



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500

**REGISTRATION AS A FOREIGN-EDUCATED GENERAL APPLICANT NOT ADMITTED TO
THE PRACTICE OF LAW IN ANY UNITED STATES OR FOREIGN JURISDICTION
(LAW STUDENTS WHO ARE ENROLLED IN LAW SCHOOLS LOCATED IN THE UNITED STATES AND
ATTORNEYS MUST REGISTER ONLINE AND MAY NOT USE THIS FORM)**

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 (**Required**) Refer to Instructions

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 6)

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 (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)



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**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-USA City and Country) State Zip Code (U.S.)

Email Address

For the reasons stated below, I am not eligible for a social security number (be specific):

Attach a copy of either your Green Card or Passport document.

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 in compliance with any legal obligation requiring the payment of child/family support. Should I ever become noncompliant, 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	

ETHNIC SURVEY

The following information is to be furnished by each applicant as part of the application process. The Committee of Bar Examiners is gathering this data to assist in the continuing evaluation of the examination. This information will be treated in a confidential manner and will be used only for research purposes. It will not be retained by the Committee as part of your application.

1. What is your sex? Male (1) Female (2)

2. Which one of the following racial or ethnic groups **best** describes you? **Mark only one.**

(1) American Indian or Alaskan Native
(Descended from any of the original
peoples of North America.)

(2) Filipino

(3) Pacific Islander
(Melanesian, Micronesian, Polynesian)

(4) Origins in Indian sub-continent
(Pakistan, Indian, Bengal, etc.)

(5) Asian
(Includes Chinese, Japanese, Korean and the
peoples of Malaysia and Southeast Asia)

(6) Hispanic
(Mexican, Puerto Rican, Cuban, Central or
South American & Spanish - but not
Portuguese)

(7) Black
(Excludes persons of Hispanic origin)

(8) White
(Includes persons having origins in any of the
original peoples of Europe, Russia, North
Africa and the Middle East - and generally
corresponds to those persons not classified
into one of the 7 specific minority categories)

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: _____

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/debit card payments, a processing fee of 2.25% 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.

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.



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Office of Admissions Fees Only – Credit Card Authorization Form

For credit/debit card payments, a processing fee of 2.25% will be added to all charges. If your credit/debit card transaction is denied, we will not process your request until you provide another Mastercard, Visa, AMEX or Discover.

Date: _____

I authorize the State Bar of California to charge my credit card for \$ _____

Please check which fee(s) you are paying:

- | | |
|---|--|
| <input type="checkbox"/> Registration as a Law Student | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Registration as an Attorney Applicant | <input type="checkbox"/> Laptop Late Fee |
| <input type="checkbox"/> California Bar Examination | <input type="checkbox"/> Moral Character Determination |
| <input type="checkbox"/> California Bar Examination Late Fee | <input type="checkbox"/> Moral Character Determination Extension |
| <input type="checkbox"/> First-Year Law Students' Examination | <input type="checkbox"/> Other: Please specify: |
| <input type="checkbox"/> First-Year Law Students' Exam Late Fee | _____ |

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Admissions. Please print legibly.)

Name of Applicant if Different than Card Holder (print legibly):

File Number of Applicant (if previously registered with the State Bar of California's Office of Admissions as a law student or attorney applicant):

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date: _____

Check Credit Card Type: Master Visa AMEX Discover
Month/Year

Name on Card (print legibly): _____

Signature of Card Holder: _____