



**Michigan Supreme Court**

BOARD OF LAW EXAMINERS

Michigan Hall of Justice

P.O. Box 30052

Lansing, Michigan 48909

Phone 517-373-4453

[Ble-info@courts.mi.gov](mailto:Ble-info@courts.mi.gov)

**APPLICATION FOR ADMISSION WITHOUT EXAMINATION**

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

\_\_\_\_\_, being duly sworn, deposes and says:

I am a resident of \_\_\_\_\_,<sup>1</sup> residing at \_\_\_\_\_  
\_\_\_\_\_.<sup>2</sup> Email: \_\_\_\_\_.

I was admitted and licensed to practice law in the court of last resort in \_\_\_\_\_<sup>3</sup>  
on \_\_\_\_\_. I have also been admitted to practice in the  
following jurisdiction(s) on the following date(s):

\_\_\_\_\_.

I am an active member in good standing of the Bar in each of the above-noted  
jurisdictions, except: \_\_\_\_\_.

My principal occupation for \_\_\_\_\_ years immediately preceding the date of this application  
for admission has been:

the active practice of law as a principal business or occupation in the jurisdiction  
of \_\_\_\_\_<sup>4</sup> and/or in the following jurisdictions:  
\_\_\_\_\_,<sup>5</sup>

**OR**

\_\_\_\_\_

<sup>1</sup> Indicate the state, territory, or District of Columbia of the United States.  
<sup>2</sup> Indicate the street number and street on the 1st line/field and enter the city, state, and zip code on the 2nd line/field.  
<sup>3</sup> Indicate the state, territory, or District of Columbia of the United States and the admission date.  
<sup>4</sup> Indicate the state, territory, or District of Columbia of the United States.  
<sup>5</sup> Indicate any other courts in which you have practiced.

employment as a full-time instructor at \_\_\_\_\_,<sup>6</sup> a reputable and qualified law school, located in \_\_\_\_\_,<sup>7</sup>

**OR**

on active-duty assignment (other than for training or reserve duty) in the United States armed forces as a \_\_\_\_\_.<sup>8</sup>

\*\*\*\*\*

If admitted to practice in Michigan, I intend, on or before \_\_\_\_\_, 20\_\_\_\_,<sup>9</sup>

to practice law in \_\_\_\_\_, Michigan, as \_\_\_\_\_,<sup>10</sup>

**OR**

to be a full-time instructor at \_\_\_\_\_,<sup>11</sup> a reputable and qualified Michigan law school.

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An applicant under review shall have a continuing duty to update the information contained in the NCBE Request for a Character Report with all changes that occur prior to the applicant’s admission to practice. This includes changes that occur after the BLE has issued any approval and admission paperwork but prior to admission

I hereby, by making this application for admission without examination, incorporate by reference the answers given in the accompanying National Conference of Bar Examiners Request for Preparation of a Character Report and state that said answers are complete and accurate.

<sup>6</sup> Indicate the name of the law school.

<sup>7</sup> Indicate the city and state in which the law school is located.

<sup>8</sup> Indicate whether you were a judge advocate, legal specialist, or legal officer. Such service must be certified. See Rule 5A)(6)-(c).

<sup>9</sup> Pursuant to MCL 600.946 and Rule 5(A)(4), an applicant for admission to the Bar without examination must intend in good faith to either practice actively in this state, or to engage in the teaching of law as a full-time instructor in a reputable and qualified law school duly incorporated under the laws of this state.

<sup>10</sup> Indicate the city or county in which you intend to practice, the nature of said practice, and the firm or business with whom you intend to practice, if known.

<sup>11</sup> Indicate the name of the law school.

Attached to this application are:

- (1) The National Conference of Bar Examiners Request for Preparation of a Character Report; and
- (2) A **money order** or **certified check** in the amount of **\$800** payable to the "**State of Michigan**" or **pay electronically at**, <https://www.thepayplace.com/mi/courts/ble> and include the payment confirmation.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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