



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 12 | U.S. MILITARY SERVICE

Complete this form to provide details regarding your period of U.S. military service. If your military service includes two or more separate service periods, you must complete a separate form for each service period. If your service was continuous but includes multiple periods of active/other duty status, complete one form as instructed below. You **MUST** provide a copy of your DD-214 for each active duty period with this form. If you do not have a DD-214 due to the nature of your service, please explain below. Former National Guard members should provide their NGB-22.

Date Form Completed:

mm/dd/yyyy

Applicant Name:

First Middle Last

Branch of Service:

My Serial Number/DOD ID Number was/is:

Are you presently a member of the U.S. Armed Forces? ☐ Yes ☐ No

Period of Service

This date range should cover your entire continuous period of U.S. Military Service, regardless of your duty status or any status changes during that period.

Date First Entered Service:

mm/yyyy

Final End Date of Service

mm/yyyy

Only leave this date blank if you are a current U.S. service member.

Period(s) of Active Duty Service:

Please specify which portion(s) of the above period were periods of active duty service (MM/YYYY – MM/YYYY).

As a Former or Present Member of the Armed Forces of the United States:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Were you ever subject to a court-martial proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you allowed to resign in lieu of court-martial? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Were you discharged in any manner other than an honorable discharge, including but not limited to any type of administrative discharge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For any questions answered "Yes," provide the below requested information. Complete information must be provided for EACH incident or matter that is responsive to the above questions. Provide additional page(s) as needed.

Question Number From Above: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Date of Action: mm/dd/yyyy

Explanation of the Circumstances and Disposition: