OFFICE OF CHIEF DISCIPLINARY COUNSEL 3335 AMERICAN AVENUE JEFFERSON CITY, MISSOURI 65109

IN RE:	*ATTY,) MISSO) OURI SUPRE			
		Applicant.)	No. SC* MoBar N		
	NOTICE	TO COMPLET	ΓE REINST	'ATEMEI	NT QUESTION	NAIRE
Iı	n accordan	ce with the pro	visions of N	Aissouri S	Supreme Court R	Rule 5.28 and in
accordar	nce with pro	ocedure establish	hed by the C	hief Disci	plinary Counsel,	the applicant for
reinstate	ement shall	complete the	Reinstateme	ent Quest	ionnaire setting	forth fully and
accurate	ly the info	ormation reques	ted under t	he oath.	The applicant	shall return the
Reinstat	ement Ques	stionnaire to the	Chief Discip	plinary Co	ounsel within twe	enty (20) days of
the date	of mailing.	This questionn	aire will bec	ome a par	t of the file of the	e investigation of
the appl	ication for	reinstatement.	This question	nnaire wil	l not be provided	l to the Supreme
Court ur	nless it is att	tached to the Rep	port or Recor	mmendatio	on.	
I	hereby cer	rtify that the att	ached Reins	statement	Questionnaire wa	as mailed to the
applican	nt or the app	olicant's attorney	of record thi	is	day of	
2006.						
					Respectfull	y submitted,
					*****	***
					3335 Amer	ican Avenue

Jefferson City, MO 65109

573-635-7400

OFFICE OF CHIEF DISCIPLINARY COUNSEL 3335 AMERICAN AVENUE JEFFERSON CITY, MISSOURI 65109

IN RE:	*ATTY,) MISSOURI S) SUPRE	ME COURT
		,)	No. SC*#
		Applicant.)	MoBar No. *
		REINSTATEM	ENT Q	<u>UESTIONNAIRE</u>
AI	DDITIONAL		MAY BECESSA	E ATTACHED IF MORE SPACE IS ARY
		ne, address, date of telephone number(s		, social security number, marital status applicant.
F	Full Name			
A	Address			
I	Date of Birth			
S	Social Security	y Number		
N	Marital Status			
F	Residence			
٦	Гelephone Nu	mber (Daytime)		(Evening)

3.	Name each college and law school the applicant attended, dates of attendance, degree awarded, and reason for leaving each school, if no degree was awarded from that institution.
4.	List the jurisdictions and courts, including federal agencies, where the applicant has been admitted to the practice of law, together with the dates of said admissions. The applicant shall request each state, territory, or District of Columbia, in which the applicant has been admitted to transmit a certificate of good standing directly to the Office of Chief Disciplinary Counsel. The certificate shall show whether there has been any disciplinary action against the applicant and whether there are any complaints or investigations currently pending. It is not necessary to submit a certificate from the State of Missouri.
5.	List the offense, offenses, or misconduct upon which the disbarment or suspension was based, together with the date of the disbarment or suspension order, and the caption and docket number of the proceeding in which entered: a) in the State of Missouri;

	b) in any other jurisdiction, agency or court where the applicant had beer admitted to the practice of law.
6	Attach a cartified conv. of any disharmant or augmention order from any other
6.	Attach a certified copy of any disbarment or suspension order from any other jurisdiction to this Questionnaire.
7.	List the names and addresses (and telephone numbers, if available) of all persons injured as a result of the conduct which resulted in disbarment or suspension in this State and in any other jurisdiction or court.
8.	Has the applicant notified or attempted to notify the individuals identified in the response to the previous question of this petition? If so, list names, dates, addresses and method of notification or attempted notification. Please attach a copy of the notification sent to each individual.
9.	Describe any financial or other action taken by the applicant in the nature of restitution or other appropriate relief.

- 10. Attach the following documents, to be obtained by the applicant from the U.S. IRS, to the application:
 - (a) Return Transcript for the three years preceding the filing of the application for reinstatement.
 - (b) Account Transcript for three years preceding the filing of the application for reinstatement.

(Documents may be requested from an IRS Taxpayer Assistance Center.)

- 11. Within the past five years, has the applicant exhibited any conduct or behavior that could call into question applicant's ability to practice law in a competent, ethical or professional manner?
- 12. Does applicant currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) that in any way affects applicant's ability to practice law in a competent, ethical and professional manner?
- 13. Within the past five years, has applicant asserted any condition or impairment as a defense, in mitigation, or as an explanation for conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure?
- 14. List the names, addresses, and telephone numbers of the trial judge and prosecuting attorney, if disbarment or suspension was based on conviction of a crime or related to criminal charges.

15.	Describe the nature, in detail, of the occupation of the applicant during the period of disbarment or suspension, with names, addresses, and telephone numbers of all partners, associates in business, and employers, if any, and dates and duration of all such relationships and employment.
16.	State the approximate monthly earnings and other income of the applicant, and the sources from which all such earnings and income were derived during the period of disbarment or suspension or during the ten years preceding the filing of the petition for reinstatement, whichever is less.
17.	List all residences maintained by the applicant during the five years preceding the filing of the petition for reinstatement, with the names, addresses, and telephone numbers of landlords, if any.
18.	List all financial obligations of the applicant on the date of the filing of the petition

together	with	the	dates	when	such	obligations	were	incurred	and	the	names,
addresses	s, and	telep	ohone r	number	s of al	l creditors.					

19. Provide the dates, general nature, and current status or final disposition of every civil action commenced or pending in any jurisdiction, during the period of any disbarment or suspension, in which the applicant was either a party plaintiff or defendant, or in which the applicant had or claimed an interest. For each, identify the date of filing, title of court, and case number. Include the names, addresses and telephone numbers of the following: (a) attorneys of record, (b) trial judge or judges, and (c) all witnesses who testified in such actions.

20. Provide the dates, general nature, and ultimate disposition of every matter involving the arrest or prosecution of the applicant in any jurisdiction, during the period of disbarment or suspension, for any crime or offense, whether felony, misdemeanor, or ordinance, together with the names, addresses, and telephone numbers of complaining witnesses, prosecutors, and trial judges.

21.	During the period of disbarment or suspension, did the applicant apply for reinstatement or original admission as an attorney in any jurisdiction? Did the applicant apply for any license requiring proof of good character for its procurement? State the date, name and address of the authority to whom it was addressed, and the disposition of the application.
22.	Describe any procedure or inquiry, during the period of disbarment or suspension, concerning the standing of the applicant as a member of any profession or organization, or holder of any license or office, which involved the censure, removal, suspension, revocation of license or membership, or discipline of the applicant. Provide the dates, facts, and disposition, and the name, address, and telephone number of the authority involved.
23.	State whether any allegations of fraud or misrepresentation, formal or informal, were made against the applicant, during any period of disbarment or suspension. Include the dates, names, addresses, and telephone numbers of persons making such allegations.
24.	Provide a statement of your understanding why you were disciplined by the Supreme Court of Missouri.

25.	Explain the reasons behind the applicant's decision to seek reinstatement at this time.
26.	Provide a concise statement of facts justifying reinstatement to the Bar of this State.
27.	If reinstated, does the applicant intend to practice law in Missouri? If yes, in what areas of practice and what type of business structure? Describe any arrangements or tentative arrangements the applicant has made regarding the applicant's proposed practice. Provide the names, addresses, and telephone numbers of any individuals with whom the applicant has made these arrangements.
28.	List the names, addresses, and telephone numbers of three (3) references who are familiar with the applicant's character and conduct since disbarment or suspension.

29.	State the date(s) and place(s) the Multistate Professional Responsibility Examination was taken and the scores the applicant received on each Multistate Professional Responsibility Examination taken. (Attach copies of confirming documentation.)
30.	If disbarred, state the date the Missouri Bar examination was taken and provide a copy of documentation confirming that the applicant passed.
31.	In what state(s) has the applicant held a driver's license, during the period of suspension or disbarment?
32.	Provide any other pertinent information that the applicant requests the Office of Chief Disciplinary Counsel to consider. <u>AFFIDAVIT</u>
STAT	E OF MISSOURI)

COUNTY OF)			
I, *, being duly sworn, state are true as stated.	e that I have	read the foregoi	ng question	s and the answers
		*		
		*		
Sworn to and subscribed before me	e this	_ day of	, 20.	
				(Seal)
		Notary Public	2	
My Commission expires				
<u>CEI</u>	RTIFICATE	OF SERVICE		
I hereby certify that I have postage prepaid to the Office of Cl 20.	ve mailed t hief Discipli	his completed I nary Counsel thi	Reinstateme s da	nt Questionnaire, ay of,
		******	**	

AUTHORIZATION FOR RELEASE OF INFORMATION

Re:	*
IXC.	

I hereby consent and authorize any person, including but not limited to a court, law enforcement agency, government agency, employer, or health care provider to furnish to the Chief Disciplinary Counsel, or its authorized agent(s), any and all information or records which they may request regarding *, and to allow them to see, copy, or photocopy, any documents or records pertaining to *, including, but not limited to, records related to the investigation, arrest, trial, or conviction for any crime, felony, or misdemeanor, licensure records, personnel records, and health care records.

A copy of this instrument shall be as valid, binding and forceful as the original.

	Date:	
	*	
Subscribed and sworn to before me this	day of	20.

Notary Public