

**ATTORNEY DISCIPLINE BOARD
HEARING PANEL MEMBER APPLICATION AND
BIOGRAPHICAL DATA FORM**

Name: _____ P#: _____

Last

First

Middle

Law Firm/Employer: _____

Office Address: _____

City, State & Zip Code: _____

Office Telephone #: _____ Office Fax #: _____

Cell Phone: _____ (Optional) Email Address: _____

Area(s) of concentration in legal practice
(List in descending order of practice devotion - 1, 2, 3, 4.)

Date of Admission in Michigan: _____

Other jurisdictions in which applicant is licensed: _____

Law Practice History (List in chronological order since law school graduation and ending with current position):

Position Organization City & State From To

EDUCATION:

Earned Degree School City & State Year(s)

Current Professional Memberships:
(Include awards from organizations listed.)

<u>Role</u>	<u>Organization</u>	<u>Office Held</u>	<u>From</u>	<u>To</u>	<u>Award</u>	<u>Year</u>

Creative works & publications, professional meetings and seminars in which you participated:
(e.g.: books or journals, patents; include awards for works listed; mention published articles but do not include article titles.)

<u>Role</u>	<u>Type of Work</u>	<u>Title</u>	<u>Year</u>	<u>Award</u>	<u>Year</u>

Personal Information: (Please list the name, firm/employer name and business address for any spouse, child or parent who is a licensed attorney in Michigan.)

References (Two current members of the State Bar of Michigan):

_____ Telephone #: _____

_____ Telephone #: _____

AUTHORIZATION: I hereby authorize the Michigan Attorney Grievance Commission to disclose the substance of information concerning alleged attorney misconduct resulting in investigations of my conduct. I understand that such disclosure may be made to the Attorney Discipline Board as a Court authorized attorney disciplinary agency under MCR 9.126(E)(3). I understand that any information disclosed to the Attorney Discipline Board will not be examined by or disclosed to anyone except members and authorized employees of the Board.

Signature: _____ Date: _____

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UPON COMPLETION, PLEASE SUBMIT FORM TO:

**MICHIGAN ATTORNEY DISCIPLINE BOARD
333 W. FORT STREET, STE. 1700
DETROIT, MI 48226-3147**

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