



Applicant Name: Address: Phone No.: E-mail Address: Counsel: State Bar No.: Address: Phone No.: E-mail Address:	For Court's Use Only:
In the Matter of: File #:	Case Number (to be assigned by State Bar Court): APPLICATION FOR MORAL CHARACTER PROCEEDING -- APPEAL OF ADVERSE DETERMINATION OF MORAL CHARACTER Rules of the State Bar of California, rule 4.47 Rules of Procedure of the State Bar, rules 5.460 et seq.
<u>NOTICE:</u> Please read <i>Appeal of Adverse Moral Character Determination Instructions and Requirements</i> before submitting an appeal. USE OF THIS FORM IS OPTIONAL.	

A. REQUIREMENTS FOR APPEAL OF ADVERSE MORAL CHARACTER DETERMINATION:

- Date of service of notice of adverse determination:

2. SERVICE REQUIREMENTS. A copy of this form and all attachments must be served on the Committee of Bar Examiners at the Office of Admissions of the State Bar, and on the Office of Chief Trial Counsel. Service may be made by certified mail, return receipt requested, or by electronic service to the email addresses specified on the State Bar's website for service on the Committee of Bar Examiners and the Office of Chief Trial Counsel, and proof of service must be attached to this form.

- a. ☐ A copy of this form and all attachments has been served on the Committee of Bar Examiners and on the Office of Chief Trial Counsel.
- b. ☐ Proof of service is attached to this form.

3. NOTICE OF ADVERSE DETERMINATION ATTACHED. A copy of the notice of adverse moral character determination must be attached to this form.

☐ A copy of the notice of adverse moral character determination is attached to this form.

4. REQUIRED FEE. This form must be accompanied by the filing fee set forth in the Schedule of Charges and Deadlines.

☐ Applicant has submitted the required filing fee with this form.

B. ADDITIONAL INFORMATION AND DOCUMENTS:

1. INFORMATION. The applicant may use this space to provide additional information in support of their application. Additional pages may be attached if more space is needed. Provision of any additional information is optional.

- 2. DOCUMENTS.** Please use this space to list any additional documents attached in support of this application. Additional pages may be attached if more space is needed. Provision of additional documents is optional.

SIGNATURE: This form must be signed by the Applicant, or, if the Applicant is represented by counsel, by the Applicant's attorney.

Date: _____	_____	_____
	Applicant's Signature	Print Name

Date: _____	_____	_____
	Applicant's Counsel's Signature	Print Name