

**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. (Do not write behind the pages.)

DOWNLOAD THE FORM. TYPE IN INFORMATION. SAVE. PRINT IF MAILING.

Please email your completed application to
HCR@massbbo.org or mail to:

**Board of Bar Overseers
One Beacon St., 10th Fl.
Boston, MA 02108
Attn: Bernice Addonizio**

1. Please state your name and address:

Name:

Home Telephone:

Address:

Business Telephone:

Ext:

Cell Phone:

Fax Number:

Email:

2. Please state your occupation and the name of your employer:

3. Please describe your employment experience. In addition, you may attach a résumé.

4. Please explain why you are interested in serving as a Hearing Committee Member of the Board of Bar Overseers.

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.

8. Have you ever filed a complaint against an attorney with the Massachusetts Office of Bar Counsel or the Board of Bar Overseers?

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

10. Are you currently or have you in the past three years been involved in any civil litigation? If yes, please explain.

Date:

Signature:

Additional Detail (if necessary)