Michigan Supreme Court
BOARD OF LAW EXAMINERS
Michigan Hall of Justice
P.O. Box 30052
Lansing, Michigan 48909
Phone 517-373-4453
Ble-info@courts.mi.gov

REQUEST FOR RECERTIFICATION

Board of Law Examiners Rule 8 provides that an applicant for recertification who is an inactive State Bar member who has been employed in another jurisdiction in one of the ways listed in Rule 5(A)(5), is entitled to recertification by the Board.

Other applicants for recertification must demonstrate that he or she possesses sufficient ability and learning in the law to enable him or her to properly practice as an attorney and counselor in Michigan.

The required fee for recertification is $300 by certified check, cashier's check or money order made payable to the "State of Michigan."

Complete the following "Application for Recertification," print and mail it, along with all attachments, to the administrative office at the above address.

Michigan Supreme Court
BOARD OF LAW EXAMINERS
Michigan Hall of Justice
P.O. Box 30052
Lansing, Michigan 48909
Phone 517-373-4453
Ble-info@courts.mi.gov

APPLICATION FOR RECERTIFICATION

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____ (HOME) _____ (WORK)

Date of Admission in Michigan: _____

P Number: _____

Date of inactive status or suspension from practice: _____

Recertification is being sought:

- ☐ by examination at the bar examination administered on: _____
- ☐ on the basis of employment in another jurisdiction in one of the ways listed in Board of Law Examiners Rule 5(A)(5)
- ☐ on the basis of possessing sufficient ability and learning in the law that enables the applicant to properly practice as an attorney and counselor in Michigan.

1. **Attach** a current resume detailing your employment since graduating from law school.

2. If you are seeking recertification based on practice in another jurisdiction, list below the name, current address, and relationship of three persons, preferably attorneys, who can substantiate the nature of your employment in another jurisdiction as listed in Rule 5(A)(5).

a. _____

_____

_____

b. _____

_____

_____

c. _____

_____

_____

3. If you are not seeking recertification based on practice in another jurisdiction, list below the name, current address, and relationship of three persons, preferably attorneys, who can substantiate that you possess sufficient ability and learning in the law that enables you to properly practice as an attorney and counselor in Michigan.

a. _____

_____

_____

b. _____

_____

_____

c. _____

_____

_____

4. If you are not seeking recertification based on practice in another jurisdiction, **state below** the basis for the conclusion that you possess sufficient ability and learning in the law to enable you to properly practice as an attorney and counselor in Michigan.

_____

_____

_____

5. (a) List all bar examinations you have taken. If you have been admitted to practice in any other jurisdiction, **attach** a certificate of good standing from the appropriate licensing agency in each jurisdiction. You must also **attach** a notification from the appropriate agency certifying whether or not there have ever been any grievances filed against you.

_____ _____

_____ _____

(b) Have you ever failed the Michigan bar examination? Yes ☐ No ☐

If so, when: _____

6. Have you been disbarred, suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as an attorney or member of any profession or organization; holder of any office, public or private; or have any complaints or charges, formal or informal, ever been made or filed or proceedings instituted against you? Yes ☐ No ☐

If so, state in an **attachment** the date, facts, disposition of the matter, and the name and address of the authority in possession of the record.

7. (a) Have you ever been convicted of any felony or misdemeanor offense? Yes ☐ No ☐

"Offense" includes any conviction resulting from an appearance in court in which a judge or jury made a finding of guilt, or in which a guilty plea or no contest plea was accepted by the court. Exclude driving convictions that did not require a court appearance, and that are or would be presently treated as civil infractions under the provisions of the Michigan Motor Vehicle Code, or under similar provisions in other states. Also disclose all convictions stemming from originally charged driving offenses that retain criminal status, such as all alcohol or drug-related driving offenses and reckless or felonious driving, or convictions for driving while privileges are suspended or revoked.

(b) Are there any criminal charges pending against you for which you are on supervised or unsupervised probation, or in which sentencing has been delayed or not disposed of, or in which a pretrial diversion program has not been completed, or in which there is any other nonfinal status? Yes ☐ No ☐

(c) Since the date you became inactive or were suspended from practice in Michigan, have you entered a guilty plea or no contest plea to a criminal offense that was taken under advisement or otherwise did not result in a conviction, or had a criminal conviction expunged or set aside? Yes ☐ No ☐

(d) Have you ever been charged with fraud, formally or informally, in any civil proceedings or in bankruptcy? Yes ☐ No ☐
(e) Have you ever been declared a ward of any court? Yes ☐ No ☐

GIVE FULL DETAILS for (a), (b), (c), (d), and (e) including dates, exact name(s) and location(s) of court(s), if any, case numbers, references to the court records, if any, the facts, and the disposition of the matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel.

8. (a) Since the date you became inactive or were suspended from practice in Michigan, have you been a party to any civil litigation, including but not limited to, divorce, child support matters, personal protection orders, bankruptcy, show cause orders, administrative agency proceedings, arbitration, or small claims actions? Yes ☐ No ☐
If so, **attach** a list stating the agency possessing records, along with the complete mailing address, case caption, date of commencement, docket number and forum, current status, and a description of the underlying circumstances.

   (b) Since the date you became inactive or were suspended from practice in Michigan, have judicial enforcement proceedings been instituted against you alleging your nonperformance of any judgment, order, decision, or award against you? Yes ☐ No ☐
If so, **attach** a list stating the agency possessing records, along with the complete mailing address, case caption, date of commencement, docket number and forum, current status, and a description of the underlying circumstances.

9. (a) Do you have any debts that are more than 90-days past due? Yes ☐ No ☐
If so, in an **attachment** provide the name and address of the creditor(s), amount of the debts(s), account number(s), reason for arrearage, and the status of the obligation(s).

   (b) Have you personally or in any fiduciary capacity, had a check returned or transaction rejected for insufficient funds during the twelve months preceding the filing of this application? Yes ☐ No ☐ (The activation of "overdraft protection" more than four times during the same time frame should prompt a positive response.) If so, in an **attachment** provide the name and address of the bank returning/rejecting the check or transaction(s), the account number(s), the number of checks or transactions returned/rejected, the underlying circumstances, and whether the check or transaction(s) have been paid.

This application and all supporting documentation, along with the $300 application fee (certified check or money order) should be sent by first-class mail to:

Michigan Board of Law Examiners
P.O. Box 30052
Lansing, MI 48909

For overnight delivery use:

Michigan Board of Law Examiners
925 W. Ottawa
Lansing, MI 48913

****

STATE OF_____)

COUNTY OF_____)

I, _____, being duly sworn, depose and say that the statements made herein, and any statements appended hereto, are true and accurate based on my personal knowledge. I authorize and request that every person, firm, company, corporation, governmental agency, court association, or institution having control of any documents, records, or other information pertaining to me furnish to the Michigan Board of Law Examiners any such information. I hereby release, discharge, and exonerate the Michigan Board of Law Examiners, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of any information or the investigation made by the Michigan Board of Law Examiners.

_____
(Signature of Applicant)

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

_____
Notary Public

My commission expires: _____