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PO Box 973
 TRENTON, NEW JERSEY 08625-0973
 Tel: (609) 815-2911 Fax: (609) 815-2913

New Jersey Bar Examination Request for Non-ADA Required Accommodations

This request form must be completed in addition to your online bar examination application. Please read the instructions carefully.

The request form and supporting documents must be delivered/postmarked by November 30th for the February exam and April 30th for the July exam unless you receive written permission from a Board of Bar Examiners representative for a late submission.

Month (select one): February ____ July ____ Year: _____

Name of Applicant: _____ Applicant ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone : (____) _____

E-Mail Address: _____

Your complete request form and all necessary supporting documents, in one submission using an option indicated below, must be postmarked timely (via postal, expedited delivery service, or email). If the deadline is missed, or your application/ documentation is incomplete, review of your requested accommodations will be delayed and may result in the denial of your request.

Via Expedited Delivery Service (e.g., FedEx, UPS etc.)	Via U.S. Postal Service	Via e-Mail: Encryption Required (See instructions below)
NJ Board of Bar Examiners 25 W. Market Street, 8 th Fl. North Wing Trenton, NJ 08611 ATTN: ADA Coordinator	NJ Board of Bar Examiners PO Box 973 Trenton, NJ 08625 ATTN: ADA Coordinator	1. Send e-Mail to: barada.mailbox@njcourts.gov with the subject line "Encrypted e-mail Request" 2. Use e-mail response received to attach your application and all supporting documentation.

ACCOMMODATIONS REQUESTED

State the testing accommodations you are requesting and explain why you are requesting this accommodation. Be certain to state if you are requesting accommodations for both the MBE and essay portions of the examination and the accommodations requested for each portion. If you are requesting additional time, you must indicate how much time you are seeking.

DESCRIPTION/NATURE OF MEDICAL SITUATION

Describe your medical situation below. Include supporting documentation with your submission:

Checklist

- NTA Testing Accommodations Application – Non-ADA Request Form
 - NTA Authorization and Release Form
 - Relevant medical documentation (note from doctor, hospital, etc.)
 - Copies of admission tickets or letters granting accommodations in other states (if applicable)
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I understand that the full and correct completion of this Application for Testing Accommodations on the New Jersey bar Examination is a prerequisite for the Board of Bar Examiners' consideration of my application for testing accommodations. I certify that I have read the foregoing Application and the facts stated therein are true and complete to the best of my knowledge and belief. I acknowledge that if any answers are willfully omitted or false, I may prejudice my examination results, my admission to the Bar of the State of New Jersey, and my subsequent good standing as a member of the Bar. Further, I acknowledge that I may be subject to such penalties as provided by law.

Date

Signature

Retain a copy of this statement for your records