



# MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

25 Rev. Dr. Martin Luther King Jr. Blvd. Suite 110

St. Paul, MN 55155

**THIS FORM MUST BE TYPED. DO NOT HANDWRITE.**

## SECTION 9 | ATTORNEY REFERENCES

Provide the following information for five (5) attorneys in EACH jurisdiction where you have been admitted for more than six months who can provide information about your practice. Do **NOT** list your supervising attorney if you listed them in the employment section.

Date Form Completed:

mm/dd/yyyy

Applicant Name:

First

Middle

Last

### Attorney Reference 1

Attorney Full Name:

Years Known:

Nature of Acquaintance:

Firm/Company/Office:

Email:

Day Phone: ( )

Mailing Address:

Street

City

State

Zip

Country/Region (if non-U.S.)

### Attorney Reference 2

Attorney Full Name:

Years Known:

Nature of Acquaintance:

Firm/Company/Office:

Email:

Day Phone: ( )

Mailing Address:

Street

City

State

Zip

Country/Region (if non-U.S.)

### Attorney Reference 3

Attorney Full Name:

Years Known:

Nature of Acquaintance:

Firm/Company/Office:

Email:

Day Phone: ( )

Mailing Address:

Street

City

State

Zip

Country/Region (if non-U.S.)

### Attorney Reference 4

Attorney Full Name:

Years Known:

Nature of Acquaintance:

Firm/Company/Office:

Email:

Day Phone: ( )

Mailing Address:

Street

City

State

Zip

Country/Region (if non-U.S.)

### Attorney Reference 5

Attorney Full Name:

Years Known:

Nature of Acquaintance:

Firm/Company/Office:

Email:

Day Phone: ( )

Mailing Address:

Street

City

State

Zip

Country/Region (if non-U.S.)