

APPLICATION FOR RESTORATION



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 restoration 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 restoration. 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.

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

1. Applicant's Supreme Court Name: _____

KBA Bar Number: _____

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

2. Current Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Last 4 Digits of SSN: _____ Year Born: _____

3. Date obtained license to practice law in Kentucky: _____

4. Provide date of any of these applicable Orders:

- Withdrawal (*under SCR 3.480*): _____
- Suspension (*under former SCR 3.500 or successor Rule*): _____

5. Attach a copy of any orders of withdrawal or suspension.

6. Dates and places of residence since withdrawal or suspension to present time.
If necessary, attach separate sheet.

DATES

STREET ADDRESS

CITY, STATE & ZIP CODE

7. List the other countries, states or jurisdictions in which you have ever been admitted to practice law.

JURISDICTION

DATE OF ADMISSION

8. 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.*
-



KENTUCKY BAR ASSOCIATION

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

9. Have you practiced law, served as a paralegal, legal assistant or worked in a law office in any capacity since withdrawal or suspension? If so, 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 withdrawal or suspension, if applicable to you? ☐ YES ☐ NO
If yes, attach copies of notification letters sent to clients

11. Dates and places of employment since withdrawal or suspension. *If necessary, attach separate sheet.*

DATES	EMPLOYER	STREET ADDRESS	CITY, STATE & ZIP CODE
-------	----------	----------------	------------------------

12. Has your application for admission or restoration been denied by this or any other state?
☐ YES ☐ NO If yes, when and where?
-

13. Have you ever had any disciplinary proceedings against you by any group or profession?
☐ YES ☐ NO
If yes, were you required to surrender, or had suspended or revoked, a professional license of any type other than your license to practice law?
Provide full details and if necessary, attach separate sheet.
-

14. Are there any unsatisfied judgments against you? ☐ YES ☐ NO
Provide full details and if necessary, attach separate sheet
-

15. Since your initial admission as a lawyer in any jurisdiction, have you ever:
Provide full details to any answers on a separate, attached sheet.

- ▶ Been charged with unprofessional or unethical conduct? ☐ YES ☐ NO
- ▶ Been charged with violating any law including traffic violations? ☐ YES ☐ NO
Include Alford plea, nolo contendere and any expunged actions.
- ▶ Had an Emergency Protective Order or a Domestic Violence Order issued against you by any Court? *Include any expunged actions.* ☐ YES ☐ NO
- ▶ Been charged with fraud in any legal proceeding? ☐ YES ☐ NO
- ▶ Been adjudicated bankrupt? ☐ YES ☐ NO
- ▶ Been discharged for unsatisfactory work? ☐ 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
State nature of proceedings and outcome to include type of discharge.



KENTUCKY BAR ASSOCIATION

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

16. Are there any incidents in your life that may have a negative bearing upon your character and fitness? ☐ YES ☐ NO
If yes, provide full details. If necessary, attach separate sheet

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

18. 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.*

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.

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

Affiant, _____, hereby applies for restoration to practice law in Kentucky under SCR 3.504. 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: _____

AUTHORIZATION AND RELEASE



KENTUCKY BAR ASSOCIATION

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

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



KENTUCKY BAR ASSOCIATION

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

The undersigned, _____, is an Applicant for 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: _____

APPLICATION FOR RESTORATION
5 OF 5