

The Louisiana Attorney Disciplinary Board
2800 Veterans Memorial Blvd., Suite 310
Metairie, Louisiana 70002

Phone: 504-834-1488, Fax: 504-834-1449, Toll Free: 1-800-489-8411
www.ladb.org

The Louisiana Attorney Disciplinary Board is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name:

First Middle Last

Social Security Number

Address

City State Zip Code

Citizenship Status:

U.S. Permanent Resident Student Visa Type:

1. List the names of all colleges and universities you attended. (Do not include law schools.) Include location, dates attended, and degree(s) received. Mark "ND" if you did not receive a degree.

College:

City: State:

Dates attended: Mo/Yr: to Mo/Yr:

Degree:

College:

City: State:

Dates attended: Mo/Yr: to Mo/Yr:

Degree:

College:

City: State:

Dates attended: Mo/Yr: to Mo/Yr:

Degree:

2. List the names of all law schools you have attended. Include location, dates attended, and degree(s) received or expected to be received.

Law School:				
City:		State:		
Dates attended:	Mo/Yr:		to Mo/Yr:	
Degree:				

Law School:				
City:		State:		
Dates attended:	Mo/Yr:		to Mo/Yr:	
Degree:				

3. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law?

Yes No

If yes, provide the following information about each license:

Type of License:		Mo/Yr:			
Current Status:		License Number (if applicable):			
Issuing Authority:					
Address					
City		State		Zip Code	

Type of License:		Mo/Yr:			
Current Status:		License Number (if applicable):			
Issuing Authority:					
Address					
City		State		Zip Code	

4. Have you ever been a named party to any civil action or lawsuit?

Yes No

If yes, please indicate the court docket number(s) and describe the final disposition:

5. Have you ever had a complaint filed against you in any civil, criminal, or administrative forum, alleging fraud, deceit, misrepresentation, or forgery?

Yes No

If yes, please indicate the court docket number(s) and describe the final disposition:

6. Have you ever been convicted of felony?

Yes No

If yes, please explain:

7. Provide the names, addresses, telephone numbers, and email addresses of three references. Do not list yourself or anyone related to you by blood or marriage.

Name:		Years Known:	
Address			
City	State	Zip Code	
Telephone:	Email:		

References continued:

Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>

Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>

Please sign and return this form along with the signed waiver of confidentiality below to Jordan D. Huck at 2800 Veterans Memorial Blvd., Suite 310, Metairie, Louisiana 70002 OR at jordanh@ladb.org.

Signature: _____ Date: _____

Waiver of Confidentiality:

I _____ do hereby give permission to the Louisiana Attorney Disciplinary Board, or any of its authorized agents (hereinafter "LADB"), to perform a criminal background investigation in connection with my application to serve as an extern for the LADB. I hereby waive all rights of confidentiality in connection therewith, with the express understanding that the LADB will not release this information to anyone outside the LADB, other than its authorized agents and appointed Board members, without my express permission. I understand that the sole purpose of this criminal background check is to evaluate my fitness to serve as an extern.

Signature: _____ Date: _____