

BANKRUPTCY

Complete this form to document any record of bankruptcy (use a separate form for each case).

Name in which bankruptcy was declared:

Last 4 digits of Social Security Number:

Complete title of action:

Date filed:

Complete Court file number:

Name and complete address of court involved:

Name of court:

Address:

Suite:

City:

State:

ZIP:

Detailed description of circumstances surrounding filing petition for bankruptcy, including your considerations for avoiding a bankruptcy filing:

Date of final disposition:

Disposition:

Were any adversary proceedings instituted? Yes* No

Were there any allegations of fraud? Yes* No

Were any debts not discharged? Yes* No

*** If yes, list them separately, and provide all related documents.**

For each bankruptcy listed, you must provide:

- 1) petition for bankruptcy
- 2) all schedules of indebtedness
- 3) discharge from bankruptcy order
- 4) all related pleadings filed with the Bankruptcy Court

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BONDING HISTORY

Complete this form to document your bonding history (add additional pages as needed). After completion, save this document(s) with a unique name that identifies the question (i.e. "Bonding History".doc) and upload it where prompted on the application.

Name under which claim was made:

Last 4 digits of Social Security Number:

Name of Surety (Bonding Company):

Address of Surety:

Suite:

City:

State:

ZIP:

Amount of money paid by Surety: \$

Date money paid:

Reason for bond:

Reason for payment:

Detailed explanation:

DEBTS (use a separate form for each debt):

Name _____
First Middle Last Last 4 Digits of Social Security Number

Type of Debt: Credit Card Charge Account Student Loan Other _____

Account number: _____ Date debt originated (Mo/Yr): _____

Original amount of debt: \$ _____ Date of last payment (Mo/Yr): _____

Current balance: \$ _____

Name of original creditor: _____

Address _____ Suite _____

City _____ State _____ ZIP _____

If different from above, current creditor: _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Detailed description of the circumstances surrounding this debt and the reason(s) for delinquency:

Present status of this debt: _____

If a balance remains, indicate whether you have:

_____ **Established a payment plan:**

Initials

- 1) Date (month/year) of inception of payment plan
- 2) Date (month/year) of first payment
- 3) Amount to be paid each month
- 4) Date (month/year) of anticipated payoff
- 5) Provide a copy of the written agreement and details of the plan
- 6) Provide the following documentation:
 - Proof of the first **two** (2) payments made if plan was established within the last 60 days **OR**
 - Proof of the **two** (2) most recent payments made if plan was established more than 60 days ago

_____ **Placed the account in forbearance:** Provide *official documentation* that the account has been placed in forbearance
initials

_____ **Successfully disputed the debt:** Provide *official documentation* from the creditor or one of the major credit reporting
initials agencies of the successful dispute.

_____ **Paid the account in full** (including settling for a lesser amount. Provide *official documentation* of a zero (0) balance
initials

CRIMINAL CASES

Complete this form to document your criminal cases history, regardless of your age at time of occurrence, including all juvenile matters (use a separate form for each incident).

Name:

Last 4 digits of Social Security Number:

Date of incident (or time period involved):

Location:

Title of complaint or indictment:

Criminal Number:

Detailed description of incident:

Name of law enforcement agency:

Address:

Suite:

City:

State:

ZIP:

Name of court:

Address:

Suite:

City:

State:

ZIP:

Date first heard:

Charge(s) at time of arrest:

Charge(s) at time of trial:

Date of disposition:

Disposition:

Attach copies of all of the following documents:

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From Law Enforcement Agency (Police): complete police report including officer's narrative report
From Court of record: complaint, indictment, disposition, sentence (appeal, if any), and proof of satisfaction of conditions imposed.

CIVIL ACTIONS HISTORY

Complete this form to document your civil actions history (use a separate form for each case).

Name in which civil action filed:

Last 4 digits of Social Security Number:

Complete title of action:

Detailed description of case:

Dated filed:

Complete Court file number:

Full name(s) of plaintiff(s) and attorney(s):

Full name(s) of defendant(s) and attorney(s):

Name and complete address of court involved:

Name of court:

Address:

Suite:

City:

State:

ZIP:

Trial date:

Date of final disposition:

Details of Disposition:

Did disposition result in a judgment? Yes No

If yes, has the judgment been satisfied? Yes No

If yes, give the date the judgment was satisfied with Court:

If no, what amount is still owing and why?

**Attach copies of the complaint and judgment/disposition.
For divorce, attach copies of the petition and decree.**

EMPLOYMENT DISHONESTY

Complete this form to document whether in the course of any employment since age 21, you have been accused or charged with dishonesty, misrepresentation, misappropriation, theft, fraud, moral turpitude, or the commission of a crime. Include any situation even if it did not result in discharge or resignation (use a separate form for each incident).

Name at time of charge or incident:

Last 4 digits of Social Security Number:

Date of incident (or time period involved):

Name of employer:

Current Address:

Suite:

City:

State:

ZIP:

Date of discharge/resignation:

Detailed explanation of cause and circumstances:

Outcome:

EMPLOYMENT DISCHARGE

Complete this form to document if you were ever discharged or have ever resigned from any employment after being told that your conduct or work was unsatisfactory (use a separate form for each incident).

Name:

Last 4 digits of Social Security Number:

Date of incident (or time period involved):

Name of employer:

Current Address:

Suite:

City:

State:

ZIP:

Date of discharge/resignation:

Detailed explanation of cause and circumstances:

DENIAL OR REVOCATION OF PROFESSIONAL LICENSE

Complete this form to document any time you have ever had a business, trade or professional license denied or revoked (use a separate form for each case).

Last 4 digits of Social Security Number:

Name at time of denial/revocation:

Type of license denied or revoked:

Date of hearing:

Name of the authority in possession of the records:

Address of authority in possession of records:

Detailed explanation of the circumstances and decision in the matter:

Date of Decision:

Attach the written decision from the denying authority.

FORMAL/INFORMAL DISCIPLINARY PROCEEDING

Complete this form to document any incidents in which you were a party, directly or indirectly, in any disciplinary proceeding, formal or informal (use a separate form for each incident).

Name at time of charge or complaint:

Last 4 digits of Social Security Number:

License number against which complaint filed:

Date of complaint:

Name of complainant:

Full title of action/complaint/incident:

Name of the authority in possession of the records:

Address of authority in possession of records:

What was your role or involvement in the incident?

Detailed explanation of the circumstances and the disposition of the matter:

Final Disposition:

Date of Disposition:

Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.

FORMAL/INFORMAL CHARGES COMPLAINTS OR GRIEVANCES

Complete this form to document formal charges, informal charges, complaints, actions and grievances (use a separate form for each case).

Name at time of charge or complaint:

Last 4 digits of Social Security Number:

License number against which complaint filed:

Date of complaint:

Name of complainant:

Title of complaint:

Name of the authority in possession of the records:

Address of authority in possession of records:

Detailed explanation of the circumstances and the disposition of the matter:

Final Disposition:

Date of Disposition:

Were conditions imposed on you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.

FRAUD/PERJURY/MISREPRESENTATION

Complete this form to document any incidents in which you were accused of or charged with fraud, perjury, misrepresentation or false swearing in a judicial or administrative hearing (use a separate form for each incident).

Name at the time of charge or complaint:

Last 4 digits of Social Security Number:

License number against which complaint was filed (if applicable):

Date of complaint:

Name of complainant

Full title of complaint:

Name of authority in possession of records:

Address of authority in possession of records:

Detailed narrative explanation of the circumstances and the disposition of matter:

Final Disposition:

Date of final disposition:

Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.

REPRIMAND/CENSURE/SUSPENSION/DISBARRED/DISQUALIFIED

Complete this form to document any incidents in which you were reprimanded, censured, suspended, disbarred, or disqualified (use a separate form for each incident).

Name at time of charge or complaint:

Last 4 digits of Social Security Number:

License number against which complaint was filed:

Date of complaint:

Name of complainant:

Full title of complaint:

Name of the authority in possession of the records:

Address of authority in possession of records:

Detailed narrative explanation of the circumstances and the disposition of the matter:

Final Disposition:

Date of Disposition:

Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.

UNAUTHORIZED PRACTICE OF LAW

Complete this form to document if you have ever been accused of the unauthorized practice of law in any state or jurisdiction (use a separate form for each incident).

Name at time of charge or complaint:

Last 4 digits of Social Security Number:

Nature of complaint:

Date of complaint:

Name of complainant:

Full title of complaint:

Name of the authority in possession of the records:

Address of authority in possession of records:

Actions giving rise to complaint:

Detailed explanation of the circumstances and the disposition of the matter:

Final Disposition:

Date of Disposition:

Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.

TRAFFIC CASES HISTORY

Complete this form to document your moving violations. Include ALL moving violations for the time frame required, whether guilty or not, whether expunged or not. Include any non-moving violations that resulted in a fine of \$50 or more (use a separate form for each violation).

Note: Criminal traffic matters must be reported on a Criminal Cases Form.

Name:

Last 4 digits of Social Security Number:

Date of incident (or time period involved):

Location:

Type of Infraction:

Detailed description of incident:

Date first heard:

Charge(s) at time of citation/arrest:

Charge(s) at time of trial:

Date of disposition:

Disposition (including penalty, if any, i.e. paid a fine, attended traffic school, etc.):

RESIGNED IN LIEU

Complete this form to document if you resigned in lieu of suspension, revocation, disqualification or disbarment (use a separate form for each case).

Name at time of resignation:

Last 4 digits of Social Security Number:

License number at time of resignation:

Date of resignation:

Name of the authority in possession of the records:

Address of authority in possession of records:

Detailed narrative explanation of the circumstances and the disposition of the matter:

Was disciplinary action filed, pending or threatened at time of resignation?

Was disciplinary action withdrawn as result of resignation in lieu?

Final Disposition:

Date of Disposition:

Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?

Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.