

APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 2- RECORD OF CRIMINAL CASES

Name:

State Bar Number:

INCIDENT

Charge(s) at time of arrest: Felony Misdemeanor

Charge(s) (e.g., petty theft):

Date of incident (or time period involved):

Location:

City

County

State

NARRATIVE

Provide a **detailed** narrative of the circumstances surrounding the incident. If your answer needs more space, please attach a separate sheet of paper.

ARRESTING AGENCY

Name of law enforcement agency:

Address:

City:

State:

Zip:

Arresting Agency Report Number:

COURT

Name of court:

Address:

City:

State:

Zip:

Title of complaint or indictment:

Court File Number:

Date first heard:

Date of final disposition:

FINAL DISPOSITION

CHARGE

SENTENCE

Felony Misdemeanor

Felony Misdemeanor

ATTACH A COPY OF THE ARRESTING OFFICER'S REPORT, COMPLAINT, INDICTMENT, TRIAL DISPOSITION, SENTENCE, APPEAL, PROBATION REPORT AND CERTIFIED COPY OF CONVICTION.