ILLINOIS BOARD OF ADMISSIONS TO THE BAR



Request for Copy of Character and Fitness Application by Mail

NAME WHEN TESTED (LAST, FIRST, MIDDLE): _____

CURRENT NAME (LAST, FIRST, MIDDLE): _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ NCBE NUMBER: _____

EXAM DATE(S) (e.g., Feb 20xx or July 20xx):_____

I hereby request and authorize the Illinois Board of Admissions to the Bar to mail my Character and Fitness application to the following jurisdiction. I understand that there is a $25 fee per request. If you filed multiple Character and Fitness applications, you are only required to pay $25 per request, not per application.

JURISDICTION: _____ Fee: $25

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

If you took the exam prior to July 2009, we no longer have a copy of your application due to our retention policy.

I hereby request and authorize the Illinois Board of Admissions to the Bar to mail a letter to the following jurisdiction notifying them that IBAB no longer has a copy of my Character and Fitness application.

JURISDICTION: _____ Fee: $25

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Enclosed please find my certified check, cashier's check or money order in the amount of $_____, made payable to IBAB. **I understand that cash and personal checks will not be accepted.** I understand and agree that this payment is nonrefundable.

Signature: _____ Date: _____

Mail completed form and payment to:

IBAB Application Request, 625 South College Street, Springfield, IL 62704-2521

Your application will be mailed within 5-7 business days of receipt of this form and proper payment.