

CHARACTER AFFIDAVIT

I, _____, of _____ (street), _____ (city), _____ (state), at _____ (telephone) associated with _____ (business/firm), as _____ (position), being duly sworn, declare that the applicant, named below, to take the bar examination is not related to me by blood or marriage.

I am _____ years of age; and I have known _____ (applicant) personally for _____ (years and months) in the following capacity: **(Here state opportunities you have had to observe applicant and give an opinion as to his/her character and fitness.)*****

I know of no other pertinent facts that should be disclosed about the applicant to the Committee on Character and Fitness.

I submit the name of _____ (applicant) as a person meeting the character qualifications to practice law in South Carolina to the Committee on Character and Fitness for consideration.

AFFIANT

DATE

Subscribed and sworn to before me

this ____ day of _____ 20__.

(Notary Signature)

Notary Public For:_____

My Commission Expires:_____

*****If additional space is needed, please attach separate page.**