

In the matter of the Application of )  
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)  
)  
\_\_\_\_\_)  
for Admission to the Bar of American  
Samoa \_\_\_\_\_)

APPLICATION

TO THE HONORABLE CHIEF JUSTICE OF THE HIGH COURT OF AMERICAN SAMOA:

I hereby make application for admission to the Bar of American Samoa. In support of this application, I submit the following information.

1. (a) FULL NAME \_\_\_\_\_

(b) I am now a resident of \_\_\_\_\_

I am presently residing at \_\_\_\_\_

My residence telephone number is \_\_\_\_\_

My present occupation is \_\_\_\_\_

My business address is \_\_\_\_\_

My business telephone number is \_\_\_\_\_

My e-mail address is \_\_\_\_\_

(c) I have used or lived at the following addresses or residences in the past five (5) years:

FROM TO ADDRESS

(d) My Social Security Number is \_\_\_\_\_

My driver's License Number is \_\_\_\_\_

Issued by the State/Territory of \_\_\_\_\_

My Passport was issued by the \_\_\_\_\_

My Passport Number is \_\_\_\_\_

(e) I, \_\_\_\_\_ used or been known by another name or  
(have or have not)  
names and the circumstances and reasons areas follows:

(f) I, \_\_\_\_\_ changed my name. The former name and the  
(have or have not)  
reasons for the change in name are as follows:

2. Rule 137. EDUCATION. The applicant must demonstrate the necessary qualifications of learning and ability by proof of having been admitted to practice law before the highest court of record of a State or Territory of the United States or of a foreign country where English common law forms substantially the basis of that country's jurisprudence, and where English is the language of instruction and practice in the courts of the jurisdiction; provided that such prior Bar admission was premised upon proof of graduation from an accredited law school and successful completion of a bar examination or of equivalent indicia of learning and ability.

3. (a) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

(b) Place of Birth \_\_\_\_\_  
(City or Village) (State or Territory) (Country)

(c) Citizenship \_\_\_\_\_ Nationality \_\_\_\_\_

4. I am \_\_\_\_\_ I have been married \_\_\_\_\_ time(s)  
(Married or Single) (Number)

5. Educational background

(a) General:  
Colleges and Universities:

Name, Address and E-mail From To Degree received and date

(b) Legal:  
Name, Address and E-mail of  
College or Universities From To Degree received and date

6. (a) There \_\_\_\_\_ unsatisfied judgments against me.  
(are or are not)

(b) During the last ten (10) years, there \_\_\_\_\_  
(have or have not)  
been any judgments entered against me. (If so, furnish certified copies of  
judgments, whether satisfied or un-satisfied, and the names and present addresses  
of the holders)

7. The following is a complete list of all suits in equity, actions at law, suits in  
bankruptcy or other statutory proceedings, matters in  probate, lunacy,  
guardianship, divorce proceeding of every nature and kind except criminal  
proceedings, to which I am or have been a party during the last ten (10) years.

DATE	COURT	NATURE OF PROCEEDINGS	DISPOSITION
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8. The following is a complete record of all criminal proceedings  
(including traffic violations other than non-moving violations)  
to which I am or have been a party during the last ten (10) years

DATE	COURT	FELONY; MISDEMEANOR; OR OTHER	JUDGMENT/SENTENCE
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9. During the last ten (10) years I \_\_\_\_\_ been  
(have or have not)  
suspended, discharged or requested to resign from any employment.  
(If so, state the circumstances and names and addresses of employer) .
10. I \_\_\_\_\_ abused, excessively used, or been addicted  
(have or have not)  
to alcohol, drugs, narcotics or medications. (If so, state the details) .
11. I \_\_\_\_\_ within the past ten (10) years been  
(have or have not)  
diagnosed or treated for abuse of, excessive use of, or addiction  
to alcohol, drugs, narcotics or medications. (If so, state the  
details, circumstances and names, and addresses of the doctors so consulted).

I HEREBY AUTHORIZE EACH OF THE FOREGOING DOCTORS TO FURNISH DIRECTLY TO THE ADMISSIONS COMMITTEE OF THE AMERICAN SAMOA BAR ASSOCIATION ANY INFORMATION REQUESTED BY THEM IN RESPECT TO ANY SUCH TREATMENT.

12. I \_\_\_\_\_ within the last ten (10) years been  
(have or have not)  
diagnosed or treated for a medically recognized mental illness, disease, or disorder,  
(including but not limited to schizophrenia; paranoia; bipolar illness/manic depression;  
sociopathy or any other psychotic disorder or drug and alcohol abuse or addiction), that  
would currently interfere with my ability to practice law?  
(If so, state the details) .

13. I submit the names of the following three persons not members of the Bar of American Samoa who have known me well for at least five (5) years immediately prior to the date of this application.

NAME            E-MAIL and ADDRESS            CITY and STATE OR TERRITORY

14. Legal Professional Background

(a) I am licensed to practice law in the following jurisdictions and Courts:  
JURISDICTION    COURT    DATE OF ADMISSION    E-MAIL and ADDRESS

- (b) Have you ever been disbarred, suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as an attorney or member of any profession or organization, or holder of any office, public or private?

\_\_\_\_\_ If yes, on a separate sheet of paper please give the details including the dates, the facts, the disposition of the matter, and the names and addresses, including e-mail, of the authority in possession of the record.

(c) Have there ever been any formal complaints or charges made or filed, or proceedings instituted against you?

\_\_\_\_\_ If yes, on a separate sheet of paper please give the details including the dates, the facts, the disposition of the matter, and the name and addresses, including e-mail, of the authority in possession of the record.

15. My employment, including solo practice, during the past ten (10) years was with:  
EMPLOYER, ADDRESS and E-MAIL    FROM    TO    REASON FOR LEAVING

16. I understand that this application is of a continuing nature and must give correctly and fully the information sought as of the date of my appearance to be sworn in as a attorney. I will, before such appearance, notify the Chief Justice of the High Court of American Samoa in writing as to any change in any matter regarding the information requested.

17. **BAR DUES ANNUAL FEES.** I understand that in addition to my other professional responsibilities, I will be required to promptly pay annual bar association dues to maintain my membership in good standing with the bar association.  
Failure to do so will result in my name being removed from the annual certified list of active or inactive members of the bar association and require me to reapply for admission to the bar association.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

)  
)  
) SS  
)  
)  
\_\_\_\_\_)

I CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me the subscriber, a Notary Public, \_\_\_\_\_ personally appeared and made oath in due form of law that the matters and facts stated in the foregoing application are true.

WITNESS my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_.

S E A L

\_\_\_\_\_  
NOTARY PUBLIC, In and for the

\_\_\_\_\_  
\_\_\_\_\_