

VERIFIED STATEMENT

State of _____)

County of _____)

I, _____ being first duly sworn, depose and say that:

I am the applicant named in and who has signed this application for the Idaho bar exam and admission to practice of law in the state of Idaho and fully understand that no refund will be made, in whole or part, of any application or investigation fee and that the deadlines for providing supplementary material for this application cannot be extended or waived by the staff or Board of Commissioners of the Idaho State Bar.

I fully realize that the determination as to whether I am admitted to practice law in Idaho may depend largely on the truth, falsity, or completeness of my answers set forth in this application and the statements attached.

I will give any further information, including fingerprints and photographs, if requested.

To my knowledge, the answers that I have given to the questions are true and complete.

I hereby authorize the Supreme Court of the state of Idaho and the Idaho State Bar, or any agent or authorized representative thereof, to make a complete investigation of my character and fitness to practice law in Idaho and of the completeness and truthfulness of my answers. I hereby release and exonerate those authorized to conduct that investigation.

I hereby release and exonerate any person or organization supplying information to the Idaho State Bar, or any agent or authorized representative thereof, from liability of any kind resulting from the investigation or for furnishing information.

I understand that I will not receive and am not entitled to receive any information developed or secured during such investigation.

I have read the Idaho Bar Commission Rules as adopted by the Idaho Supreme Court relating to admission to practice law in Idaho.

Date

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20____.

SEAL

Notary Public for _____
Residing at _____
My Commission Expires: _____