

Member Request

Certified Copy of Affidavit of Personal History

Instructions

To obtain a certified copy of the Affidavit of Personal History (“APH”) which you filed to take the Michigan bar exam, you must submit a written request and a \$25.00 fee. For your convenience, a request form is attached. Since the APH contains confidential information, the request for certified copies will only be accepted if signed by the attorney. **Please note: photocopies of uncertified documents are not provided.**

Only the information received with your original application is considered to be a part of your “APH.” Additional information that may be in your file will not be released unless specifically identified and requested by the attorney (there may be an additional charge to provide copies of additional documents).

Third Party Recipients.

Most State Bars require that a certified copy of the Michigan APH to be submitted with the application for membership. Depending on your preference, the certified copy can be sent directly to the other Bar, with a photocopy to you, (at no additional charge), or, the certified copy will be mailed to you. Please be certain to provide all necessary mailing addresses and your applicant number (for the other Bar) if you have one.

Timing.

Most orders are filled within 7-10 business days.

Payment.

You may submit payment by credit card, check or money order. On the attached form, please fill in the “Total” line (\$25.00 per certified copy), indicate payment type, and complete credit card information if required. Orders can be faxed to: (517) 346-6365, or mailed to: The State Bar of Michigan, Attn: Finance Department, 306 Townsend St., Lansing, MI 48933.

Questions.

If you have questions about this form, request procedure or to check on the status of your order, please call the Character & Fitness Department at (517) 346-6346.

Please fax or mail request to: **State Bar of Michigan,**
 Attn: Finance Department
 306 Townsend St., Lansing, MI 48933

Fax: (517) 346-6365

**Member Request - Certified Copy
of Affidavit of Personal History**

Attn: Finance Department

1. Provide all requested information.

Date: _____	P Number: _____
Name (Printed) _____	Signature _____
Your Last Name When Applied* (If different than current name)	Phone Number or Email Address
* Please note, if you did not take the Michigan Bar Exam, there will <u>not</u> be an Affidavit of Personal History on file.	

2. Select service needed and provide mailing address(es).

Please send a **certified copy** of my original APH to this address: _____

If you are applying to another bar, please provide your applicant number if you have one _____

When requesting a certified copy for a third party, a photocopy can also be provided to you at no additional charge. Please provide your mailing address. _____

3. Enter amount due, select payment type (provide credit info.) and fax or mail form to the State Bar.

TOTAL \$ _____ (\$25.00 per certified copy)

Check (Payable to State Bar of Michigan)

Credit Card **Visa** **Master Card**
 (Complete Section Below)

_____ Exp: ____ / ____

Name on Credit Card: _____
 (Please Print)

Signature: _____

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Fax: (517) 346-6365