

**ATTORNEY DISCIPLINE BOARD  
HEARING PANEL MEMBER APPLICATION AND  
BIOGRAPHICAL DATA FORM**

Name: \_\_\_\_\_ P#: \_\_\_\_\_

Last

First

Middle

Law Firm/Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Optional) Email Address: \_\_\_\_\_

Area(s) of concentration in legal practice  
(List in descending order of practice devotion - 1, 2, 3, 4.)

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

Date of Admission in Michigan: \_\_\_\_\_

Other jurisdictions in which applicant is licensed: \_\_\_\_\_

\_\_\_\_\_

Law Practice History (List in chronological order since law school graduation and ending with current position):

Position                      Organization                      City & State                      From                      To

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

EDUCATION:

Earned Degree                      School                      City & State                      Year(s)

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

Current Professional Memberships:  
(Include awards from organizations listed.)

<u>Role</u>	<u>Organization</u>	<u>Office Held</u>	<u>From</u>	<u>To</u>	<u>Award</u>	<u>Year</u>

Creative works & publications, professional meetings and seminars in which you participated:  
(e.g.: books or journals, patents; include awards for works listed; mention published articles but do not include article titles.)

<u>Role</u>	<u>Type of Work</u>	<u>Title</u>	<u>Year</u>	<u>Award</u>	<u>Year</u>

Personal Information: (Please list the name, firm/employer name and business address for any spouse, child or parent who is a licensed attorney in Michigan.)

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References (Two current members of the State Bar of Michigan):

_____	Telephone #: _____
_____	Telephone #: _____

**AUTHORIZATION:** I hereby authorize the Michigan Attorney Grievance Commission to disclose the substance of information concerning alleged attorney misconduct resulting in investigations of my conduct. I understand that such disclosure may be made to the Attorney Discipline Board as a Court authorized attorney disciplinary agency under MCR 9.126(E)(3). I understand that any information disclosed to the Attorney Discipline Board will not be examined by or disclosed to anyone except members and authorized employees of the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**UPON COMPLETION, PLEASE SUBMIT FORM TO:**

**MICHIGAN ATTORNEY DISCIPLINE BOARD  
333 W. FORT STREET, STE. 1700  
DETROIT, MI 48226-3147**

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