APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 1- RECORD OF CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

Name: _____ State Bar Number: _____

Nature of case (e.g., small claims, divorce, personal injury, etc.): _____

Complete title of case: _____

Court file number: _____ Date filed: _____

Name of court: _____

Address: _____

City: _____ State: _____ Zip: _____

Your position in case (e.g., plaintiff, defendant, cross-complaint, etc.): _____

Elaborate on the circumstances of the case:

_____

Full name(s) and address(es) of plaintiff(s) and attorney(s)	Full name(s) and address(es) of defendant(s) and attorney(s)
Plaintiff	Defendant
Address	Address
City State Zip	City State Zip
Attorney	Attorney
Address	Address
City State Zip	City State Zip

Trial date: _____ Date of final disposition: _____

Disposition:

_____

If the disposition resulted in a judgment, has the judgment been satisfied? ☐ Yes ☐ No

If YES, give the date the judgment was satisfied:

_____

If NO, what amount is still owing and why?

_____