## BOARD OF BAR OVERSEERS HEARING COMMITTEE MEMBERSHIP APPLICATION FOR NON-ATTORNEYS

## Instructions

Please answer each question in this application carefully. If space is inadequate, please use the last page of this application.

DOWNLOAD THE FORM; TYPE IN INFORMATION; PRINT.

Mail the completed application to:

Board of Bar Overseers,

99 High Street, Boston, MA 02110,
Attn: Sandra Mahabir

	Board of B	ar Overseers,			
	99 High St	reet, Boston,	MA 02110,		
	Attn: Sand	ra Mahabir			
1. Ple	ase state your	name and add	ress:		
Name:					
Addres	s:				
Home T	'elephone:				
Busine	ess Telephone:				
Fax Nu	mber:				
e-mail	, <b>:</b>				
2. Ple	ase state your	occupation a	nd the name	of your	employer:

3. Please describe your employment experience. You may attach a resume if you desire.

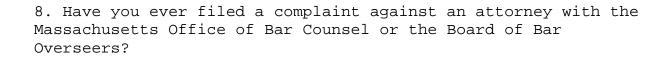
4.	Please	explain	why	you	are	int	teres	sted	in	serving	as	а	Hearing
Cor	nmittee	Member	of ti	he B	oard	of	Bar	Over	see	ers.			

5. Are you familiar with the Massachusetts attorney disciplinary system or the disciplinary system for any other profession, i.e., medicine, psychology, dentistry?

If so, please explain.

6. Have you ever retained a lawyer to provide legal services? If so, please explain the general circumstances (without disclosing confidential information), which may include the name of the lawyer or lawyers and the names of other individuals or businesses involved in the legal transaction or dispute.

7. Are you related by marriage or by blood to	any lawyer
licensed by the Commonwealth of Massachusetts	or any other
state? If so, please explain.	



9. Have you ever been convicted of a crime other than for a minor traffic violation? If yes, please explain.

			in the past th If yes, please			
Date			Signature			

