

# APPLICATION FOR DETERMINATION OF MORAL CHARACTER

## FORM 7-COMPLAINTS; PROFESSIONAL DISCIPLINE

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please fully explain the circumstances of **each** incident of denial, disbarment, suspension, censure, reprimand, complaint, grievance, etc. Use a **separate** copy of this form for each incident.

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Name and address of the authority in possession of the records regarding the charge, complaint, grievance, disqualification, denial, etc.:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Court: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### License/Professional Membership Disqualification or Denial

Disqualification dates from: \_\_\_\_\_ to: \_\_\_\_\_  
(Month/Year) (Month/Year)

### Charge, Complaint or Grievance

Date of charge, complaint, or grievance: \_\_\_\_\_  
(Month/Year)

Final disposition: \_\_\_\_\_