

Form AHC8



Connecticut Bar Examining Committee
100 Washington Street, 1st Floor
Hartford, CT 06106-4411

REFERENCE FROM CONNECTICUT ATTORNEY ADMITTED FOR AT LEAST FIVE YEARS

IN RE THE APPLICATION OF _____
FOR REGISTRATION AS AUTHORIZED HOUSE COUNSEL IN CONNECTICUT.

1. Reference Name _____

2. Reference address and telephone number:

Address 1: _____
Address 2: _____
City: _____ State _____ Zip _____
Phone: _____

3. Date of admission to the Connecticut bar: _____

4. How long have you known the applicant? _____

5. Are you related to the applicant? _____ If so, in what way? _____

6. What opportunities have you had to form an opinion of the applicant's professional and personal character and fitness to provide legal services to an organization as authorized house counsel in Connecticut? Be specific.

7. Would you recommend the applicant for a position of trust? _____ If not, please tell us why.

8. In your opinion, does the applicant possess the character and fitness to provide legal services to an organization as authorized house counsel in Connecticut? _____ If not, please tell us why.

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9. To your knowledge:

YES NO

- ☐ ☐ Has the applicant been arrested within the past five years or ever been convicted of a crime
- ☐ ☐ Has the applicant ever been accused of a violation of trust
- ☐ ☐ Has the applicant ever been dropped, suspended from, disciplined or placed on probation by an educational institution
- ☐ ☐ Has the applicant ever been a party to a law suit (including bankruptcy)
- ☐ ☐ Has the applicant ever been denied admission to the bar of any jurisdiction
- ☐ ☐ Has the applicant ever been delinquent in any financial obligation

If you answered "yes" to any of these questions, please tell us about it. You may also use this space for any additional comments you wish to make about the applicant.

I declare under penalty of false statement under the laws of the State of Connecticut that the information submitted is true and correct. The penalty for false statement is imprisonment not to exceed one year, a fine not to exceed \$2,000, or both.

Executed on this _____ day of _____, _____ at _____.

Day Month Year City, State

Type your name in the box to sign electronically: _____

Affiant's Signature

By typing your name, you are signing this document electronically and demonstrating your intent to use this as your electronic signature.

This completed form may be provided to the applicant to be uploaded to their online account, or may be emailed by the reference to: Barexam@jud.ct.gov

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