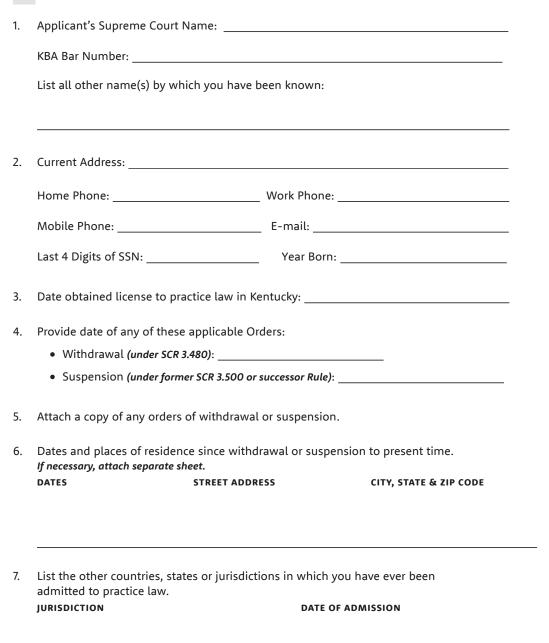
APPLICATION FOR RESTORATION

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.





KENTUCKY BAR ASSOCIATION

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

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

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.	BAR ASSOCIATION INSTITUTE ORDON INSTITUTE ORDO
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. <i>If necessary, attach separate sheet.</i>	KENTUCKY BAR ASSOCIATION 514 WEST MAIN STREET FRANKFORT, KY 40601-1883 (502) 564-3795 FAX (502) 564-3225 www.kybar.org
10.	Have you complied with the provision of SCR 3.390, notice to clients of withdrawal or suspension, if applicable to you? YES ONO If yes, attach copies of notification letters sent to clients	
11.	Dates and places of employment since withdrawal or suspension. <i>If necessary, attach separate sheet.</i>	
	DATES EMPLOYER STREET ADDRESS CITY, STATE & ZIP CODE	
12.	Has your application for admission or restoration been denied by this or any other state? OYES ONO If yes, when and where?	
13.	Have you ever had any disciplinary proceedings against you by any group or profession? YES ONO 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? OYES ONO 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? OYES ONO	APPLICATION FOR RESTORATION
	► Been discharged for unsatisfactory work? OYES ONO	2 OF 5

	 Requested formally or informa Been adjudicated incompetent competent jurisdiction? Been subjected to discipline ur subjected to adverse administr State nature of proceedings and or 	or otherwise legally incapace YES ONO Ider the Uniform Code of Mi ative actions? OYES ON	citated by a court of litary Justice (UCMJ) or	BAR 4550 CVATION ORDO DISTICIA
16.	Are there any incidents in your life character and fitness? OYES If yes, provide full details. If necessary	ONO	earing upon your	KENTUCKY BAR ASSOCIATION 514 WEST MAIN STREET FRANKFORT, KY 40601-1883 (502) 564-3795 FAX (502) 564-3225 www.kybar.org
17.	Give the names and addresses of trequirement from the Executive Direct		ne, request waiver of this	
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 CONFIDE FINANCIAL OR OTHER DOCUME A MOTION MUST BE FILED AT T WITHOUT A PROTECTIVE ORDE	SCIPLINARY ACTIONS, ION IS FILED.		
арр	MATTER WILL BE PUBLIC. SCR 3 ant, lies for restoration to practice law rm that the statements contained i	in Kentucky under SCR 3.504	4. I hereby swear or	
		SIGNATURE OF APP	LICANT	
STA	TE OF)		
CO	JNTY OF			
SU	SSCRIBED AND SWORN TO BEFC	RE ME BY	,	
TH	S	DAY OF	, 20	
		NOTARY PUBLIC		APPLICATION FOR RESTORATION

My commission expires:

APPLICATION FOR RESTORATION

3 OF 5

AUTHORIZATION AND RELEASE

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.

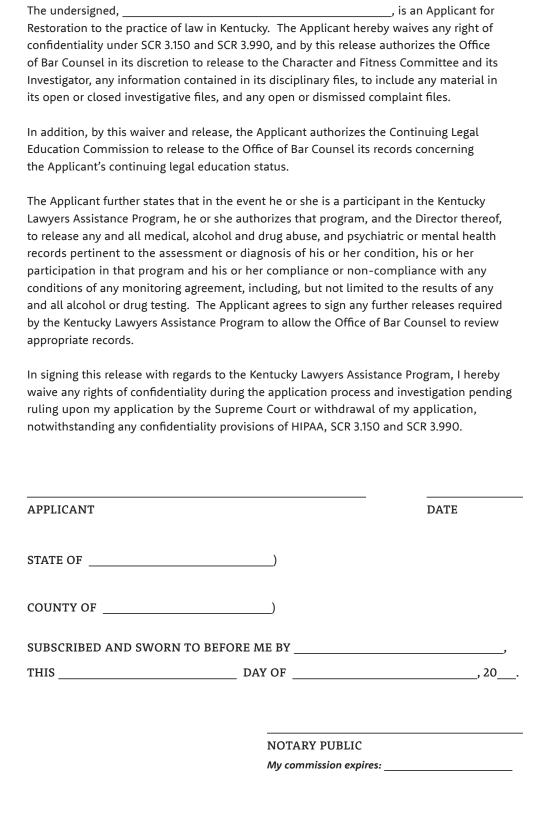


KENTUCKY BAR ASSOCIATION

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

	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