

**COMMONWEALTH OF PUERTO RICO  
SUPREME COURT  
COMMITTEE ON CHARACTER OF APPLICANTS FOR ADMISSION TO THE BAR**

**INFORMATIVE STATEMENT**

Applicants must type or print **complete and detailed** answers to this informative statement. It is suggested that the following cases be read before answering the questions: *In re Peña, Santiago*, 185 D.P.R. 764 (2012), and *In re Reichard Hernández*, 180 D.P.R. 604 (2011). If the space provided is insufficient to furnish the information required, a separate sheet of paper may be used, in which case the answers must be identified by the question numbers.

**You must sign your initials on the left margin of each page.**

**If a question is not applicable to you, please write: N/A.**

1. Name: \_\_\_\_\_  
(Surnames) (Full name) (Initial)  
(Name as it appears in birth certificate. Married women must state maiden name.)

2. State if you are known or have been known by any other name(s):

( ) Yes ( ) No

If you answered yes, indicate the name(s) by which you are known or have been known:

\_\_\_\_\_

3. If you have changed your name, state your previous name and indicate when and how you changed it. If the name change took place through a judicial or naturalization procedure, enclose a certified copy of the order or of any other evidence of such change:

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

4. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

6. Applicant's telephone numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

7. Date and place of birth: \_\_\_\_\_  
(Date)

(City or town)

(State or country)

8. Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Indicate if you are a citizen of the United States. ( ) Yes ( ) No

10. If you answered no, indicate country of citizenship: \_\_\_\_\_

11. Applicant's marital status: \_\_\_\_\_

12. If married, state spouse's name, home address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_



20. State if you have any type of license issued by the Commonwealth of Puerto Rico or by any State of the United States of America to practice any profession, operate a business or engage in a particular activity.
- ( ) Yes                      ( ) No

Indicate type of license, number, and date and place of issuance.

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21. State if you have a driver's license issued by the Commonwealth of Puerto Rico, by any State of the United States of America or by any other place:
- ( ) Yes                      ( ) No

If you answered yes, indicate type, number, date, and place of issuance of said license.

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22. State all the addresses at which you have lived **during the last ten years, and the dates:**

Address	Dates

23. State if you have ever been dropped, suspended, or expelled from any university or college.
- ( ) Yes                      ( ) No

If you answered yes, state the date, institution, cause and circumstances, sanction imposed, and duration:

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24. State if you have ever been interviewed, have participated or have in any way been involved in an investigation by a university, regardless of whether such investigation resulted in disciplinary sanctions against you or against any other person.
- ( ) Yes                      ( ) No

If you answered yes, state the date, institution, cause and circumstances:

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25. State if any grievance, claim or complaint was filed against you while you were a university student charging you with misconduct or dishonesty, or if any disciplinary procedure was ever conducted against you, regardless of the outcome.
- ( ) Yes                      ( ) No

If you answered yes, indicate the nature of the grievance, claim, complaint or disciplinary procedure, the university where the claim was made, the person or persons who instituted the action, and the outcome or current status.

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26. State if you have served in the armed forces of any country.

( ) Yes ( ) No

If you answered yes, indicate the following:

a. Country or countries: \_\_\_\_\_

b. Class or branch of service: \_\_\_\_\_

c. Duration and dates of military service: \_\_\_\_\_

d. Rank and serial number: \_\_\_\_\_

e. Type of discharge: \_\_\_\_\_

f. As a member of the armed forces, have charges ever been pressed or proceedings instituted against you?

( ) Yes ( ) No

g. State if you have ever been a defendant in any court martial.

( ) Yes ( ) No

h. If you answered yes to items (f) and (g), state the date, the nature of the charge, disposition of the matter, and the location and designation of the military establishment where such proceedings took place.

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

27. State if you currently are or have ever been a party to any criminal investigation or administrative proceedings in or outside Puerto Rico, including federal proceedings or investigations.

( ) Yes ( ) No

If you answered yes, please set forth the specifics: nature of the proceedings, agency or body, case number, name and address of the person who instituted the action, and outcome or current status.

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

28. State if you currently are or have ever been a petitioner, plaintiff or defendant in any civil action or proceedings in or outside Puerto Rico, including federal cases. Include bankruptcy cases.

( ) Yes ( ) No

If you answered yes, indicate the division and part of the court, case number, date of judgment, and briefly describe the nature of the case.

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

29. State if you have ever been convicted of any offense in or outside Puerto Rico, including federal cases.

( ) Yes ( ) No

If you answered yes, give detailed information about the nature of each offense, the date it was committed, the sentence imposed, the name of the trial court, and the case number. Your answer must include cases in which you have been pardoned or in which you have received a suspended sentence or the benefits of sec. 404 of the Controlled Substances Act, or of any other analogous provision.

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

30. State if there is any criminal proceeding pending against you in or outside Puerto Rico, including federal proceedings.

Yes                       No

If you answered yes, give detailed information about the offense or offenses charged against you, the date of alleged commission, the court in which the proceedings are pending, the case number, and any other relevant information.

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31. State if you have ever been charged with a felony or misdemeanor in or outside Puerto Rico, including federal proceedings, even if the case was dismissed

Yes                       No

a. If you answered yes, indicate the offense.

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b. If you answered yes and the case was dismissed, indicate reason for dismissal.

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32. State if you are currently suffering from any medical condition or impairment that adversely affects your ability to practice law.

Yes                       No

If you answered yes, please set forth the specifics, including dates and the name and address of the physician or mental health counselor in charge of your treatment.

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**“Medical condition or impairment”** means any physiological, mental, or psychological condition, impairment or disorder, including substance abuse or dependence, such as drug addiction or alcoholism.

**“Substance abuse”** means:

A maladaptive pattern of substance use characterized by poor or inadequate adaption, leading to clinically significant impairment or distress, as manifested by one (or more) of the following symptoms, occurring within a twelve-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, or physical fights).

**“Substance dependence”** means:

A maladaptive pattern of substance use characterized by poor or inadequate adaption, leading to clinically significant impairment or distress, as manifested by three (or more) of the following symptoms, occurring at any time within a twelve-month period:

1. Tolerance, as manifested by either of the following symptoms:
  - a. the need to use an increasingly higher dose of any substance to achieve the desired effect or level of intoxication;
  - b. markedly diminished effect with continued use of the same amount of the substance.

2. Withdrawal syndrome, as manifested by either of the following symptoms:
  - a. the characteristic withdrawal syndrome for the substance;
  - b. the use of the same (or a closely related) substance to prevent or relieve withdrawal symptoms.
3. The substance is taken in larger amounts or over a longer period than originally intended.
4. Persistent desire or unsuccessful efforts to cut down or control the use of said substance.
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. Continued use of the substance despite knowing that it probably caused or exacerbated a persistent or recurrent physical or psychological problem (such as regular use of cocaine, despite being aware that it leads to cocaine-induced depression, or continued consumption of alcoholic beverages, despite being aware that such consumption has worsened an ulcer).

The phrase “**Ability to practice law**” shall be construed to include the following:

1. Cognitive capacity to undertake fundamental lawyering skills such as problem solving, legal analysis and reasoning, legal research, factual investigation, organization and management of legal work, making appropriate reasoned legal judgments, and recognizing and solving ethical dilemmas.
2. Ability to communicate legal judgments and information to clients, to other attorneys, and to judicial and regulatory authorities, with or without the use of other resources; and
3. Ability to perform legal tasks in a timely manner.

The Committee on Character understands that mental health counseling or treatment is a normal part of many persons’ lives, and such counseling or treatment does not of itself disqualify an applicant from the practice of law. Furthermore, the Committee does not wish to pry into the private affairs of applicants. **The Committee is not seeking disclosure of counseling or treatment for a tragic or traumatic event such as a death, a broken relationship or a personal assault, even if such event does affect, for a limited time, the applicant’s ability to practice law.**

33. State if you have ever been involved in, reprimanded, or disciplined by your employer or by any educational institution for misconduct including:
  - a. acts of dishonesty, fraud or deceit;
  - b. lying in a résumé or misrepresentation;
  - c. academic misconduct, including acts such as cheating;
  - d. misconduct involving student activities;
  - e. theft;
  - f. excessive absences;
  - g. failure to complete assignments in a timely manner;
  - h. actions in disregard of the health, safety, and welfare of others;
  - i. sexual harassment;
  - j. neglect of financial responsibilities;
  - k. misconduct related to the use of alcohol or any other substance in the last ten years.

Yes                       No

If you answered yes to any of the above, please set forth the specifics, including the date of the action against you, by whom taken, the name and address of the employment supervisor or academic advisor involved, if applicable, and of any other person involved in the investigation of your conduct.

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34. State if you have ever been terminated or given a leave of absence by your employer or if you have been discharged or withdrawn from an educational institution.

Yes                       No

If you answered yes to any of the above, please set forth the specifics, including the date of the action, by whom taken, and the name and address of the employment supervisor or academic advisor involved.

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35. State if you are currently engaged in the illegal use of drugs.

( ) Yes ( ) No

**“Illegal use of drugs”** means the use of controlled substances that were illegally obtained, as well as the use of controlled substances that are not obtained through a valid prescription, or which were not taken according to the directions of a duly licensed health care practitioner.

**“Currently”** does not mean on the date of, or even the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition or impairment may still have an ongoing impact or effect.

You have a right to elect not to answer those portions of the above questions that inquire into the illegal use of controlled substances or illegal activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination under the Constitution of the United States of America. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing in the space provided below. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination.

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36. State if you receive any kind of pension for physical or mental disability.

( ) Yes ( ) No

If you answered yes, explain who granted it, the nature and degree of the disability and any other detail relevant.

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37. Explain if you were ever denied admission to practice law in another jurisdiction for any reason other than not passing the bar exam.

( ) Yes ( ) No

If you answered yes, please give detailed information on the reasons for such denial.

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38. State if you have been admitted to practice law in any other jurisdiction or country.

( ) Yes ( ) No

**CERTIFICATION**

I CERTIFY: that I have read the Rules of the Board of Bar Examiners; that I understand that the obligation to provide correct and complete information in this "Informative Statement of Applicant" **is continuing in nature** until the date I am sworn in as an attorney.

Therefore, before taking said oath, I will notify the Board, by filing an "Amendment to the Informative Statement" (Form 52-J), which will be provided upon timely request, of any change that has occurred to any matter related to the information provided in this statement, and of any incident that may affect in any manner the information provided.

**OATH**

I, \_\_\_\_\_, do under oath declare that my name is as stated above and that I am the applicant seeking admission to practice law who, under that name, has applied for admission to the Bar examination administered by the Board of Bar Examiners of the Supreme Court of Puerto Rico. I hereby state that the information provided in the form entitled "Informative Statement" is true and of my own personal knowledge.

In witness whereof, I have initialed the corrections and amendments appearing on said form. I have also affixed my initials on the left margin of all its pages, in \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant

AFFIDAVIT NO. \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_, of legal age, \_\_\_\_\_, and a resident of \_\_\_\_\_, personally known to me, or whose identity I have confirmed through \_\_\_\_\_.

In \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public