakeholders and experts from which commission members will be drawn before applying.

DIVERSE MEMBERSHIP

The State Bar of California values broad-based representation and diversity of membership on its committees and external entities. The Board of Trustees considers diversity as essential to complying with its public protection mission. The Board of Trustees seeks to ensure that membership on committees and external entities includes individuals with a depth and breadth of perspective including, but not limited to, the following: geographic location, legal practice area, size of law practice, amount of professional experience, volunteer work, specific accomplishments, educational background, race, ethnicity, age, sexual orientation, disability. The State Bar provides equal access to all applicants and complies with all applicable antidiscrimination laws in its appointments process.

APPLICATION INSTRUCTIONS

Assemble application packet in the following order: (1) Application, signed, and dated; (2) Resume or biography (5 page maximum); (3) Letters of recommendation (optional, 3 letter maximum)

Applications may be submitted electronically, but all documents must be provided in a single, scanned, PDF, organized as directed above, and attached to an email, sent to the email address shown below. If you submit a hard copy of the application, print the documents single-sided.

EMAIL, MAIL, FAX, OR DELIVER APPLICATION TO:

Sharon Lim
Mission Advancement & Accountability Division
The State Bar of California
180 Howard Street
San Francisco, CA 94105-1639
Email: Sharon.Lim@calbar.ca.gov
Fax: 415-538-2305

DEADLINE: Unless otherwise published on the State Bar's website, applications must be received no later than: MONDAY, NOVEMBER 30, 2020, at 5:00 p.m.

**The Joint Supreme Court/State Bar
Blue Ribbon Commission on the Future of the California Bar Examination**

Application

NAME:

**STATE BAR NUMBER:
(attorneys only)**

Check here if you are not an attorney:

Check here if you are an attorney but not admitted to practice in California:

Employer/Firm/Agency:

Address:

City/State/Zip Code:

Daytime Phone Number:

Fax Number:

Email address:

WHICH STAKEHOLDER/EXPERT CATEGORY APPLIES TO YOU? (select all that apply)

Former member of the CAPA Working Group

Law school deans or faculty

Committee of Bar Examiners

Judges (active or retired)

NCBE Testing Task Force

California Department of Consumer Affairs

Council on Access and Fairness

Current State Bar Board of Trustees

California Lawyers Association

National expert on examination development or grading

Expert on evaluating online exam software and security/privacy

HOW DID YOU LEARN OF THIS COMMISSION? *(check all that apply)*

Board of Trustees *(name)*: _____
State Bar committee/subentity chair
Colleague

Local bar association
State Bar website, social media
Other *(specify)*: _____

WHICH ONE OF THE FOLLOWING BEST DESCRIBES YOUR OCCUPATION *(check one; specify if requested)*

Private law firm
Publicly employed lawyer
Corporate law department
Law teaching
Quasi-judicial officer

Nongovernmental legal services organization
Nonprofit organization
Retired justice or judge
Retired lawyer
Other *(specify)*: _____

If you selected "Private law firm" above, WHAT IS THE SIZE OF YOUR FIRM? *(Check one)*

Solo practitioner
2-5 lawyer firm
6-10 lawyer firm
11-25 lawyer firm

26-50 lawyer firm
51-100 lawyer firm
101-200 lawyer firm
200+ lawyer firm

DATE YOU WERE ADMITTED TO THE STATE BAR OF CALIFORNIA *(month and year)*:

I am currently (check one): Active Inactive

List other jurisdictions to which you have been admitted to practice:

HOW LONG HAVE YOU BEEN PRACTICING LAW *(Years and Months)?*:

FOR NONATTORNEYS, HOW LONG HAVE YOU WORKED IN YOUR PROFESSION? *(Years and Months)?*:

PRACTICE AREAS:

CERTIFIED SPECIALIST PRACTICE AREAS:

VOLUNTEER SERVICE. List prior volunteer service with the State Bar, local or specialty bar associations, community or other organizations. Please focus on activities that prepare you for appointment to the Blue Ribbon Commission.

List all of the sections of the California Lawyers Association of which you are a member.

DISCIPLINE RECORD. List any formal disciplinary charges filed against you by the State Bar of California, including the disposition of the charges and any public record of discipline.

STATEMENT OF INTEREST. Please state why you wish to serve on the Blue Ribbon Commission and what you can contribute that makes you a good candidate for appointment.

ADDITIONAL BACKGROUND: Describe any additional background you would like to share relevant to your appointment to the commission, including but not limited to how you can contribute to its diversity and broad composition.

OPTIONAL DEMOGRAPHICS. If you wish to self-identify as a member of a community or to describe your background, please complete the following questionnaire.

With which of the following racial and ethnic groups do you identify? (Choose all that apply):

Hispanic/Latino	Middle Eastern or North African
White	American Indian or Alaska Native
Black or African American	Native Hawaiian or Other Pacific Islander
Asian	Other race, ethnicity, or origin (please specify) _____

Which of the following best fits with the gender you identify as? (Choose all that apply):

Female	Gender Variant/Noconforming/Nonbinary
Male	Two Spirit
	Not listed (please specify) _____

Which of the following best describes you? (Choose all that apply):

Cisgender	Intersex
Transgender	Not listed (please specify) _____

How do you describe your sexual orientation/identity? (Choose all that apply):

Lesbian	Heterosexual
Gay	Pansexual
Bisexual	Asexual
	Not listed (please specify) _____

Do you identify as a person with a disability? Yes No

If you selected "Yes" please select all of the following that apply:

Vision impairment	Learning disability
Hearing impairment	Other disability not listed (please specify) _____
Mobility impairment	

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Yes No

What age group describes you?

18-29	50-59	80 or over
30-39	60-69	
40-49	70-79	

SIGNATURE: Sign and date your application.

Signature: _____ **Date:** _____

(If you type your name here, please include the symbol /s/ to indicate that this is your signature)

Application Checklist

- ✓ Answer all questions on the application.
- ✓ Attach resume or biography (5 page maximum).
- ✓ Attach optional letters of recommendation (3 letter maximum).
- ✓ Sign and date the application.
- ✓ Submit the application.