



Application for Reciprocal Admission Reference Form

The applicant named below has applied for reciprocal admission to the Idaho State Bar. Please complete this questionnaire and return it *immediately* to the Idaho State Bar by email to Belinda Brown at bbrown@isb.idaho.gov. You may also mail or fax this form to PO Box 895, Boise, ID 83701 or (208) 334-2764. Email is the preferred method of sending this form.

Applicant: _____

Reference Name: _____

Reference Address, City and State: _____

Reference Telephone Number: *Home:* _____ *Work:* _____

The information you provide on this form is confidential, except as provided in the Idaho Bar Commission Rules. Idaho Bar Commission Rule 222 governing bar admissions provides that information provided shall be absolutely privileged and no civil litigation thereon may be instituted or maintained.

Nature of acquaintance/relationship: _____

How long have you known the applicant? _____

Please answer the following questions based on your personal knowledge:

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that you know the applicant well enough to make an accurate appraisal of the applicant's character and fitness to be admitted to the practice of law in the state of Idaho? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you related to the applicant in any way?
If yes, describe the relationship: _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you represent the applicant in any capacity?
If yes, describe the representation: _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | To your knowledge has the applicant ever been convicted of a crime? |
| 5. | | | To your knowledge has the applicant ever engaged in any conduct involving the following? |
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Dishonesty |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Taking unfair advantage of others |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Being disloyal |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Being irresponsible in business or professional matters |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Supporting or advocating the overthrow of the U.S. government by force |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Engaging in the practice of law while not being licensed |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Violating reasonable rules of conduct in any activity |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Failing to exercise self-control, including excessive and continuing violation of traffic rules, the improper use of drugs, and the excessive use of alcohol |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Being mentally or emotionally unstable |

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | To your knowledge has the applicant ever been disciplined by any authority? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you know <i>any</i> reason the applicant should not be licensed as an attorney? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are there any facts not previously disclosed by your answers concerning the applicant's background, history, experience, or activities, which may have a bearing on his/her character, fitness, or eligibility to practice law in Idaho? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any reason not to trust the applicant with your money? |
| | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any reason not to trust the applicant with other people's money? |

If you answered yes to questions 2 through 9, please explain below.

Question #	Explanation

Comments: _____

I swear/attest that the information provided herein is true and factual to the best of my knowledge. This form is signed under penalty of perjury pursuant to Idaho Code 18-5401 et seq.

Date: _____ **Signature:** _____

Thank You for Completing This Form.

Email completed reference form to Belinda Brown at bbrown@isb.idaho.gov.