United States District Court **EASTERN DISTRICT OF KENTUCKY**

DE	APPLICATION FOR	I A DI MICOLO NI	ATTRICODIZA	TIONI AND	DELEVOE
КΗ.	APPLICATION FOR	ADMININ -	— ALLIHUKIZA	A I ION ANI.	IKELEANE

Ι,	, whose Social Security Number is
to have an investigation made as to my moral chara	ceived, reported to the admitting authority. I agree to
association or institution having control of any dome, to furnish to the Clerk, United States District information, including documents, records, bar as	rm, company, corporation, governmental agency, courd ocuments, records and other information pertaining to the Court for the Eastern District of Kentucky any successociation files regarding charges or complaints filed, or any other pertinent data, and to permit the saints, records, and other information.
and representatives, and any person so furnishing	ission agency of the state(s) of my admission, its agent g information from any and all liability of every natur on of such documents, records, and other information t
I have read the foregoing document and ha information is complete and true of my own knowl	ave furnished all information fully and frankly. The ledge.
	(Signature of Applicant)
Subscribed and sworn to before me this	_ day of, 20