

**CONTINUING APPLICATION**

I understand this application for admission to the practice of law in Georgia is a continuing application and must show correctly and fully the information herein sought as of the date of my taking the oath of an attorney at law. I will, therefore, before such time and not later than thirty (30) days after the happening of any event (whichever is earlier) notify the Board by filing an amendment to this application, (form provided upon request), as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information sought.

\_\_\_\_\_  
**Signature of Applicant**

**VERIFICATION**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn says:

**(Applicant)**

I have read the foregoing questions, and have answered the same fully and frankly. The answers are complete and true of my own knowledge. I have typewritten the answers or they have been typewritten under my supervision.

\_\_\_\_\_  
**Signature of Applicant**

Sworn and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My commission expires:

\_\_\_\_\_

**AUTHORIZATION AND RELEASE**

Re: Application of \_\_\_\_\_  
(Name of Applicant or Registrant)

I, \_\_\_\_\_, having filed an application with the Georgia Board to Determine Fitness of Bar Applicants and fully recognizing the responsibility to the Public, the Bench, and the Bar of this State lodged with the Georgia Board to Determine Fitness of Bar Applicants by the Supreme Court of Georgia under the Constitution of the State of Georgia to determine that only those of high character and ability are admitted to the Bar of Georgia, hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform and the responsibilities of an attorney, to furnish the originals or copies of any such documents, records and other information to said Board, or any of its representatives, and to permit said Board, or any of its representatives, to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays or clinical abstracts which may have been made or prepared pursuant to, or in connection with any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Georgia Board to Determine Fitness of Bar Applicants or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Georgia Board to Determine Fitness of Bar Applicants, or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by said Georgia Board to Determine Fitness of Bar Applicants. The undersigned further waives absolutely any privilege he/she may have relevant to his/her good moral character and fitness to perform the responsibilities of an attorney under Georgia Laws.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

In witness whereof, I have set my hand and seal this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant) STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20 \_\_\_\_\_ before me, \_\_\_\_\_  
(Notary Public)

personally appeared the above-named applicant \_\_\_\_\_ personally known to me –OR– \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument to be the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary) My Commission Expires \_\_\_\_\_

**CERTIFICATE**

All forms of Authorization and Release executed by applicants for admission into the practice of law in Georgia terminate immediately upon admission to the State Bar of Georgia; upon receipt of notice of withdrawal of the application; or upon the termination of the application by final rejection of the applicant, except that such information may be forwarded to any other admitting authority where the applicant may later apply for admission to the practice of law.

I, SALLY E. LOCKWOOD, as Director of Bar Admissions for the Supreme Court of Georgia, hereby certify that the above-referenced registrant or applicant has not notified this Board of the withdrawal of his or her application; his or her application has not been terminated; nor is the registrant or applicant currently a member of the State Bar of Georgia.

\_\_\_\_\_  
DATE Sally E. Lockwood, Director of Bar Admissions

**CHECKLIST FOR FILING  
APPLICATION FOR CERTIFICATION OF FITNESS  
TO PRACTICE LAW IN GEORGIA**

YOU MUST SIGN, DATE AND RETURN THIS FORM WITH YOUR APPLICATION PACKET

Your application, required documentation, fingerprint cards and filing fee(s) must be **RECEIVED** in the Office of Bar Admissions **BEFORE 4:30pm on or before the filing deadline.**

**PLACE A CHECK ( ✓ ) BESIDE EACH ITEM CONFIRMING THE ITEM IS ENCLOSED:**

\_\_\_\_\_ **PRINTED APPLICATION FORM with ANSWERS (Sections 1-7)**  
–all answers must be complete

\_\_\_\_\_ **VERIFICATION (Section 8)**  
–must be signed and notarized

\_\_\_\_\_ **AUTHORIZATION & RELEASE FORM (Section 8)**  
–must be signed and notarized

\_\_\_\_\_ **TWO (2) FINGERPRINT CARDS**  
–cards must be rolled only on forms obtained from the Office of Bar Admissions; must be signed and dated by the officer who rolls your prints; must contain all of your applicable identifying information; and must be signed by you

\_\_\_\_\_ **FILING FEE(S)**  
–regular fees and late fees (if applicable)  
(See Part A, Sections 4 and 5 of the **Rules Governing Admission to the Practice of Law**)

FILING FEE(S) MUST BE PAID IN THE FORM OF A BANK CASHIERS' CHECK OR  
MONEY ORDER MADE PAYABLE TO: OFFICE OF BAR ADMISSIONS

**ADDITIONAL DOCUMENTATION:** Additional documentation may be required based on your answers to individual questions on the fitness application. *You should be sure you have included all required documentation for a complete application.*

I understand if my application is not complete when received in the Office of Bar Admissions, it will be returned to me and will not be considered as timely filed. I understand that the return of my incomplete application may result in the assessment of late fees or in rejection of my application for a specific exam.

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**APPLICANT'S SIGNATURE**

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**DATE**

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**MAIL APPLICATION TO:**

**OFFICE OF BAR ADMISSIONS  
P.O. BOX 38466  
ATLANTA, GA 30334**

**Phone: 404-656-3490 Office Hours: 8:30 - 4:30**

**STREET ADDRESS: 244 Washington Street, Suite 440, Atlanta, GA 30334**

**Board to Determine Fitness of Bar Applicants  
Non-Immigrant Affidavit**

*(to be completed only by persons who are not citizens or permanent residents of the United States of America)*

I, \_\_\_\_\_ certify that I meet all of the requirements mandated by the Board to Determine Fitness of Bar Applicants in order to submit an application for consideration by the Board.

I currently reside legally in the United States according to the immigration rules and regulations by holding a valid \_\_\_\_\_ visa.  
(specify type of visa)

I will remain in the United States in lawful status throughout the administration of the Georgia Bar Examination for which I have applied.

I intend to lawfully maintain my present non-immigrant status in the United States according to the rules and regulations for which I was approved; and will thereby maintain such status as I complete the character and fitness process.

I possess a current valid passport.

I understand that the Fitness Application is a continuing application, and that until I have fulfilled all of the obligations mandated by the Fitness Board, passed the Georgia Bar Examination, and been admitted to the State Bar of Georgia, I must keep the Fitness Board informed of any changes that will affect my visa status as it relates to my character and fitness application.

I have the provided a copy of all documentation to support the claims made in this affidavit, as follows:

- \_\_\_\_\_ a copy of my visa  
**Note: A copy of your I-20 form must be submitted if you hold a student visa.**
- \_\_\_\_\_ a copy of my Employment Authorization Card
- \_\_\_\_\_ a copy of my current Passport
- \_\_\_\_\_ a copy of the front and back of my Social Security Card

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness my hand and official seal. \_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_

**NOTE: THIS COMPLETED AFFIDAVIT MUST BE RETURNED WITH YOUR APPLICATION**