



REGISTRATION AS A FOREIGN-EDUCATED GENERAL APPLICANT NOT ADMITTED TO THE PRACTICE OF LAW IN ANY UNITED STATES OR FOREIGN JURISDICTION

REGISTRATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the front of the registration. (This is not an application for an examination or for a moral character determination. Attach additional pages if necessary. Please read the "Instructions for Registration as a Foreign Educated Applicant" and the bulletin "Qualification for Admission to Practice Law in California by Law Students Receiving Their Legal Education Outside the United States" before completing this form.)

1.1 U.S. SOCIAL SECURITY NUMBER (Refer to Instructions; if exempt use file number.)

\_\_\_\_\_

1.2 DATE OF BIRTH

Mo. Day Year

1.3 REGISTRANT'S NAME

Last First Middle

1.4 EMAIL ADDRESS: \_\_\_\_\_

1.5 MAILING ADDRESS: (It is the registrant's responsibility to inform the State Bar's Office of Admissions in writing of any address change. All correspondence will be mailed to your current mailing address.)

Number/Street and Apartment Number

Address Continued

City or Non-USA City and Country State Zip (U.S.)

1.6 TELEPHONE NUMBER: \_\_\_\_\_

1.7 APPLICANT'S BIRTHPLACE: \_\_\_\_\_

City or Town State or Country

1.8 MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

OFFICE USE ONLY
DATE ENTERED/BY:
Mo. Day Yr. Initials
DATE APPROVED/BY
Mo. Day Yr. Initials

1.9 GENERAL APPLICANT REGISTRATION FEE (See payment coupon on page 5)

Registration Fee Enclosed \$ \_\_\_\_\_

2.0 NAMES, FORMER NAMES AND ALIASES - If you have ever been known by any other name(s), please state below and provide the effective dates.

\_\_\_\_\_  
 Last First Middle

DATES: \_\_\_\_\_  
 From To

2.1 I  **have**  **have not** passed the bar examination in the United States or a foreign country. If you have passed a bar examination, list in which state or country and provide an explanation of why you are not admitted.

Country: \_\_\_\_\_

Explanation: \_\_\_\_\_

2.2 FOREIGN LEGAL EDUCATION – Please indicate below the foreign law school(s) you attended or are currently attending (an evaluation completed by a credential evaluation company on the list of approved agencies and transcript must accompany this form):

Name, City, Country of Law School	Date Attended		Date of Graduation Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

2.3 UNITED STATES LAW SCHOOL EDUCATION – Please indicate below any United States law schools you have attended and the law school in which you are currently attending, if applicable:

Name of Law School	Date Attended		Date of Anticipated Completion Mo/Yr
	From – Mo/Day/Yr	To – Mo/Day/Yr	

Name of Program: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Courses and credits completed or currently enrolled in:

Name of Course(s)	Dates Attended	Completed (Yes/No)	# of Law Study Credits

## APPLICANT DECLARATION

### THE FOLLOWING DECLARATION MUST BE SIGNED AND CANNOT BE AMENDED BY THE APPLICANT

The person named as the registrant in the foregoing registration, declares:

I have carefully read the questions in the foregoing registration and have answered them truthfully, fully and completely, without mental reservation of any kind.

I hereby authorize educational or other institutions or agencies to release to the Committee of Bar Examiners and the Office of Admissions of the State Bar of California any information, files or records requested in connection with the processing of this registration.

I understand that I must comply with all the requirements of Title 4, Division 1 of the *Rules of the State Bar of California (Admissions Rules)*.

I declare under penalty of perjury under the law of the State of California that my answers to the foregoing registration questions and all statements by me herein are true and correct.

Executed on \_\_\_\_\_  
(Date)

at: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State, Zip, Country)

**PRINT:** \_\_\_\_\_  
(First Name) (Last Name)

**SIGN HERE:** \_\_\_\_\_  
(Signature of Declarant)



**REQUEST FOR SOCIAL SECURITY NUMBER EXEMPTION  
REQUIRED FOR ADMISSION TO PRACTICE LAW IN CALIFORNIA**  
(Information provided must be typewritten or legibly printed in ink.)

Only applicants without a social security number because they do not qualify for one, may request that they be exempted from the requirement of providing a social security number at the time they apply for admission. **An Application to Register as a General/Attorney Applicant must be submitted with this form.**

Applicant's Full Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Full Street Address or P.O. Box (Include apartment number, if applicable)*

\_\_\_\_\_  
*Address Continued (if needed)*

\_\_\_\_\_  
*U.S. City (or Non-U.S. City and Country) State Zip Code (U.S.)*

\_\_\_\_\_  
*Email Address*

**Attach a copy of a valid passport or U.S. government issued identification** (for example, a federal tax identification number, a California driver's license, a California identification card.)

I attest to the following: I am not eligible for a U.S. social security number. If I become eligible to obtain a social security number in the future, I will provide the number to the State Bar of California's Office of Admissions. I am not in arrears with any court-ordered child or family support obligations. Should I ever become noncompliant with any legal obligation requiring the payment of child/family support, I will advise the Office of Admissions. I hereby declare under penalty of perjury under the laws of the State of California that the information provided by me in this request is true and correct.

Executed on: \_\_\_\_\_  
*Date*

Printed Name: \_\_\_\_\_

Sign here: \_\_\_\_\_  
*Signature of Declarant*

Office Use Only:
<input type="checkbox"/> Grant
<input type="checkbox"/> Deny
<input type="checkbox"/> SLMS Check
_____
Initials/Date

**FOREIGN-EDUCATED GENERAL APPLICANT REGISTRATION FEE COUPON**

**PLEASE COMPLETE AND ATTACH THE PAYMENT COUPON TO THE FRONT OF THE APPLICATION WITH THE APPROPRIATE FEES**

**Registration Payment Coupon  
Office of Admissions  
The State Bar of California**

**General Applicant Registration Fee: \$119.00**

Name: \_\_\_\_\_  
Last

\_\_\_\_\_

First	Middle	Suffix (Jr. Sr., I, II)
-------	--------	-------------------------

Date of Birth: \_\_\_\_\_  
Month Day Year

Social Security Number (Refer to "Instructions"): \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street and Apartment Number

\_\_\_\_\_

City	State	Zip
------	-------	-----

Foreign Address (City, Province, Country, Postal Code) (If foreign address is longer than space provided, please continue on line below.)

\_\_\_\_\_

THE FEES ARE SUBJECT TO CHANGE

Make personal/cashier's check or money order payable to the State Bar of California or complete the Credit Card Authorization Form, which is at the end of this application. A Mastercard, Visa, AMEX, Discover, personal/cashier's check or money order payment is required for submission and acceptance of this application. For credit/card payments, a processing fee of 2.5% will be added to all charges. If your credit/debit card transaction is denied, you will not be able to submit your application until you provide another Mastercard, Visa, AMEX, or Discover card. ACH payments (an electronic payment (e-check) delivery system) are also accepted.

To pay by personal/cashier's check or money order, you must mail the check to the Los Angeles Office of Admissions. Your application will not be considered complete until payment is received. If the personal/ cashier's check or money order payment is returned for insufficient funds, your application will be considered incomplete until a valid payment is received. Late charges may be applied and/or the application deadline will be enforced if the payment is not received within the published deadlines. There is no processing fee associated with personal/cashier's check or money order payments.