

REINSTATEMENT QUESTIONNAIRE
M. BAR R. 29(c)

Pursuant to Maine Bar Rule 29(c), in order to complete processing of petitions for reinstatement to practice law the petitioner shall complete this questionnaire understanding that complete and accurate answers are required. This completed questionnaire shall be incorporated into the petition and become a part of the record in any reinstatement hearing(s) conducted under Maine Bar Rule 29(g).

PLEASE TYPE OR PRINT ALL ANSWERS AND INFORMATION FOR ITEMS #1- #20

1. PERSONAL INFORMATION

Name: _____ Bar No. _____

Other names used past or present: _____

Date of Birth: _____ Marital Status: _____

Residential Address: _____

Telephone Numbers: () _____ Cell: () _____

Email Address: _____

Current (or most recent) Employer's Name and Address: _____

Telephone Numbers: () _____ Cell: () _____

Email Address: _____

2. EDUCATION

COLLEGES AND LAW SCHOOLS ATTENDED	GRADUATION DATE	DEGREES AWARDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no degree was awarded, what was the reason for leaving that institution?

3. JURISDICTIONS WHERE YOU HAVE BEEN ADMITTED TO PRACTICE LAW

JURISDICTION	DATE OF ADMISSION
_____	_____
_____	_____
_____	_____
_____	_____

4. OCCUPATION FOLLOWING PERIOD OF DISBARMENT/SUSPENSION

EMPLOYER	HIRE DATE	SUPERVISOR	TERMINATION DATE & REASON YOU LEFT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Responses to items 5 – 17 shall be provided on separate documents and attached to this questionnaire.

5. List any incapacity for holding employment caused by physical reasons, alcoholism, drug addiction or mental illness since the date of your disbarment/suspension which could affect your present fitness to practice law.
6. Provide a statement showing your approximate monthly earnings and other income, and the sources from which all such earnings and income were derived during the period following your disbarment/suspension.
7. Provide a statement showing all residences maintained by you during the period following your disbarment/suspension, with the names and addresses of landlords, if any.
8. Provide a statement showing the dates, general nature, and final disposition (with copies) of every civil action or administrative hearing, in any jurisdiction, during the period following your disbarment/suspension in which you were either a party, plaintiff, or defendant or in which you had claimed an interest, together with dates of filing of complaints, titles of courts and the names and addresses of attorneys for said parties, the trial judge or judges, and the names and addresses of all witnesses who testified in such actions.
9. Provide a statement showing all your outstanding financial obligations at the date of the filing of the petition for reinstatement together with the dates when such obligations were incurred and the names and addresses of all creditors.

10. Provide a statement showing the dates, general nature and ultimate disposition (with copies) of every matter involving your summons, arrest or prosecution in any jurisdiction during the period following your disbarment/suspension for any crime, whether felony or misdemeanor, together with the names and addresses of complaining witnesses, prosecutors and trial judges.
11. Provide a statement as to whether or not any applications by you were made during the period following your disbarment/suspension for reinstatement or original admission as an attorney at law in any jurisdiction, or any applications for license requiring proof of good character for its procurement and as to each such application, the dates, names and addresses of the authority to whom it was addressed and the disposition thereof.
12. Provide a statement concerning any procedure of inquiry, during the period following your disbarment/suspension, concerning your standing as a member of any profession or organization, or as holder of any license or office, and the name and address of the authority in possession of the record thereof. Provide a copy of any decision or order issued as a result of any such matter, including any and all written document(s) causing or in any way relating to or explaining any termination.
13. Provide a statement as to whether or not any charges for fraud were made or claimed against you during the period following your disbarment/suspension whether formal or informal, together with the dates and names and addresses of persons making such charges.
14. Provide a statement of any financial or other action taken by you in the nature of restitution or other appropriate relief to individuals injured by your attorney misconduct for which you were disbarred/suspended.
NOTE: Attorneys petitioning for reinstatement solely from an administrative non-disciplinary suspension may disregard question 14.
15. Provide a concise and informative statement of facts concerning the issues and factors set forth in Maine Bar Rule 29(e) which you believe justify and support your reinstatement to the bar of the state of Maine.
16. State what evidence will be presented by you to demonstrate that you have the competency, proficiency in law and the moral qualifications required for admission to practice law in Maine and that your resumption of the practice of law will not be detrimental to the integrity and standing of the bar, the administration of justice or the public interest.
17. If reinstated, list all jurisdictions in which you intend to practice to law.
18. List any discipline or other sanction of any kind involving your misconduct or improper performance that was imposed upon you by any agency in any jurisdiction subsequent to your disbarment/suspension:¹

JURISDICTION	MISCONDUCT	OFFICIAL ACTION	ACTION DATE
_____	_____	_____	_____
_____	_____	_____	_____

19. List names, addresses and telephone numbers of four (4) separate and unrelated references who would testify or comment as to your character and conduct since the period following your disbarment/suspension.

¹ A certified copy of any official action taken as a result of misconduct in any jurisdiction shall be attached to this questionnaire.

Name: _____ Telephone _____

Address: _____

Name: _____ Telephone _____

Address: _____

Name: _____ Telephone _____

Address: _____

Name: _____ Telephone _____

Address: _____

20. Provide a statement on a separate sheet concerning any other matter which you desire to be considered.

CERTIFICATION

I affirm that the facts as stated above and within the attached (#) sheets are all accurate and true statements.

Dated: _____

Signature of Petitioner

Subscribed and sworn to be true before me at _____

City/State

this _____ day of _____, _____
Day Month Year

Signature of Notary

My Commission Expires
Notary stamp preferred.