

## Board of Law Examiners

Kansas Judicial Center, 301 S.W. 10th Avenue, Topeka, Kansas 66612

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### **To: Applicants for the Bar by Uniform Bar Examination Score Transfer in Kansas**

Check to make sure you have the current application packet. Review the application packet, noting all requirements. An incomplete application will be returned by the Board. A completed application must include the required filing fee of \$1250. Only complete applications will be accepted. See Supreme Court Rule 722.

Kansas requires that your undergraduate and law transcripts be sent directly to the Board from the college or university. E-transcripts can be sent to [admissions@kscourts.org](mailto:admissions@kscourts.org). Request transcripts at the time of submission of your completed application. See Supreme Court Rule 711.

If you are admitted to practice in another state, you must obtain a history of good standing, a disciplinary authority certificate, and a continuing legal education certificate from each state in which you are admitted. History of good standing certificates are usually issued by the Clerk of the Supreme Court, and the disciplinary authority certificate by the appropriate disciplinary governing board. Certificates of continuing legal education should be obtained from the entity responsible for monitoring compliance in that state. Continuing legal education certificates must include proof of compliance with both fee payments and required hours. History of good standing certificates, disciplinary authority certificates, and continuing legal education certificates will not be accepted by the Board if they are more than 90 days old at the time the application is accepted by the Board.

To transfer your UBE score, you should contact the National Conference of Bar Examiners and make the necessary arrangements. Supreme Court Rule 717 contains the eligibility requirements to transfer a UBE score to Kansas.

All applicants for admission by UBE score must obtain a minimum scaled score of 80 on the MPRE to be admitted in Kansas. If you have not done so already, please contact the National Conference of Bar Examiners to have your MPRE score transferred to Kansas.

All applicants for the Kansas Bar are required to submit a completed fingerprint card and the required waivers as a part of the character and fitness investigation. Fingerprint card waivers are available through the website. Your application will not be accepted until the completed fingerprint packet is received.

You will be advised in email at the time your application is accepted if your transcripts, MPRE score, or UBE score are not on file at the time of filing. **This will be your only notice.**

Board files are confidential and will not be discussed with a third party.

Kansas Board of Law Examiners

**KANSAS**  
**APPLICATION FOR ADMISSION TO THE BAR OF THE STATE OF**  
**KANSAS**  
**BY**  
**UNIFORM BAR EXAMINATION SCORE TRANSFER**

**IMPORTANT**

Commensurate with what Kansas expects of its practicing attorneys, it is the applicant's responsibility to ensure that all necessary material is included with your application. Failure to do so will result in the return of your application. See Rule 722.

**Filing fee:** \$1250

**Checks payable to:** Office of Judicial Administration

**Address for filing applications:**

KANSAS BOARD OF LAW EXAMINERS  
KANSAS JUDICIAL CENTER  
301 SW 10TH AVENUE  
TOPEKA, KS 66612

(Applications may be delivered in person; however, your application will be reviewed in the order it was received. In the event that your application is incomplete, it will be returned to you by first class mail.)

**Telephone No.:** (785) 296-8410

**E-mail:** [admissions@kscourts.org](mailto:admissions@kscourts.org)

## **READ THE FOLLOWING BEFORE YOU BEGIN**

1. Read the entire application carefully **before** making entries.
2. Entries must be typewritten or the application completed on-line using Adobe.
3. Answer all questions within the application, following the instructions for each question exactly. Every question requires an answer.
4. Use your full legal name - no initials.
5. Avoid abbreviations.
6. When supplementing answers, be complete. If additional space is needed for your answer, attach an additional page of explanation immediately following the page on which the question occurs.
7. When additional documentation is required, attach the necessary documents **immediately** following the page on which the question occurs.
8. Original signatures are required on several pages throughout the application. All signatures, with the exception of the photo identification sheet, must be notarized. Always sign in **BLUE INK**.
9. **All** lines on the notary certificate must be completed, including the State and County. All signatures must be completed in BLUE INK. A **complete** notary certificate must include a seal or notary stamp.
10. Submit your completed application in order. Remember to attach required supplemental documents **immediately** following the page on which the question appears.
11. Include the required filing fee. Checks should be made payable to: **Office of Judicial Administration**.
12. Submit one original completed application and one exact copy of the completed application, including all required supplemental material. **Incomplete applications will be returned and not considered filed. It is the applicant's responsibility to ensure that all necessary material is attached to the application.**

13. Make and keep a copy of your application for your records.
14. Obtain and complete a your fingerprints and waivers to submit with your completed application. Fingerprint cards must be printed on card stock paper.
15. DO NOT call the Board to ask whether your application has been received. Mail your application by “certified” or other traceable method if you need confirmation.
16. Keep the Board advised of **any** change that occurs after the filing of your application. As stated in the continuing obligation oath, you are required to notify the Board in writing within 5 days of **any** event which would change your response to any question on the application. This obligation continues until you are sworn in to the bar.
17. Reread the instructions and check the Board’s web page for bar applicants before calling with questions. If you do not locate the answer, please contact the Board by e-mail at [admissions@kscourts.org](mailto:admissions@kscourts.org).

## Rule 717

### ADMISSION TO THE BAR BY UNIFORM BAR EXAMINATION SCORE TRANSFER

- (a) **Eligibility.** An applicant for admission to the Kansas bar who has taken the Uniform Bar Examination (UBE) in another jurisdiction is eligible for admission if the applicant meets the following requirements:
- (1) achieves a minimum UBE score of 266 on an examination that occurred within 60 months of the date the applicant submitted the application for admission to the Kansas bar;
  - (2) ensures that the National Conference of Bar Examiners provides the applicant's qualifying UBE score to the Attorney Admissions office;
  - (3) achieves a minimum score of 80 on the Multistate Professional Responsibility Examination and ensures that the National Conference of Bar Examiners or the testing jurisdiction provides the score to the Attorney Admissions office;
  - (4) is eligible under Rule 708; and
  - (5) has never received professional discipline of suspension, disbarment, or loss of license in any jurisdiction.
- (b) **Required Documents and Fee.** An applicant under this rule must submit the following:
- (1) an application submitted and accepted through the Attorney Admissions office's online portal;
  - (2) any other information the admissions attorney, the Attorney Admissions Review Committee, or the Board of Law Examiners requests for use in considering the application; and
  - (3) the fee under Rule 707(a)(4).
- (c) **Concurrent Application with Another UBE Jurisdiction.** An applicant with an application pending in another UBE jurisdiction may concurrently apply for admission to the Kansas bar under this rule. The applicant may submit the concurrent application at any time after the applicant has filed an application in the other jurisdiction to take the next administration of the UBE.

(d) **Application Review Process.** The following rules apply in the application review process:

- (1) Rule 723 and Rule 725 apply to the character and fitness investigation and any hearing;
- (2) Rule 724 applies following an adverse Board ruling; and
- (3) Rule 726 applies if the Board approves an application.



7. Date of birth
8. City and State of birth
9. Sex
10. Social Security Number
11. Height
12. Weight
13. Color of Eyes
14. Color of Hair
15. Have you ever served in the Armed Forces of the United States or any other country?  
\_\_\_ Yes \_\_\_ No  
**If “yes,” provide a statement giving branch, dates of service, character of discharge, and details in the space below. If discharge was other than honorable, include a copy of your discharge papers.**
16. Spouse’s name, if applicable, and address if different from applicant’s:
17. Parents’ names, mailing address, and telephone number:
18. If you do not have a spouse and both parents are deceased, list your next of kin. Include: name, mailing address, telephone number, and relationship to the applicant.



19. Driver's License Number:

State Issued:

Expiration Date:

**ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE (FRONT AND BACK) IN THE SPACE PROVIDED BELOW.** If you do not have a driver's license, state the reason why on a separate sheet immediately following this page and attach a copy of a state-issued Identification Card below. If your license is or has been restricted for any reason other than eye glasses or contacts, attach your explanation on a separate sheet immediately following this page.

20. Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No

If claiming citizenship, other than by birth, state date naturalized, court and location, and naturalization number.

If not a United States citizen, from what country do you claim citizenship?

If not a United States citizen, describe your immigration status and provide your alien registration number and a copy of your resident alien card in the space below. If you do not have an alien registration number or resident alien card, explain in the space below.

If you are not a United States citizen and do not have a resident alien card, provide a statement explaining your legal status in the space below. You will also need to attach, immediately following this page, legal documentation showing by what means you are in the country legally.

21. List each residence address (including your present address) you have had for the past ten years, starting with the most recent. **List only the month and year of residence. There should be no gaps in time.** The following is an example of how a listing should look:

*1234 A Avenue, Town, Kansas 66666      August 2013 - present*  
*7546 West 15<sup>th</sup> Street, City, Kansas 67777      April 2011 - July 2013*

**IF YOU NEED MORE SPACE THAN WHAT IS PROVIDED, ATTACH A SEPARATE SHEET IMMEDIATELY FOLLOWING THIS PAGE.**

22. Are you currently employed?

\_\_\_ Yes \_\_\_ No

In the space below, state name of employer, current address of employer, position held, dates of employment and reason for termination of employment for the past ten years, starting with the most recent. In the event the business is no longer in existence, list the last known address and indicate that the business is no longer in existence.

Include periods of unemployment. There should be **NO GAPS** in time. For the purpose of completing this section, use only month and year when listing the dates of employment. Sample entries follow:

*ABC Manufacturing, 55567 Law Street, City Town, KS 66666  
Laborer, August 2002 - Present, still employed*

*ZXY Communications, 88879 College, City Town, KS 66666  
Salesman, July 2001 - August 2002, found a better job*

**IF YOU NEED MORE SPACE THAN WHAT IS PROVIDED, ATTACH A SEPARATE SHEET IMMEDIATELY FOLLOWING THIS PAGE.**

Supreme Court Rule 711 requires proof that an applicant has been granted and holds the requisite undergraduate and JD degrees. Official transcripts issued by the registrar or equivalent officer of each institution granting such degrees, and sent directly from such office to the Board will provide sufficient proof of said degrees. **Transcripts submitted by the applicant will not be accepted.** Please read Supreme Court Rule 711 if you have questions about educational eligibility.

23. Provide the name of the school from which you received your undergraduate degree, the full address for the school, and the date your degree was conferred.

24. Provide the name of the school from which you received your juris doctor or bachelor of laws degree, the full address for the school, and the date your degree was conferred. If you have not yet graduated, list your expected date of graduation. **Attach, immediately following this page, a copy of your law school application, including any amendments made to your law school application after admission.**

25. List all **other** colleges or universities (including law schools) which you have attended, dates of attendance, degrees received (if any), and date of graduation if applicable. **DO NOT REQUEST TRANSCRIPTS FROM SCHOOLS ATTENDED WHERE A DEGREE WAS NOT EARNED.**

26. Have you ever been dropped, suspended, placed on scholastic or disciplinary probation, expelled or been requested to resign from any school, college or university, or otherwise subjected to discipline by any school or institution or requested or advised by any such school or institution to discontinue your studies there **for reasons other than failure to maintain a minimum GPA?**  Yes  No

**If you answered “yes,” provide a personal statement in the space below which includes: details of each accusation, its disposition, and the punishment imposed, if any. You will need to obtain a complete copy of the school, college, or university’s file regarding this incident and attach it immediately following this page.**

27. Despite whether the record has been expunged, canceled or annulled, or whether no record was made, have you ever been accused of personal or academic dishonesty at any school you attended or have you ever been subject to proceedings before a school honor court, honor council, or similar body?  Yes  No

**If you answered “yes,” provide a personal statement in the space below which includes: details of each accusation, its disposition, and the punishment imposed, if any. You will need to obtain a complete copy of the school’s file and attach it immediately following your personal statement. If the school no longer has record of the incident, a written letter from the school may be substituted for a copy of the file.**

28. Have you ever previously made application to take the Kansas bar examination?

Yes  No

If “yes,” please indicate in the space below the date(s) of the examination(s) for which you previously applied, if you did not take the examination why you did not take the examination, or if you failed the examination.

29. Have you ever applied for a Kansas legal intern permit pursuant to Supreme Court Rule 715, or a Kansas restricted license pursuant to Supreme Court Rule 721?  Yes  No

If “yes,” please provide the date(s) of the application(s), whether you received the permit or license, and if you received the permit or license the current status of the permit or license.

30. List all states in which you have ever made application to take the bar examination.

The list must include the name of the state and the date(s) of the examination(s) for which you previously applied. State the outcome of each application. For example: passed but not admitted, passed and admitted, failed, withdrew, denied for character and fitness, etc.

If you were denied permission to take the examination for any reason, please list the reason for the denial. If denied, you must contact the jurisdiction in which the denial took place and request a certified copy of that bar application. That application must be submitted with this application in order for this application to be considered complete.

31. Have you ever been the subject of a formal proceeding or requested to appear in person before a board of law examiners, or a representative of the board, in connection with an application filed on your behalf in any other state?  Yes  No

If “yes,” please list the reason the proceeding was requested, the outcome of the proceeding, and the decision made by the board or representative of the board. You must include a certified copy of the application filed in that jurisdiction and a certified copy of the transcript from the proceeding if a record was made. **If the transcript from the proceeding was not transcribed, you will need to contact the court reporter directly to obtain the transcript.**

32. Have you ever applied for admission to practice law, other than by examination, in a state other than Kansas, including admission by Uniform Bar Examination score?  Yes  No

If “yes,” please provide the name of the state, the date(s) of the application, whether you were admitted to practice law, and if you were not admitted to practice law the reason your application was denied or withdrawn.



33. Are you admitted in another jurisdiction or state? \_\_\_ Yes \_\_\_ No

The list must include the date admitted and the status of the license for each jurisdiction. If your license is “inactive,” please include the reason.

**Immediately following this page, attach an original certificate of good standing, original disciplinary authority certificate, and proof of compliance with continuing legal education requirements for each state admitted. CLE certificates should reflect present and past compliance. Only certificates issued within 90 days of the filing of this application will be accepted.**

34. In the space provided below, list the date and score from your Multistate Professional Responsibility Examination. See Supreme Court Rule 717(a)(3).

35. In the space provided below, list the jurisdiction where you sat for the UBE, the date the examination was taken, and the score received. **If you have not done so already, contact the National Conference of Bar Examiners to have your UBE score transferred to Kansas.** UBE scores will be accepted for a period of thirty-six months from the date of the examination in which the score was earned and must meet the minimum transfer score requirement as set forth in Supreme Court Rule 717(a)(1).

The purpose of the following inquiries is to determine the current fitness of the applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission, and the Board of Law Examiners routinely certifies for admission individuals who have demonstrated personal responsibility and maturity in dealing with mental health and addiction issues.

The Board of Law Examiners does, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant.

The Board of Law Examiners does not, by its questions, seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders. Generally, the Board of Law Examiners does not view these types of counseling as germane to the issue of whether an applicant is qualified to practice law.

36. Do you currently 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 your ability to practice law in a competent and professional manner?  
\_\_ Yes \_\_ No

**If you answer “yes” to question 36, please identify the condition or impairment, state when you first discovered the condition or impairment, and describe how it currently affects your ability to practice law.**

37. Have you ever been a party to an action in divorce?  Yes  No

If “yes,” provide the name and address of the court of jurisdiction for each case on a separate sheet of paper. Attach a copy of each settlement agreement, divorce decree, and journal entry immediately following this page. If you were under a court-ordered obligation to pay alimony, maintenance, or child support, provide a detailed explanation regarding the status of each obligation immediately following this page. If you are delinquent on a court-ordered obligation, provide the reason for the delinquency, documentation from the court showing the amount past due, and a detailed financial plan to bring the obligation current.

38. Have you ever been a party to a civil law suit, **other** than an action in bankruptcy or divorce?  Yes  No

If “yes,” provide the caption of the civil case, the name of the court of jurisdiction, the address of the court of jurisdiction, the case number, and a brief description of the allegations contained in each petition or complaint immediately following this page for each suit. List each suit on a separate sheet of paper and attach a copy of the petition or complaint, the dismissal or judgment, and if you were the defendant a copy of the satisfaction of judgment for each suit.

39. At the present time, does your personal debt exceed \$150,000, excluding real estate loans?  Yes  No

If “yes,” in the space provided below, provide the name of creditor, the address of creditor, the account number, the nature of debt, the monthly payment, the current balance, and the status of account. **PERSONAL DEBT INCLUDES ALL STUDENT LOANS, REGARDLESS OF THE STATUS OF THE LOAN(S).**

40. Do you have any debts, including student loans, which are presently past due or which have been placed in collection? \_\_\_ Yes \_\_\_ No

If “yes,” in the space provided below, provide the name of the creditor, the address of the creditor, the account number, the nature of the debt, the monthly payment, the current balance, the status of the account, and the reason the account is past due. You must also include a reasonable detailed payment plan which works in your current budget to bring the account(s) current.

41. Have you ever had a credit card revoked?  Yes  No

If “yes,” in the space provided below, provide the name of the credit card company, the address of the credit card company, the account number, the current balance on the credit card if any, the reason the credit card was revoked, the terms of any agreement regarding the payment of the balance of the credit card, and the current status of such agreement. If additional space is needed, attach your statement immediately following this page.

42. Has a creditor ever filed suit against you?  Yes  No

If “yes,” in the space provided below, provide the name of the creditor, the address of the creditor, the caption of the civil case, the name of the court of jurisdiction, the address of the court of jurisdiction, the case number, the amount of the original judgment if any, the current amount of the judgment if any, the terms of any agreement to pay the judgment, and the current status of such an agreement for each suit. Remember to provide information for only one suit per page. Attach a copy of the petition or complaint, a copy of the judgment, and a copy of the satisfaction of judgment.

43. Have you ever been a party to bankruptcy proceedings?  Yes  No

If “yes,” provide the amount of each debt discharged in bankruptcy, including the name of the creditor, the address of the creditor, the date(s) each debt was incurred, and the nature of each debt on a separate sheet immediately following this page. Additionally, provide your annual income the year you filed for bankruptcy, your annual income the year immediately preceding the bankruptcy filing, and your annual income the year immediately following the bankruptcy filing. You must attach, immediately following this page, a copy of **all** bankruptcy pleadings, including the petition, the statement of financial affairs, the schedules, any adversary proceedings, and the dismissal or the discharge order.

44. Have you, within the last ten (10) years, failed to timely **file** any applicable local, state, or federal income tax return, schedule, or report required by law?  Yes  No

If “yes,” provide the name and address of the taxing authority, the tax year(s) for which you failed to file the return, schedule, or report, and the date you finally filed the return, schedule, or report. Provide a factual statement explaining the reason(s) the taxes were not timely filed. You must attach, immediately following this page, a copy of all returns, schedules, or reports referenced in this question.

45. Have you, within the last ten (10) years, failed to timely **pay** any taxes owed pursuant to state or federal law?  Yes  No

If “yes,” provide the name and address of the taxing authority, the tax year(s) for which you failed to pay, and the date you finally paid the taxes. If you continue to owe past due taxes, list the current balance of the taxes by tax year and by taxing authority. You must attach a copy of all tax returns, schedules, and reports. Additionally, obtain and attach a copy of a current tax statement from each taxing authority regarding each year you failed to pay your taxes. All documentation must immediately follow this page.

46. Have you, within the last ten (10) years, collected federal withholding, social security, or medicare taxes from the wages of your employees and failed to timely forward such monies to the Internal Revenue Service?  Yes  No

If “yes,” provide the details below.

47. Despite whether the record has been expunged, have you ever been summoned, charged, arrested, taken into custody, or indicted for driving under the influence of alcohol or any other controlled substance?  Yes  No
- If “yes,” for each incident, provide the date of the incident, the location of the incident, the investigating law enforcement agency, the name and address of the court of jurisdiction, the original charge, the ultimate conviction, the sentence imposed by the court including any educational or treatment requirements, and a factual description of the incident. For each incident, attach a copy of the arrest or police report, petition or complaint, any diversion agreement(s), the dismissal or the journal entry of conviction, and any expungement order. **All additional information and documentation should immediately follow this page. List every incident on a separate sheet of paper to be followed by the appropriate documentation for each incident. All required documentation must be provided, even if an order of expungement has been entered. If you have not completed your sentence or if your crime was a felony, please read Supreme Court Rules 708 and 709 to determine if you are eligible to apply at this time.**
48. Despite whether the record has been expunged, other than listed above, have you ever been Issued a citation, notice to appear or summons, charged, arrested, taken into custody, or indicted for any felony, misdemeanor, or infraction of the law excluding minor traffic infractions?  Yes  No
- If "yes," for each incident, provide the date of the incident, the location of the incident, the investigating law enforcement agency, the name and address of the court of jurisdiction, the original charge, the ultimate conviction, the sentence imposed by the court, and a factual description of the incident. For each incident, attach a copy of the arrest or police report, petition or complaint, any diversion agreement, the dismissal or the journal entry of conviction, and any expungement order. **All additional information and documentation should immediately follow this page. List every incident on a separate sheet of paper to be followed by the appropriate documentation for each incident. All required documentation must be provided, even if an order of expungement has been entered. If you have not completed your sentence or if your crime was a felony, please read Supreme Court Rules 708 and 709 to determine if you are eligible to apply this time.**
49. Since attaining the legal driving age, has your license to operate a motor vehicle ever been suspended or revoked?  Yes  No
- If “yes,” provide in the space below the name of the issuing state, the driver’s license number, the dates of suspension or revocation, and the reason for the suspension(s) or revocation(s).

**If you answer “yes” to question 50 through 57, attach a separate sheet immediately following this page, giving the dates and the full facts, including the disposition of each such item. In addition, attach a copy of the allegations and final disposition, if any, from the authority responsible for maintaining the record.**

50. Have you ever represented to the public or any court that you were an attorney when you were not in fact admitted to practice in that jurisdiction?  Yes  No
51. Have you ever been **disqualified** from practicing law for any reason before any state or federal trial or appellate court?  Yes  No
52. Have you ever been **disbarred, suspended, censured, admonished, or otherwise reprimanded or disqualified** as an attorney, as a member of another profession, or as a holder of public office?  Yes  No
53. Have there ever been or are there now any charges or complaints (formal or informal) concerning your conduct as an attorney, as a member of any other profession, or as a holder of public office?  Yes  No
54. Have you ever withdrawn any license application, have you ever been denied a license, or have you ever had a license revoked?  Yes  No
55. Has a surety on any bond on which you were the principal been required to pay money on your behalf, or have you ever been refused a fidelity or other bond?  Yes  No
56. Has any professional liability claim been asserted against you arising out of your alleged errors or omissions?  Yes  No
57. Have you ever applied for (including applications that were withdrawn) or held a license for a business, trade or profession other than as an attorney at law, the procurement of which required proof of good character and/or an examination (such as certified public accountant, patent practitioner, or real estate broker)?  Yes  No

If “yes,” provide on a separate sheet the date on which you applied for the license, how long you held the license, the type of license, and the issuing authority (including the complete address and telephone number for the issuing authority.)



## Continuing Obligation Oath

**In the space provided below, copy in your handwriting the following statement:**

I swear that the information provided in this application is true and correct to the best of my knowledge and ability. I acknowledge that any false, misleading, evasive, or incomplete response on the foregoing application is inconsistent with the truthfulness and candor required of a practicing attorney and is grounds for a finding that I lack the requisite character and fitness for admission to the bar in Kansas.

Should an event occur that would change my response to any question on the foregoing application, I understand that I am required to update my application in writing within 5 days of such an event. I understand that my obligation to update my application continues through the time that I am sworn in as an attorney. I further understand that if an event occurs that would change my response to any question on the foregoing application within 5 days of the time I am scheduled to be sworn in, I must update my application in writing prior to being sworn in as an attorney. Failure to update my application may result in attorney discipline or the revocation of my license. **If more space is needed, continue on the back of this page.**

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me a notary public within and for said county and state.

My Commission Expires: \_\_\_\_\_.

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

Seal or Stamp

I specifically authorize the Board of Law Examiners or its designee(s) to obtain any information from my official record at any educational institution attended, any past or present employer, or any credit bureau, collection agency, or any loan or credit granting person or institution, which may have a bearing on my character and fitness; and I hereby consent to and authorize the release of any such information.

I hereby, without any mental reservation, state that, except as stated above, by no act or deed of mine nor by the judgment or decree of any court, nor by the act of any governmental agency, either domestic or foreign, have I forfeited or changed my citizenship and that, if admitted to practice law in the State of Kansas, I will bear true allegiance to and support and defend the Constitution of the United States and the Constitution of the State of Kansas and the laws thereof.

I fully agree that notwithstanding I am admitted to practice law in the courts of the State of Kansas by reason of this application, if it should become known hereafter that any statement herein contained is false, it shall be grounds for the Supreme Court to cancel my certificate of admission and to disbar me as an attorney at law.

I understand that I have a continuing obligation to advise the Office of Attorney Admissions of events which would change my response to any question on this application for admission.

I understand that if I am approved by the Board for Admission, as a condition precedent to my admission, I shall be required to take the oath (or affirmation) required by the rules of the Court.

\_\_\_\_\_  
Signature (SIGN IN BLUE INK)

STATE OF _____
ss:
COUNTY OF _____
I, _____, the petitioner above named, do solemnly swear that I signed the above and foregoing application, that I have read the said application, and that all statements therein made are true. So help me God.
_____ Signature (SIGN IN BLUE INK)
Subscribed and sworn to before me, a Notary Public in and for the above county and state, this _____ day of _____, _____.
_____ Notary Public (SIGN IN BLUE INK)
My commission expires: _____
<b>Note: All blanks of the notary certificate must be completed.</b>



**KANSAS BOARD OF LAW EXAMINERS  
AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_ born at \_\_\_\_\_,  
\_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_.  
(State) (Date of Birth) (City) (Soc. Sec. No.)

having filed an application for admission to the Bar of Kansas, hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the Kansas Board of Law Examiners. I agree to give any further information which may be required in reference to my past record. I understand that the contents of my character report are confidential.

I hereby authorize and request every educational, or other institution, hospital, or other medical facility, physician, person, firm, company, corporation, governmental agency, police authority, court, association or institution having control of any documents, records and other information requested by the Kansas Board of Law Examiners or the National Conference of Bar Examiners to furnish to them such information or records, including documents, bar association files, medical records and physician's reports, credit history reports, all criminal history records, and any other pertinent data so requested, and to permit them or any of their agents or representatives to inspect and make copies of such documents, records and other information.

I hereby authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military record to release to the Kansas Board of Law Examiners any requested information or photo copies from my military personnel and related medical records. This could include photo copy of my DD form 214, Report of Separation. My serial number and branch of the military were:

I hereby release, discharge and exonerate the National Conference of Bar Examiners, their agents and representatives, the Kansas Board of Law Examiners, their agents and representatives, and any party furnishing information from liability arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference of Bar Examiners or by the Kansas Board of Law Examiners.

I hereby acknowledge that I am executing three originals of this document and do hereby authorize that they may be copied by the Kansas Board of Law Examiners and that said copies may be used and accepted as originals in the same manner and for the same purpose as if they were the original of this document.

I have read the foregoing document and have answered all questions. The answers are complete and truthful of my own knowledge.

\_\_\_\_\_  
Signature of Applicant (SIGN IN BLUE INK)

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SIGN IN BLUE INK)

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

**KANSAS BOARD OF LAW EXAMINERS  
AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_ born at \_\_\_\_\_,  
\_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_.  
(State) (Date of Birth) (City) (Soc. Sec. No.)

having filed an application for admission to the Bar of Kansas, hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the Kansas Board of Law Examiners. I agree to give any further information which may be required in reference to my past record. I understand that the contents of my character report are confidential.

I hereby authorize and request every educational, or other institution, hospital, or other medical facility, physician, person, firm, company, corporation, governmental agency, police authority, court, association or institution having control of any documents, records and other information requested by the Kansas Board of Law Examiners or the National Conference of Bar Examiners to furnish to them such information or records, including documents, bar association files, medical records and physician's reports, credit history reports, all criminal history records, and any other pertinent data so requested, and to permit them or any of their agents or representatives to inspect and make copies of such documents, records and other information.

I hereby authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military record to release to the Kansas Board of Law Examiners any requested information or photo copies from my military personnel and related medical records. This could include photo copy of my DD form 214, Report of Separation. My serial number and branch of the military were:

I hereby release, discharge and exonerate the National Conference of Bar Examiners, their agents and representatives, the Kansas Board of Law Examiners, their agents and representatives, and any party furnishing information from liability arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference of Bar Examiners or by the Kansas Board of Law Examiners.

I hereby acknowledge that I am executing three originals of this document and do hereby authorize that they may be copied by the Kansas Board of Law Examiners and that said copies may be used and accepted as originals in the same manner and for the same purpose as if they were the original of this document.

I have read the foregoing document and have answered all questions. The answers are complete and truthful of my own knowledge.

\_\_\_\_\_  
Signature of Applicant (SIGN IN BLUE INK)

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SIGN IN BLUE INK)

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AUTHORIZATION AND RELEASE**

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SIGN IN BLUE INK)

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

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AUTHORIZATION AND RELEASE**

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\_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_.  
(State) (Date of Birth) (City) (Soc. Sec. No.)

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SIGN IN BLUE INK)

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

**CERTIFICATE OF CHARACTER AND FITNESS**

**Affiants must have known the applicant for a period of not less than 4 years.**  
(Relatives, fellow law students and law professors are not acceptable as affiants)

**This form is to be completed by the affiant  
and returned to the applicant after completion.**

IN THE MATTER OF THE APPLICATION OF: \_\_\_\_\_

FOR ADMISSION TO THE BAR OF KANSAS

1. Name of Attesting Party \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Street City State Zip  
Phone No. (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What relationships (such as employer, social friend, co-worker, and the like) have you had with the applicant which have aided you in forming any opinion of his/her character?  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you personally acquainted with any of the applicant's other social or business associates?  
\_\_\_\_\_  
If so, state their reputation in the community in which they reside and work. \_\_\_\_\_  
\_\_\_\_\_

5. State the applicant's reputation for:  
(a) reliability \_\_\_\_\_  
(b) integrity \_\_\_\_\_  
(c) industry \_\_\_\_\_  
(d) initiative \_\_\_\_\_  
(e) sense of honor \_\_\_\_\_  
(f) morality \_\_\_\_\_  
(g) truthfulness \_\_\_\_\_  
(h) trustworthiness \_\_\_\_\_

6. To your knowledge has the applicant ever been: Yes No  
(a) Arrested \_\_\_\_\_  
(b) Expelled, suspended or asked to resign from any educational institution \_\_\_\_\_  
(c) Disciplined by any educational institution \_\_\_\_\_  
(d) A party to legal proceedings against him/her \_\_\_\_\_  
(e) Addicted to the use of narcotics or intoxicating liquors within the past five years \_\_\_\_\_  
(f) Denied admission to the Bar of any other state \_\_\_\_\_  
(g) Delinquent in any of his/her financial obligations \_\_\_\_\_



7. Does the applicant, in your opinion, possess the high standard of good moral character and general fitness required for admission to the practice of law? If your answer is negative, explain in detail.

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8. If any of the above information is from sources other than personal knowledge, please state the source:

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9. Are you aware of any significant facts concerning the applicant's background which would reflect favorably or unfavorably on the applicant's character and fitness to practice law?

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10. Do you unqualifiedly recommend the applicant for admission to the practice of law in Kansas?

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11. If you desire, please expand upon any of the foregoing answers or add any comments or information which you believe will aid the Kansas Board of Law Examiners to pass upon the qualifications of applicants for admission to the practice of law in Kansas. For such purpose you may supplement this certificate by a letter in informal narrative form, to be attached hereto.

**I certify the foregoing information furnished above is given with the understanding that it will be utilized for purposes of determining the applicant's general fitness for admission to the Bar of Kansas and is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Attesting Party (SIGN IN BLUE INK)

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

ss:

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

Subscribed and sworn to before me, a Notary Public in and for the above county and state, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SIGN IN BLUE INK)

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

(Seal)

**Note: All blanks of the notary certificate must be completed.**

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\_\_\_\_\_

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If so, state their reputation in the community in which they reside and work. \_\_\_\_\_  
\_\_\_\_\_

5. State the applicant's reputation for:  
(a) reliability \_\_\_\_\_  
(b) integrity \_\_\_\_\_  
(c) industry \_\_\_\_\_  
(d) initiative \_\_\_\_\_  
(e) sense of honor \_\_\_\_\_  
(f) morality \_\_\_\_\_  
(g) truthfulness \_\_\_\_\_  
(h) trustworthiness \_\_\_\_\_

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(d) A party to legal proceedings against him/her \_\_\_\_\_  
(e) Addicted to the use of narcotics or intoxicating liquors within the past five years \_\_\_\_\_  
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Date \_\_\_\_\_

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

ss:

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

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

(Seal)

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\_\_\_\_\_  
\_\_\_\_\_

8. If any of the above information is from sources other than personal knowledge, please state the source:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Attesting Party (SIGN IN BLUE INK)

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

ss:

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

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(Seal)

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## Office of Attorney Admissions

Kansas Judicial Center, First Floor, 301 SW 10th Avenue, Topeka, Kansas 66612

**To: Kansas Bar Applicant**

**Re: Fingerprint Instructions**

The rules for admission to Kansas are:

Supreme Court Rule 716 – By written examination  
Supreme Court Rule 717– Uniform Bar Examination (UBE) score transfer  
Supreme Court Rule 719 – Without written examination  
Supreme Court Rule 720– Temporary restricted license – military spouse  
Supreme Court Rule 721 – Restricted license – single employer

1. Download this PDF.
2. Read the Waiver Agreement and FBI Privacy Act Statement.
3. Fill out the form located on page 3 of the Waiver Agreement and FBI Privacy Act Statement.
  - a. Do not fill out the portion to be completed by the fingerprinting official.
  - b. Print a copy to be filled out by the fingerprinting official.
4. The finger printing agency can use the provided card or their own.
  - a. Ensure the official signs their name in the appropriate box.
  - b. Ensure the date (left of official's signature box) reflects the date of fingerprinting.
  - c. Mail a physical copy of the fingerprint card printed on card stock to the Board.
5. Supply the printing official with a 9x12 envelope, addressed to:

Kansas Board of Law Examiners  
301 SW 10th Avenue, First Floor  
Topeka, Kansas 66612

6. Ensure the fingerprinting official places both waivers and the fingerprint card in the envelope and seals the envelope, place their signature or initials over the seal.
  - a. The "Fingerprint Card Waiver" needs to be filled out, signed and notarized.
  - b. Any fingerprint card received by the KBLE that is not sealed will be rejected.
7. The sealed envelope may be sent with your application or separately.
  - a. Records checks will only be performed after we receive your application.
  - b. KBI will reject any fingerprints over 1 year old.

**\*All steps may be completed at the fingerprinting agency, granted they allow it. The applicant is responsible for all fees required of them by the fingerprinting agency. Please email our office at [admissions@kscourts.org](mailto:admissions@kscourts.org).**

Amanda Kohlman  
Attorney Admissions  
Program Manager

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) \_\_\_\_\_ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A. 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

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**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

*You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness at no cost.*

**To Challenge Your Kansas Criminal History Record Information (CHRI)**

You may also obtain a copy of your Kansas CHRI to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes".

**To Challenge Your National Criminal History Record Information (CHRI)**

To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34).

Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

**DO NOT SEND THIS FORM TO THE FBI**



**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:

Driver's License

State Issued ID Card

Military ID Card

Passport

State/Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

***APPLICANT: Please return all pages to the Authorized Recipient***

***AUTHORIZED RECIPIENT: 1. Must maintain the original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***

**DO NOT SEND THIS FORM TO THE FBI**



# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

KS920080Z

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH  
Month Day Year

DOB  
Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH

POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

KBLE - Admission to Bar  
K.S.A. 07-0127

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

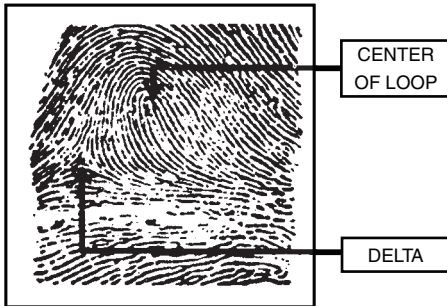
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306

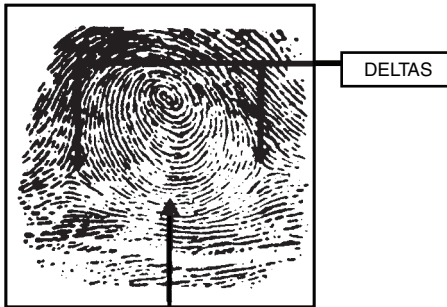
1110-0046

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

# APPLICANT

## THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

**Enter data within the boundaries of the designated field or block.**

**Complete all required fields.** (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- \* The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

**Do not use highlighters on fingerprint cards.**

**Do not enter data or labels within 'Leave Blank' areas.**

**Ensure fingerprint impressions are rolled completely from nail to nail.**

**Ensure fingerprint impressions are in the correct sequence.**

**Ensure notations are made for any missing fingerprint impression (i.e. amputation).**

**Do not use more than two retabs per fingerprint impression block.**

**Ensure no stray marks are within the fingerprint impression blocks.**

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

**Social Security Account Number (SSAN):** Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

## PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

## INSTRUCTIONS:

- \* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- \*\* 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).