To be used with Question 41

FORM 41 / CONDITION OR IMPAIRMENT IN DEFENSE OR MITIGATION

Name_____

First *Middle* *Last* *Suffix*

The Office of LLP Admissions is aware of HIPAA requirements.

Name of Entity Before Which the Issue was Raised (i.e. court, agency, etc.)

_____

Address_____

City_____ State_____ Zip_____

Nature of Proceeding_____

Date of Disposition_____

Final Disposition_____

Provide a Detailed Explanation: This written statement should contain a description of the current condition or impairment you are disclosing. This explanation should include your perspective of the circumstances, reasons, or situations which contributed to the condition or impairment and how it was used in defense or mitigation. This includes any information or explanation that you believe mitigates or lessens the severity of the condition or impairment including any treatment and/or monitoring program(s). Attach a separate page(s) if necessary.

Detailed Explanation_____

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Duplicate this form as needed.