

# APPLICATION FOR REINSTATEMENT



## KENTUCKY BAR ASSOCIATION

514 WEST MAIN STREET  
FRANKFORT, KY 40601-1883  
(502) 564-3795  
FAX (502) 564-3225  
www.kybar.org

I understand this application for reinstatement to the practice of law in Kentucky is a continuing application and that the information I have submitted must show correctly and fully the information herein sought as of the date of my possible reinstatement. I acknowledge my continuing duty to immediately update this application after the happening of any event that would change my responses to the questions in this application, and will file an amendment to my application regarding any such changes.

1. Applicant's Supreme Court Name: \_\_\_\_\_

List all other name(s) by which you have been known:

\_\_\_\_\_  
\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Year Born: \_\_\_\_\_

2. Undergraduate Institution: \_\_\_\_\_

Degree conferred: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Law School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

List any other graduate degrees (*including name of institution conferring and dates conferred*):

\_\_\_\_\_

Date of admissions to practice in Kentucky: \_\_\_\_\_

3. Are you married? ☐ YES ☐ NO *If yes, give spouse's name, provide date and place of marriage.*

\_\_\_\_\_

Have you ever been divorced or had a marriage set aside? ☐ YES ☐ NO

*If yes, state when, where, and with whom such marriage was contracted and when, where and how such marital status was terminated.*

\_\_\_\_\_

Have you been ordered by any court to pay any child support, alimony, or maintenance?

☐ YES ☐ NO *If yes, provide a statement of your compliance with such support payments below or attach statement. Also, provide below the names and social security numbers of each child and/or spouse(s) and the last known address of your former spouse(s).*

\_\_\_\_\_

*Please send your completed application to John D. Meyers, Executive Director, in care of the Disciplinary Clerk, at the above address.*

## IMPORTANT REQUIRED ATTACHMENTS:

- ☐ Credit Report
- ☐ Criminal History Records
- ☐ Driving Record
- ☐ Documentation of US citizenship or immigration status
- ☐ Proof of good standing if licensed in other jurisdictions
- ☐ Disciplinary history if licensed in other jurisdictions
- ☐ Suspension or disbarment order(s)

**NOTE:** *This is a nonexclusive list. Additional attachments may be required. Carefully review all application questions and requirements.*

4. Provide date of any of these applicable Orders (*attach copies of all orders*):
- Suspension for CLE non-compliance or non-payment of dues (*under SCR 3.500*)  
Also, state type of Suspension: \_\_\_\_\_
  - Suspension (*under SCR 3.510*): \_\_\_\_\_
  - Disbarment (*if prior to 1998*): \_\_\_\_\_

5. Dates and address of residence since suspension or disbarment to present time.  
*If necessary, attach separate sheet.*

DATES	STREET ADDRESS	CITY, STATE & ZIP CODE
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6. List the other countries, states or jurisdictions in which you have ever been admitted to practice law.

JURISDICTION	DATE OF ADMISSION
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7. If you have ever been licensed to practice law in any other country, state or jurisdiction, have you been the subject of a disciplinary action that has resulted in any discipline, public or private, including but not limited to, the suspension of your license or disbarment? *If subject of a Court Order, provide a copy of the Order.*
- \_\_\_\_\_

8. If you are licensed to practice in another jurisdiction, are there any pending charges, complaints, or grievances against you in any other jurisdiction? *If so, attach copies and explain the status.*
- \_\_\_\_\_

9. Have you practiced law, served as a paralegal, legal assistant or worked in a law office in any capacity since suspension or disbarment? ☐ YES ☐ NO  
*If yes state dates, places and describe duties and work functions you performed. If necessary, attach separate sheet.*
- \_\_\_\_\_

10. Have you complied with the provision of SCR 3.390, notice to clients of suspension or disbarment, if applicable to you? ☐ YES ☐ NO  
*If yes, attach copies of notification letters sent to clients.*

11. List all employers, with dates of employment and full address, phone number, and email, since your suspension or disbarment. *If necessary, attach separate sheet.*
- \_\_\_\_\_



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12. Have you had an application for admission or reinstatement been denied by this or any other state?    ☐ **YES**    ☐ **NO**    *If so, when and where (list and provide details).*



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13. Other than a lawyer disciplinary proceeding, have you ever had any disciplinary proceedings against you by any group or profession? This question includes any pending charges or complaints against you.    ☐ **YES**    ☐ **NO**

*If yes, provide name and address of group, with results and dates of any disciplinary proceeding (whether your license was revoked, whether you were reprimanded, censured, disqualified, or otherwise disciplined in any way). Provide an explanation of any discipline imposed.*

14. Have you ever 1) applied for **or** 2) obtained a license (other than your law license) that required proof of good character?    ☐ **YES**    ☐ **NO**

*If so,    ▶ List every application and/or examination;*

*▶ The authority or agency to which it was made (provide name and address);*

*▶ The date of the application(s); and*

*▶ The results of any applications or examinations. Provide an explanation for any failure to procure the license(s) for which you applied.*

15. Are there any unsatisfied judgments, liens or court orders of continuing effect against you, including any unpaid restitution as ordered by the Court in your disciplinary matter(s)?    ☐ **YES**    ☐ **NO**

*If yes, provide full details with copies of original judgments and proof of restitution payment.*

16. Do you currently have any unpaid collection or charged off accounts?    ☐ **YES**    ☐ **NO**

17. Has any surety on any bond on which you were the obligor been required to pay any money on your behalf?    ☐ **YES**    ☐ **NO**

*If yes, provide a detailed explanation.*

18. Have you ever defaulted on a student loan?    ☐ **YES**    ☐ **NO**

19. Have you, within the last ten years, failed to file any applicable state or federal income tax returns or reports as required by law? ☐ YES ☐ NO

*If so, provide a detailed explanation with tax returns, reports, and communications to the federal or state taxing authority which related to the matters covered in your explanation.*

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20. Have you, within the last ten years, failed to pay any personal or business-related taxes owed pursuant to state or federal law? ☐ YES ☐ NO

*If so, provide a detailed explanation with copies of tax returns, reports, and communications to the federal or state taxing authority which related to the matters covered in your explanation.*

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**IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW**, you must provide a full, detailed explanation or description, including all documentation that will assist those reviewing this application in understanding the situation(s). Failure to provide sufficient information could result in delaying your application and/or could be interpreted as a lack of candor. Please be sure to include copies of any civil or criminal pleadings, including complaints, answers, indictments, orders, correspondence, or discharges. Be sure to make clear how the matter was ultimately resolved.

21. Since admission to practice in any jurisdiction, have you:

*Provide full details to any of the questions below on a separate attached sheet.*

- ▶ Been charged with violating any law including traffic violations? Include Alford pleas, nolo contendere and any expunged matters. ☐ YES ☐ NO
    - ▶▶ If you have been convicted of a felony, did the conviction result in a sentence of confinement in any institution? ☐ YES ☐ NO
  - ▶ Been offered or granted immunity in any criminal proceeding? ☐ YES ☐ NO
    - If so, state place, date, name of defendant, nature of the act or the proceeding, the court, and the circumstances.*
- 

- ▶ Had an emergency protective order or a domestic violence order issued against you by any Court? *Include expunged matters.* ☐ YES ☐ NO
  - ▶ Been charged or accused of fraud in any legal (civil, criminal, administrative) proceedings? ☐ YES ☐ NO
  - ▶ Been the subject of a petition in bankruptcy? ☐ YES ☐ NO
    - If so, ▶▶ Adjudicated bankrupt or insolvent? ☐ YES ☐ NO*
    - ▶▶ Had a bankruptcy petition dismissed? ☐ YES ☐ NO*
  - ▶ Had a credit card revoked? ☐ YES ☐ NO
  - ▶ Been discharged for unsatisfactory work or misconduct? ☐ YES ☐ NO
  - ▶ Been disciplined at your place of employment? ☐ YES ☐ NO
  - ▶ Requested formally or informally to resign from employment? ☐ YES ☐ NO
  - ▶ Been adjudicated incompetent or otherwise legally incapacitated by a court of competent jurisdiction? ☐ YES ☐ NO
  - ▶ Been subjected to discipline under the Uniform Code of Military Justice (UCMJ) or subjected to adverse administrative actions? ☐ YES ☐ NO
    - If yes, state nature of proceedings and outcome to include type of discharge.*
-

22. Give the names and addresses of three (3) former clients. *If none, request waiver of this requirement from the Executive Director.*



23. Attach the affidavits of three (3) Kentucky attorneys in good standing who will attest to your character and fitness and recommend your reinstatement. *If none, request waiver of this requirement from the Executive Director.*
24. List names and addresses of three (3) character witnesses that have known you for at least two years (do not duplicate names above). No witness may be a relative or a member of your household.

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## VERIFICATION

1. I hereby certify as follows:

Have you ever organized or helped to organize or become a member of any organization or group of person which, during the period of your membership or association, you knew as advocating or teaching that the government of the United States or any state or country or any political subdivisions thereof should be overthrown or overturned by force, violence or any unlawful means? ☐ YES ☐ NO

*If yes, submit a detailed explanation.*

If you answer to the above is yes, did you, during the period of such membership or association, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence or any unlawful means?

☐ YES ☐ NO

2. I will immediately provide any information regarding events that might reflect on my moral character and integrity. ☐ YES ☐ NO
3. I have read the "Rules of the Supreme Court of Kentucky" presently in effect, relating to the readmission of persons to practice law (SCR 3.501 – 3.504) and I am familiar with and understand the provisions. ☐ YES ☐ NO
4. If admitted to the practice of law, I will adhere to the Code of Ethics (Kentucky Rules of Professional Conduct) prescribed by the Supreme Court of Kentucky in SCR 3.130. ☐ YES ☐ NO
5. I intend to practice law in the State of Kentucky. ☐ YES ☐ NO  
*If you answered No to 2-5, please provide an explanation.*

6. Is there any other incident(s) or occurrence(s) in your life, which is not otherwise referred to in this application, which has bearing, either directly or indirectly, upon your character and fitness for admission to the Bar. ☐ YES ☐ NO



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IN ORDER TO RETAIN CONFIDENTIALITY OF PERSONAL INFORMATION ON FINANCIAL OR OTHER DOCUMENTS, OR NON-PUBLIC DISCIPLINARY ACTIONS, A MOTION MUST BE FILED AT THE TIME YOUR APPLICATION IS FILED. SEE SCR 3.150(6), PROTECTIVE ORDERS.

WITHOUT A PROTECTIVE ORDER, THE RECORDS IN THIS REINSTATEMENT MATTER WILL BE PUBLIC. SCR 3.150(5).

I understand this application for reinstatement to the practice of law in Kentucky is a continuing application and that the information I have submitted must show correctly and fully the information herein sought as of the date of my possible reinstatement. I acknowledge my continuing duty to immediately update this application after the happening of any event that would change my responses to the questions in this application, and will file an amendment to my application regarding any such changes.

*Affiant, \_\_\_\_\_, hereby applies for reinstatement to practice law in Kentucky. I hereby swear or affirm that the statements contained in this application are true, accurate and complete.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**IMPORTANT  
REQUIRED  
ATTACHMENTS:**

- ☐ Credit Report
- ☐ Criminal History Records
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# AUTHORIZATION AND RELEASE



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I hereby release, discharge and exonerate the Kentucky Bar Association (KBA), or its authorized representative, as well as all such persons as set out in this application who shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records, or any other pertinent information (such as date of birth, financial account numbers and other personal identifiers), or the investigation made by said KBA, or its authorized representative. The undersigned further waives absolutely any privilege he/she may have relevant to the KBA's investigation and evaluation of his/her good moral character and fitness to perform the responsibilities of an attorney under Kentucky laws.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

*My commission expires:* \_\_\_\_\_

# APPLICANT RELEASE TO THE OFFICE OF BAR COUNSEL



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The undersigned, \_\_\_\_\_, is an Applicant for either Reinstatement or Restoration to the practice of law in Kentucky. The Applicant hereby waives any right of confidentiality under SCR 3.150 and SCR 3.990, and by this release authorizes the Office of Bar Counsel in its discretion to release to the Character and Fitness Committee and its Investigator, any information contained in its disciplinary files, to include any material in its open or closed investigative files, and any open or dismissed complaint files.

In addition, by this waiver and release, the Applicant authorizes the Continuing Legal Education Commission to release to the Office of Bar Counsel its records concerning the Applicant's continuing legal education status.

The Applicant further states that in the event he or she is a participant in the Kentucky Lawyers Assistance Program, he or she authorizes that program, and the Director thereof, to release any and all medical, alcohol and drug abuse, and psychiatric or mental health records pertinent to the assessment or diagnosis of his or her condition, his or her participation in that program and his or her compliance or non-compliance with any conditions of any monitoring agreement, including, but not limited to the results of any and all alcohol or drug testing. The Applicant agrees to sign any further releases required by the Kentucky Lawyers Assistance Program to allow the Office of Bar Counsel to review appropriate records.

In signing this release with regards to the Kentucky Lawyers Assistance Program, I hereby waive any rights of confidentiality during the application process and investigation pending ruling upon my application by the Supreme Court or withdrawal of my application, notwithstanding any confidentiality provisions of HIPAA, SCR 3.150 and SCR 3.990.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

*My commission expires:* \_\_\_\_\_