

AUTHORIZATION AND RELEASE

IN RE THE PETITION OF
NAME: _____

I, _____, hereby consent to an investigation into my qualifications for reinstatement to practice law in California to be conducted by the State Bar of California, Office of Chief Trial Counsel. I expressly authorize the Office of Chief Trial Counsel, by and through its authorized agents or representatives (collectively, the "Chief Trial Counsel"), to make inquiries and request information from third parties which, in the sole discretion of the Chief Trial Counsel, is deemed necessary to determine my qualifications for reinstatement to practice law in California. I understand that this Authorization and Release will remain effective throughout the entire reinstatement qualifications determination process, which includes proceedings before the State Bar Court and the California Supreme Court. I acknowledge and agree that withdrawal of this Authorization and Release will terminate the reinstatement qualifications determination process.

I authorize and request every person, organization, association, firm, company, corporation, school, employer (past or present), bank, financial institution, franchise tax board, consumer or credit reporting agency, law enforcement agency, governmental agency or instrumentality, court, or any other third party (collectively, "Third Party") having any information or an opinion about me or knowledge or control of any documents, records, or data pertaining to me, including, but not limited to, any confidential or sealed records, public or private disciplinary records, or any criminal history record information (collectively, "Information") to reveal, furnish, and release to the Chief Trial Counsel any such Information. I further authorize and request any Third Party to answer any and all inquiries, questions, or interrogatories asked by the Chief Trial Counsel concerning me or such Information about me and to appear before the State Bar Court and give full and complete testimony concerning me or such Information about me.

Without limiting the previously described release, I specifically authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records, to reveal, furnish, and release Information to the Chief Trial Counsel from my military personnel file, including related medical records or a DD Form 214, Report of Separation, if any. I also specifically authorize the release of Information from other state bars, bar associations, or bar grievance councils regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent Information, as well as all undergraduate, graduate, or law school Information relating to my admission and my conduct during my enrollment in such schools.

I hereby release, discharge, and exonerate the State Bar of California, including its Board of Trustees and the Chief Trial Counsel, and all officers, employees, agents and representatives (as the same may be constituted from time to time) and any Third Party from and against any and all claims, demands, causes of action, damages, judgments, debts, obligations, or liabilities of every nature and kind arising out of or in connection with any Information furnished to the Chief Trial Counsel or used by the Chief Trial Counsel pursuant to this Authorization and Release.

For purposes of this Authorization and Release the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Executed on _____
(Date)

at _____
(City and State)

(Print Name)

SIGN HERE _____
(Signature)