



Purpose of Questions

The following questions address mental health and chemical dependency matters. The Board asks these questions because of its responsibility to protect the public by determining the current fitness of an applicant to practice law. The Board regularly recommends licensing of applicants who have sought treatment for mental health and chemical dependency issues. The Board strongly encourages applicants who have mental health and chemical dependency issues to seek treatment. The Board views mental health and chemical dependency treatment as a positive factor in evaluating an application.

In answering the questions below you need not report situational counseling such as stress, victim, or grief counseling.

Applicant's Burden

You bear the burden of demonstrating that you possess the qualifications necessary to practice law. Your response to a question may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner. Please refer to Rule 5A and Rule 5B(4) for additional information.

Conditional Admission

Under Rule 16, the Board may conditionally admit an applicant whose record raises serious questions about character and fitness but who presently appears to have a commitment to rehabilitation and the ability to meet the Board's Essential Eligibility Requirements for the practice of law found in Rule 5A.

Confidentiality

Information disclosed on the bar application is confidential under Rule 14, subject to certain exceptions. The Board will not release your confidential application information to current or prospective employers without your written authorization.

4.34	Have you EVER raised the issue of consumption of drugs or alcohol, or the issue of a mental, emotional, or behavioral disorder or condition, or the issue of compulsive gambling as a defense, in mitigation, or as an explanation for your actions in any administrative or judicial proceeding or investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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This includes but is not limited to any proceeding or investigation by an educational institution, employer, government agency, professional organization, or licensing authority.

If "Yes," complete [FORM 10](#).

Attach COPIES of records relative to the matter(s)

4.35	Since the age of eighteen have you EVER been declared legally incompetent, been placed under conservatorship or guardianship, been involuntarily hospitalized, or been placed under an involuntary hold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 10](#).

Attach COPIES of court documents.

4.36	Have you EVER been diagnosed with and/or received treatment for pedophilia, exhibitionism, voyeurism, kleptomania, pyromania, or compulsive gambling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes," complete [FORM 10](#).

4.37	Do you have, or have you had within the last two years, any condition, including but not limited to the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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- a) An alcohol, drug or chemical abuse or dependency condition
- b) A mental, emotional, or behavioral illness or condition
- c) A compulsive gambling condition

that impairs, or has within the last two years impaired, your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A of the Rules for Admission to the Bar?

If "Yes," complete [FORM 10](#).



- 4.38 If your answer to Question 4.37 is "Yes," is the condition that impairs or has impaired your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A reduced or ameliorated because you have had treatment, are receiving ongoing treatment, are taking medication, or are participating in a support program (such as Alcoholics Anonymous), counseling, or therapy? Yes No
N/A
If "Yes," complete [FORM 10](#). If not applicable, answer "N/A."

For purposes of Questions 4.39, 4.40, and 4.42 the word "professional" includes a physician, psychiatrist, psychologist, psychiatric mental health clinical nurse specialist, psychiatric mental health nurse practitioner, marriage and family therapist, social worker, mental health counselor, or licensed alcohol and drug counselor.

- 4.39 Within the past two years, have you continued to use drugs or alcohol after a professional advised you to discontinue use? Yes No
If "Yes," complete [FORM 10](#).

- 4.40 Within the past two years, have you continued to gamble after a professional advised you to discontinue gambling? Yes No
If "Yes," complete [FORM 10](#).

- 4.41 Within the past two years, have you discontinued treatment or medication for a condition that at any time impaired your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A? Yes No
If "Yes," complete [FORM 10](#).

- 4.42 Within the past two years, have you failed in any way to comply with the recommendations of a professional that treatment or medication was necessary to avoid negatively affecting your ability to meet the Essential Eligibility Requirements for the practice of law set forth in Rule 5A? Yes No
If "Yes," complete [FORM 10](#).

- 4.43 Notwithstanding the answers to Questions 4.01 through 4.42, are there any other incidents or circumstances that may relate to your character and fitness for admission to the bar? Yes No
If "Yes," complete [FORM 10](#).

- 4.44 If you answered "Yes" to any questions between 4.01 and 4.43: Have you provided an explanation and attached supplemental records as required? Yes No
If not applicable, answer "N/A." N/A



5.00 **BAR EXAM ACCOMMODATIONS**

Applicants completing an application for Admission on Motion do **NOT** need to complete **5.01, 5.02 & 6.00.**

5.01 **Do you have a medical or physical condition for which you request a testing accommodation at the Bar Examination?**

Yes

No

If “Yes,” complete **Accommodation Form 1**, and any other applicable forms listed below and submit them and required documentation along with your Application on or before the filing deadline.

- [Accommodation Form 1](#): Applicant Request for Test Accommodations
- [Accommodation Form 2](#): Learning Disability Verification
- [Accommodation Form 3](#): Attention Deficit/Hyperactivity Disorder Verification
- [Accommodation Form 4](#): Psychological Disability Verification
- [Accommodation Form 5](#): Visual Disability Verification
- [Accommodation Form 6](#): Physical Disability Verification
- [Accommodation Form 7](#): Certification of Accommodations History

5.02 **Do you intend to use your laptop computer to write the MPT and Essay portion of the Bar Examination?**

Yes

No

Note: You **MUST** complete the [Laptop Registration Form](#) and send in the correct fee for your name to be placed on the computer list.

Simply checking the “Yes” box does NOT reserve a place for you to use your laptop on the bar exam. See the [Laptop Computer Instructions](#) for more information.

6.00 **USE OF EXAM ANSWERS**

Yes

No

I authorize the Minnesota Board of Law Examiners to reproduce and publish on the Board’s website my essay answers for the benefit of future examinees.

ACCOMMODATIONS FORM 4 PSYCHOLOGICAL DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you.

The remainder of this form is to be completed by the qualified professional who is recommending accommodations on the Minnesota Bar Examination for you on the basis of a psychological disability. Please read, complete, and sign below before submitting this form to the qualified professional who is to complete the remainder of this form.

Applicant's Full Name: _____

Date(s) of
Evaluation/Treatment: _____

Applicant's Date of Birth: _____ mm/dd/yyyy

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Minnesota Board of Law Examiners (MBLE) or consultant(s) of the MBL.

Applicant's Signature: _____

Date Signed: _____

NOTICE TO DOCTOR OR OTHER QUALIFIED PROFESSIONAL COMPLETING THIS FORM:

The above-named person is requesting accommodations on the Minnesota Bar Examination. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Minnesota Bar Examination on the basis of a psychological disability. The Minnesota Board of Law Examiners (MBLE) also requires the qualified professional to complete this form.

If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.

The MBL may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Attach a COPY of the:

- Comprehensive Evaluation Report as stated on page 3.
- ALL records and test results on which you relied in making the diagnosis and recommending accommodations for the Minnesota Bar Examination.

RETURN this completed form, and attachments to the applicant who will submit the documentation to the MBL.

We appreciate your assistance.

PRINT or TYPE your responses to the items below.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Occupation and Specialty: _____

License Number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations:

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. **What is the applicant's DSM-IV-TR (or most current version) diagnosis?**

Please complete all five axes.

If diagnosis is not definitive, please list differential diagnoses:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

2. **Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology:**

3. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions:

NOTE: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

4. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination:

ATTACH A COMPREHENSIVE EVALUATION REPORT. MBE requires an applicant's psychological disability to have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- Psychiatric/psychological history
- Relevant developmental, educational, and familial history
- Relevant medical and medication history
- Results of full mental status examination
- Description of current functional limitations in different settings
- Results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- Diagnostic formulation, including discussion of differential or "rule out" diagnoses
- Prognosis

THE MINNESOTA BAR EXAMINATION STANDARD TESTING CONDITIONS

Under standard testing conditions, the Minnesota Bar Examination is a timed, written examination administered on Tuesday and Wednesday as scheduled twice each year. The standard exam schedule is as follows:

- 9:00 a.m. – 12:00 p.m. – 3 Hrs.
- 12:00 p.m. – 1:30 p.m. – 1.5 Hrs. LUNCH BREAK
- 1:30 p.m. – 4:30 p.m. – 3 Hrs.

FIRST DAY:

The exam consists of:

- MORNING SESSION: Two performance test (MPT) questions
- AFTERNOON SESSION: Six essay questions

The essay and MPT are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing.

Applicants may:

- Use their personal laptop computers to type their answers (with prior registration), or
- Handwrite their answers.

SECOND DAY:

The exam consists of 200 multiple-choice questions (MBE):

- MORNING SESSION: 100 questions
- AFTERNOON SESSION: 100 questions

Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Examinees Are:

- Assigned seats, two per eight-foot table, in a room set for as many as 700 examinees.
- NOT allowed to bring food, beverages, or other items into the testing room unless approved as test accommodations.
- Allowed to use small foam earplugs provided by the MBE.
- Able to leave the room ONLY to use the restroom or drinking fountain, within the time allotted for the test session.

The examination is administered in a quiet environment.

III. RECOMMENDATION

Taking into consideration the above description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

(CHECK ALL THAT APPLY)

Test Question Formats:

- Braille
- Large Print: **18-point** Font
- Audio CD
- Large Print: **24-point** Font
- Microsoft Word document on data CD for use with screen-reading software

Assistance:

- Reader
- Typist/Transcriber for essay/MPT
- Scribe for MBE

Explain your recommendations:

- Extra Testing Time:** Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Requested
Essays and Performance Test Questions	3 Hours AM 3 Hours PM	
MBE/Multiple-Choice	3 Hours AM 3 Hours PM	

Explain why extra testing time is necessary and describe how it will alleviate the limitations due to disability. If either the amount of time or your rationale is different for different portions of the examination, please explain. Would extra breaks or longer breaks be insufficient to accommodate the applicant's functional limitations, rather than additional testing time?

- Extra Breaks:** Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- Other Arrangements:** (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

IV. PROFESSIONAL'S SIGNATURE

I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I certify that the information on this form is true and correct based upon the information in my records.

Signature of person completing this form

Date signed

Please print name: _____

Title: _____ Daytime telephone number: (_____) _____