

**OFFICE OF DISCIPLINARY COUNSEL
OF THE SUPREME COURT
OF THE STATE OF DELAWARE**

In the Matter of a Member
of the Bar of the
Supreme Court of Delaware:

Case No. _____

REINSTATEMENT QUESTIONNAIRE

Petitioner should answer all questions fully and precisely. If the space provided for an answer is not sufficient, continue the answer on a separate sheet.

1.
 - a. Full name: _____
 - b. Present home address: _____

Telephone: _____
Email address: _____
 - c. Present business address: _____

Telephone: _____
 - d. Date of birth: _____
 - e. Place of birth: _____
 - f. Social Security No.: _____
 - g. Have you ever used another name? _____ Yes _____ No
If yes, state the name(s) used.

 - Has your name ever been legally changed by court order or marriage?
 _____ Yes _____ No.
 - h. Date of initial admission to the Bar of Delaware: _____
(attach a true and correct copy of your application for admission)

- i. Have you ever applied for admission to practice as an attorney in any other state or country or before a federal court or an administrative agency?

_____ Yes _____ No

If yes, complete:

APPLICATION FILED			ADMISSION		
DATE	PLACE	DISPOSITION	BAR	DATE	JURISDICTION

(Attach a true and correct copy of each such application)

- j. Detail where, how long and under what circumstances you were employed, subsequent to your admission to the Bar of the Supreme Court of Delaware and prior to your suspension/ disbarment/disability inactive (listing all employers, full time, part time and temporary, whether with or without compensation) by a lawyer, law firm, agency or business entity; the nature of employment; position held and reasons for termination of each position. If you were in partnership with another lawyer or with a law firm, list the name of the firm, the names of other partners, and the dates of association.

Employer: _____

Immediate Supervisor: _____

Address: _____

From: _____ To: _____

Position held: _____

Compensated? _____ Yes _____ No

Reason for leaving: _____

Employer: _____

Immediate Supervisor: _____

Address: _____

From: _____ To: _____

Position held: _____

Compensated? _____ Yes _____ No

Reason for leaving: _____

Employer: _____

Immediate Supervisor: _____

Address: _____

From: _____ To: _____

Position held: _____

Compensated? _____ Yes _____ No

Reason for leaving: _____

Employer: _____

Immediate Supervisor: _____

Address: _____

From: _____ To: _____

Position held: _____

Compensated? _____ Yes _____ No

Reason for leaving: _____

Employer: _____

Immediate Supervisor: _____

Address: _____

From: _____ To: _____

Position held: _____

Compensated? _____ Yes _____ No

Reason for leaving: _____

2. a. Have you ever been publicly or privately disciplined by a court of any other jurisdiction, including any state or federal administrative agency? _____ Yes _____ No

If so, state the jurisdiction imposing the discipline, the type of discipline imposed, and the date imposed.

COURT/AGENCY	JURISDICTION	DOCKET NO.	DISCIPLINE IMPOSED	DATE

3. a. To the best of your knowledge, have you ever been the subject of a disciplinary complaint not revealed above?
_____ Yes _____ No

If so, provide the following information as to each instance:

COMPLAINANT NAME & ADDRESS	COURT, AGENCY OR OTHER BODY TO WHICH COMPLAINT WAS MADE	CHARGE AND DATE OF COMPLAINT	DISPOSITION AND DATE THEREOF

- b. Are you aware of any facts concerning your conduct which may result in the filing of charges or disciplinary action against you in any jurisdiction including any state or federal administrative agency? _____ Yes _____ No

If so, please explain in detail:

4. Since your admission to the Bar of the Supreme Court of Delaware, have you ever been cited, charged, warned, arrested or prosecuted for any crime or rules violation or have you self-reported any crime or rules violation, including any motor vehicle accident or moving violation? You need not list parking violations. _____ Yes _____ No

If so, provide the following information as to each incident:

- a. Nature of warning or charges against you and citation(s) to statute(s) or rule(s):

WARNING/CHARGE	CITATION

- b. Names and addresses of complaining witnesses:

NAME	ADDRESS

- c. **Attach certified copy of citation, warning or indictment (or information), docket entries, and disposition or judgment and probation/commitment order (or equivalent thereof) and opinion(s).**

- d. Name, court and address of trial judge (if not contained in any documents attached in response to "c" above).

- e. Name, organization and address of law enforcement agency or authority and prosecutor (if not contained in any documents attached in response to “c” above).

f. Attach a copy of the police, crime, or incident report for each incident identified.

5. All of the following questions refer to the time period from the date of your admission to the Bar of the Supreme Court of Delaware to the present.

Have you filed and paid your personal State and Federal income tax returns for all prior years?

Yes No

If the answer is “no”, please identify the tax returns that were not filed or paid and provide an explanation.

Have you ever been involved in a civil action as a party or as one who claimed an interest?

Yes No

Have you ever been involved with matters before the Delaware Department of Labor or Delaware Division of Revenue, including without limitation, workers’ compensation or unemployment compensation issues and the filing and payment of payroll taxes?

Yes No

Has any action in the nature of a malpractice action been filed against you?

Yes No

Have there been any judgments entered against you on court records noted as unsatisfied?

Yes No

If you answered “Yes” to any of the above questions, provide the following information (or attachments) as to each matter:

Case Name: _____

Court/Agency and Docket No: _____

Nature of Action: _____

Disposition: _____

Amount of judgment: _____

Balance of judgment unsatisfied: _____

Case Name: _____

Court/Agency and Docket No: _____

Nature of Action: _____

Disposition: _____

Amount of judgment: _____

Balance of judgment unsatisfied: _____

Case Name: _____

Court/Agency and Docket No: _____

Nature of Action: _____

Disposition: _____

Amount of judgment: _____

Balance of judgment unsatisfied: _____

Attach a current copy of docket entries for each case listed, and include appellate docket entries if applicable.

6. List in chronological order all occupations, jobs, business associations, teaching and presentations at seminars or business meetings or other ventures of any kind whatsoever (full time, part time or temporary, whether with or without compensation) which you have had during the period of your suspension/disbarment/disability inactive. As to each, provide the following information:

Position: _____

Employer: _____

Address: _____

Type of Compensation; Amount: _____

Employment Dates: _____

Reason for Leaving: _____

Position: _____

Employer: _____

Address: _____

Type of Compensation; Amount: _____

Employment Dates: _____

Reason for Leaving: _____

Position: _____

Employer: _____

Address: _____

Type of Compensation; Amount: _____

Employment Dates: _____

Reason for Leaving: _____

Seminars, teaching or presentations: _____

Title or subject matter of presentation: _____

Date: _____

To Whom Presented: _____

Place: _____

Written Materials: attach written materials prepared, including notes for presentation.

7. List, in chronological order, all residences that you have maintained during the period of your suspension/disbarment/disability inactive or during the ten (10) years immediately preceding the filing of your reinstatement petition, whichever is less, and as to each, identify your landlord(s), if any, by name and address.

ADDRESS	CITY, STATE, ZIP	DATES	LANDLORD/ ADDRESS

8. Identify your present dependents by name, age, residence and relationship to you.

NAME	AGE	RESIDENCE	RELATIONSHIP

9. Have you, as a member of any profession or organization, or the holder of any office or license, been the subject of any proceeding or inquiry that involved censure, removal, suspension, revocation of license, or discipline (not including the proceeding that led to your present suspension/disbarment/disability inactive)?

_____ Yes _____ No

If the answer is “yes”, as to each such proceeding or inquiry, list the nature of the complaint or action that led to the institution of the proceeding or inquiry, the factual basis and allegations, the date filed (or communicated to you, if the filing date is not known), the disposition of the matter and date thereof, and the identity and address of the authority in possession of the record of the proceeding.

NATURE OF COMPLAINT OR ACTION LEADING TO INQUIRY AND FACTUAL BASIS	DATE	DISPOSITION AND DATE	AUTHORITY IN POSSESSION OF RECORD

10. a. Within the past 5 years have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or other psychotic disorder?
 Yes No
- b. Do you currently (or within the past 5 years) have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way affects, or if untreated would affect, your ability to practice law in a competent and professional manner?
 Yes No

If your answer to (a) or (b) above is affirmative, provide the name, address, telephone number and health care specialty of any treating physician, psychologist, social worker, or other health care provider.

Please provide the name, address and telephone number of your primary care physician.

I hereby personally certify to the Office of Disciplinary Counsel of the Supreme Court of Delaware that the foregoing answers and information are complete, true and correct to the best of my knowledge, information and belief.

Signature of Petitioner

PLEASE RETURN TEN (10) ORIGINALS OF THE ATTACHED AUTHORIZATION AND RELEASE AND AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION WITH THE REINSTATEMENT QUESTIONNAIRE.

AUTHORIZATION AND RELEASE

I, _____, born on _____, in (city) _____, (state) _____, having given notice of my intention to petition for reinstatement to the Bar of the Supreme Court of Delaware, consent to have an investigation made as to my character, professional reputation and fitness for the practice of law, and to have such information as may be received reported to the Office of Disciplinary Counsel of the Supreme Court of Delaware, its agents, employees and representatives. I agree to give any further information that may be required in reference to my past record.

I authorize and request every person, firm, company, corporation, governmental agency, court, disciplinary authority, board of bar examiners, or other association or institution (the "Disclosing Parties") having control of any documents, records, emails or other electronic records, or other information pertaining to me, to discuss and furnish to the Office of Disciplinary Counsel of the Supreme Court of Delaware any such information, including documents, records, emails or other electronic records, bar association, board of bar examiners or disciplinary authority files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Office of Disciplinary Counsel of the Supreme Court of Delaware to inspect and obtain copies of such documents, records and other information.

I hereby release, discharge and exonerate the Office of Disciplinary Counsel of the Supreme Court of Delaware, its agents, employees and representatives and the Disclosing Parties from any and all liability of every nature and kind arising out of any discussion concerning, inspection of, or providing copies of such documents, records, emails or other electronic records, and other information to or the investigation made by the Office of Disciplinary Counsel of the Supreme Court of Delaware.

Date: _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION

Upon presentation of the original or a photocopy of this signed authorization:

I, (Applicant's Name) _____, authorize

Name of Institution or Doctor _____

Address _____

City _____ *State* _____ *Zip* _____

to discuss and provide copies of my entire file, including medical, psychological and hospital records, concerning advice, care or treatment provided to me, without limitation, relating to any illness, medical history, consultations, prescriptions or treatments, and use of drugs or alcohol, to representatives of the Office of Disciplinary Counsel of the Supreme Court of Delaware who are involved in conducting an investigation into my character, professional reputation, and fitness for the practice of law. I understand that any such information will be reported only to the Office of Disciplinary Counsel for its use.

This authorization shall expire in six months or on the following date: _____

I understand that any disclosure of information may be subject to re-disclosure by the Office of Disciplinary Counsel and may no longer be protected by federal or state law. I understand that I need not sign this authorization to assure treatment. I understand that I may inspect and/or copy the information to be disclosed. I understand that authorizing this disclosure is voluntary but is a condition of my Reinstatement Questionnaire. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at the facility listed above that is authorized to disclose this information and that I will be provided a copy of this authorization.

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), sexually transmitted diseases, tuberculosis or genetics.

I hereby release, discharge, and exonerate the Office of Disciplinary Counsel of the Supreme Court of Delaware, its agents, employees, and representatives and

Name of Institution or Doctor _____

its agents and representatives furnishing such information from any and all liability of every nature and kind arising out of the discussion or inspection or providing copies of such documents, records and other information or the investigation made by the Office of Disciplinary Counsel of the Supreme Court of Delaware.

Signature of Applicant (Sign in blue or black ink)

Subscribed and sworn to or affirmed before me
this _____ day of _____, 20_____

Notary Public (Sign in blue or black ink)

My commission expires: _____

Seal or stamp must be affixed to each original.