

**THE DISCIPLINARY BOARD OF THE SUPREME COURT  
OF THE STATE OF NEW MEXICO**

**Office of Disciplinary Counsel**

**IN RE:** \_\_\_\_\_

**REINSTATEMENT QUESTIONNAIRE**

[Please answer all of the questions fully and fairly, making disclosure of anything suggested by the question that you feel would be relevant to your application for reinstatement to the State Bar of New Mexico. Your answers to this Questionnaire will normally be introduced and made a part of the record in your reinstatement proceedings.]

1. Name, address, age, marital status and residence of the applicant for reinstatement:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Present Business Address, if any: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Residence: \_\_\_\_\_

Business: \_\_\_\_\_

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If married, give spouse's name: \_\_\_\_\_

How long have you been married to present spouse? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

2. Applicant's Dependents - Please furnish names, ages and relationships of all who are dependent upon you for financial support. Indicate if any are in poor health physically or mentally disabled.

3. List all courts and jurisdictions wherein you have ever been admitted to the practice of law and state whether or not you are still nominally entitled to practice in any of them.

4. Give the date when you were first admitted to practice in the State of New Mexico:

Do you consent to disciplinary counsel's examination and copying of your admission file with the State Board of Bar Examiners? \_\_\_\_\_  
\_\_\_\_\_ (Yes or No).

Have you ever taken inactive status in the State Bar of New Mexico? \_  
\_\_\_\_\_; (Yes or No) If so, give date(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended from the practice of law under the provisions of any statute or rule relating to suspension on account of mental illness, senility or addiction to intoxicating or narcotic drugs? (Yes or No) \_\_\_\_\_ if so, please give the date and jurisdiction:

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5. Are you aware of any complaint of unprofessional conduct filed against you in any jurisdiction other than New Mexico? (Yes or No) \_\_\_\_\_ if so, please give approximate date and disposition of the complaint.
  
6. Have there been any complaints of unprofessional conduct filed against you in this jurisdiction during the period of your disbarment, suspension, or inactive status? (Yes or No) \_\_\_\_\_; if so, please give name of complainant, nature of the complaint, and its disposition.
  
7. Have you ever been treated for alcoholism, drug addiction, or mental illness, since the date of your disbarment or suspension? If so, please set forth the details of such treatment.



10. Please give the addresses of all residences maintained by you during the five years preceding the filing of your Petition for Reinstatement and indicate whether or not they were owned by you, or rented, and if rented, the names and addresses of your landlords.

11. Please state in detail the nature and extent of your financial obligations at the present time, including the approximate principal amount, payment schedule, creditors' name(s), and status of the debt. Include all debts over \$500.

12. Please state the title, general nature, and final disposition of any civil or criminal action, in any jurisdiction, during the period of your disbarment or suspension, wherein you were either a party, plaintiff or defendant, or in which you had or claimed any interest. Identify the court and the attorneys for the parties. Include copies of any pleadings filed in these matters which would indicate the nature of any final disposition.



13. Have you applied for reinstatement or readmission to active status in any other jurisdiction? (Yes or No) \_\_\_\_\_. If so, please give details.

14. If the transactions out of which your disbarment or suspension arose involved any financial injury or loss to any persons, have you made or attempted to make restitution? Please give details.

15. If your disbarment or suspension involved any deferment of penalty, in whole or in part, on any probationary conditions, or included other conditions for reinstatement, please give a complete statement discussing what you have done to comply with such conditions.

16. Have you been employed by or accepted any task or employment whatsoever with or without compensation during the period of your disbarment or suspension from any practicing attorney at law? (Yes or No) \_\_\_\_\_. If so, give complete details.

17. Please detail any inquiry proceeding during the period of your suspension or disbarment concerning your standing, ethical practices or licensure as a member of any other profession or professional organization or license holder, giving the name and address of the authority in possession of the record thereof.

18. State whether or not you intend to practice law in New Mexico if you are reinstated? (Yes or No) \_\_\_\_\_. If so, give the name and address of any prospective employer, partnership or associate in the practice of law and the mailing address of any prospective professional office.









24. State the names, addresses and telephone numbers of all witnesses you intend to call at your reinstatement hearing.



I affirm that the answers to the foregoing questions are full, true, and complete to the best of my knowledge and ability, and that I have no knowingly concealed or evaded any matter of fact which might be relevant to a just reconsideration of my application.

Dated this \_ day of \_\_\_\_\_, 200\_.

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Signature of Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

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NOTARY PUBLIC

My Commission Expires:

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