STATE OF KANSAS

INSTRUCTIONS FOR CCR APPLICANTS

Before completing the application form, carefully read the Supreme Court and Board Rules, particularly Supreme Court Rules 307 and 308 and Board Rules 3 and 6.

Please note the following:

Applicants must qualify under one of the four classifications set forth in question 11 of the application
form. Applicants should indicate by a check which item they are going to qualify under, and evidence
submitted to qualify under question 11 shall be filed in duplicate.

Applicants qualifying under question 11b of the application form should review Supreme Court Rule 309(c).

Applicants completing this form for reciprocal purposes only should also obtain the Certification on Motion application and complete that application in accordance with the instructions on that application.

- Question 15 of the application form requires names and addresses of persons who have knowledge of the applicant's character and integrity. These names should be in addition to the three persons who have furnished Certificates of Character.
- Three completed "Certificates of Character" forms shall be attached to the application. **Relatives, by** marriage or blood, and individuals listed in Question 15 are not acceptable as affiants. Certificates attached to the second application may be photocopies of the originals.
- All signatures and notary certificates should be completed in blue ink.
- You may photocopy the application form; however, both copies of the application must bear original signatures and notarizations on page 8.
- Your CCR application, photos, and accompanying documents are to be filed in duplicate at least thirty (30) days prior to the date of the next examination. Mail to:

Clerk of the Supreme Court Kansas Judicial Center 301 SW 10th Avenue, Room 374 Topeka, Kansas 66612

- The application fee is \$125.00 (non-refundable) and may be paid by personal check made payable to the Clerk, Kansas Supreme Court. **The application fee MUST be submitted with your application.**
- Keep the Clerk's Office advised of any change of name, address, or telephone numbers after the filing of your application.
- Incomplete applications and/or Certificates of Character will be returned to the applicant.
- Applications received after the filing deadline will need to include a motion to waive the filing deadline. See Rule 307.
- Keep a copy of the complete application form for your files.

CHECKLIST FOR FILING CCR APPLICATION

(This page is to be included as the first page of the application packet.)

Note: Failure to provide <u>ALL</u> the items listed below will cause your application to be returned.

Please	submit you	ar application and accompa	anying materials in the following order:
	1.		n-refundable). Checks should be made payable to the Court. Payment must be included with your
	2.	Checklist for filing CCR	application.
	3.	a. Signature on pages eib. Notarized on pages ei	t in duplicate – an original and one exact copy.) ght (8) and nine (9) on both copies – using blue ink. ight (8) and nine (9) on both copies – using blue ink. one of the original and duplicate applications.
	4.	set of certificates should	es of Character – signed and notarized. The original be attached to the original application. Certificates plication may be photocopies of the originals.
	5.	Evidence of Education, T	Fraining, or Certification.
	6.	Supplements or miscella (List in the space below.)	neous information included that is not listed above.
Date:			Signature
			Street Address
			City, State, Zip

IN THE SUPREME COURT OF THE STATE OF KANSAS



To the State Board of Examiners of Court Reporters

		(Leave Blank - A number will be assigned by the Court Reporters' Board.)
	Application of	
	for Certification as a Certified Court Rep	orter
	Tape a recent passport size photo here. This photo was taken on	
I, one):	, h (Name as shown on Page 2, Question 1)	ereby make application (check
1.	To take the next regular Kansas examination to	for Certified Court Reporter;
2.	To transfer my RPR or CVR certification into	Kansas; or
3.	To obtain Kansas certification based on my ce (You must request a Certification on Motion A order to complete this process. You may also website at www.kscourts.org)	Application from our office in

The following questions should be answered in detail. If necessary to make complete answers, attach separate sheets bearing question numbers corresponding with those below.

1.	Full Legal Name: _					
2.	Present Address:					
			Street			
	Cit	у	County	State	Zip	
	Permanent Address	:				
			Street			
	Cit	у	County	State	Zip	
	To which address d	o you wish mail sent?	Present	Permanent		
3.	Telephone No:	Home		Work		
		Cell (optional)				
4.	E-mail Address: (o)	ptional)				
5.	Date of Birth:		Social Security 1	Number (optional):		
5.	State each residence address (including your present address) you have had for the past five years, starting with the most recent. There should be no gaps in time.					
	Street & Number: City & State:		<u>Zip</u> :	Da <u>From</u> :	tes <u>To</u> :	
	1					

State name of employer, place of employment, position held, dates of employment and reason for termination of employment for the past five years, starting with the most recent. Explain any periods of unemployment on the forms so as to provide continuous documentation. I hereby consent that full disclosures regarding my employment may be made by the employer to the State Board of Examiners of Court Reporters.							
	Month and year of beginning and ending employment period:						
From:	From: To:						
Name of employer or firm (indiv							
	DO NOT ABBREV	IATE					
Address:							
Street	City	State	Zip				
Nature of employer's business _							
Position Title	Supervise	or's Name:					
Present address of employer (if	deceased or defunct, give nar	ne and address of as	sociate who can verify				
employment)							
Reason for leaving?							
Month and year of beginning an	d ending employment period	:					
From:	T	0:					
Name of employer or firm (indiv	vidual, partnership or corpora	ation)					
	DO NOT ABBREV	IATE					
Address:							
Street	City	State	Zip				
Nature of employer's business _	•		•				
Position Title							
Present address of employer (if o		·					
employment)	and the second of the second o	212 222222					
Reason for leaving?							

7. Yes or No Are you currently employed?

Month and year of beginning ar	nd ending employment period	:	
From:	To	o:	
Name of employer or firm (ind	ividual, partnership or corpora	tion)	
	DO NOT ABBREV	IATE	
Address:			
Street	City	State	Zip
Nature of employer's business			
Position Title	Superviso	or's Name:	
Present address of employer (if	deceased or defunct, give nan	ne and address of as	sociate who can verify
employment)			
Reason for leaving?			
Month and year of beginning as From:			
Name of employer or firm (indi			
	DO NOT ABBREV	IATE	
Address:			
Street	City	State	Zip
Nature of employer's business			
Position Title	Superviso	or's Name:	
Present address of employer (if	deceased or defunct, give nan	ne and address of as	sociate who can verify
employment)			
Reason for leaving?			

If additional space is needed, please attach a separate sheet using this same format.

	a.	Are you a citizen of the	ne United States?		
Yes or No					
	b.			h, state date naturalized, c your naturalization card or	
	c.	If not a United States	citizen, from what o	country do you claim citize	enship?
	d.		nd a copy of your i	your immigration status as resident alien card. If you, , explain.	
		s any portion of the exa		ion for certification in Kar	
Indicate the	e date aı	nd school from which y	you received your h	igh school diploma.	
		nd school from which y	•	igh school diploma.	State
Date	Sch				State
Date or complet	Sch red G.E.l	nool D(Month and Yeachools, colleges and un	ar)		
Date or complet	Sch red G.E.l	nool D(Month and Yeachools, colleges and un	ar)	City	
Date or complete	Sch red G.E.l	nool D(Month and Year chools, colleges and untion.	ar) niversities you have	City attended, dates of attenda Credit Hrs. and/or	ance, degrees received Graduated? (Yes or No)
Date or complete	Sch red G.E.l	nool D(Month and Year chools, colleges and untion.	ar) niversities you have	City attended, dates of attenda Credit Hrs. and/or	ance, degrees received Graduated? (Yes or No)
Date or complete	Sch red G.E.l	nool D(Month and Year chools, colleges and untion.	ar) niversities you have	City attended, dates of attenda Credit Hrs. and/or	ance, degrees received Graduated? (Yes or No)
Date or complete	Sch red G.E.l	nool D(Month and Year chools, colleges and untion.	ar) niversities you have	City attended, dates of attenda Credit Hrs. and/or	ance, degrees received Graduated? (Yes or No)
Date or complete	Sch red G.E.l	nool D(Month and Year chools, colleges and untion.	ar) niversities you have	City attended, dates of attenda Credit Hrs. and/or	ance, degrees received Graduated? (Yes or No)

11.		eing examined, applicant must furnish evidence of at least ONE of the following items of a training, or certificates. Check which one is being submitted.
	a.	Graduation from and completion of a court reporting course in a business college or other school licensed or accredited by the State of Kansas or the state where such school is located. (Attach a copy of your diploma or a letter from the court reporting school stating successful completion of the course. In addition, attach a letter from the court reporting school, stating successful completion of at least one 225 word per minute test.)
	b.	That applicant is certified as a Registered Professional Reporter (RPR) by the National Court Reporters Association (if seeking certification in Kansas as a shorthand reporter) or certified as a Certified Verbatim Reporter (CVR) by the National Verbatim Reporters Association (if seeking certification in Kansas as a voicewriter).
		Applicant must request a letter of certification from NCRA or NVRA verifying the RPR or CVR pass date & status, member in good standing, and the date of applicant's present continuing education cycle. This letter should be mailed directly to the Clerk's Office from the association.
	c.	Applicant has had at least two years of experience in making verbatim records of judicial or related proceedings in the system of verbatim reporting which the applicant seeks certification. (Attach documentation from the court or other employer in which the two years of experience have been served, including the name of the employer, the type of proceedings recorded, and the dates of employment.)
	d.	That applicant holds a valid and unrevoked certificate as a certified shorthand reporter or certified court reporter issued under the laws of any other State or Territory of the United States. (Attach copy of certificate.)
12.		n of reporting is, and I follow the principles of that system ners writing the system can readily read my notes.
13.	abuse, or untreated	arrently have any condition or impairment (including, but not limited to, substance abuse, alcohol a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if could affect, your ability to serve as a Certified Court Reporter in a competent manner? No If "yes," explain.

If you answer any part of question 14 "yes," attach a statement giving dates, court or proceeding, the full facts, including disposition, and the name and address of the person or entity in possession of the record.

14.	Yes or No	Has a court ever found that you violated a fi	duciary duty?	
	Yes or No b.	Have you ever been adjudicated a juvenile of	offender?	
	${\text{Yes or No}}$ c.	Have you ever been convicted of a felony of infractions)?	r misdemeanor (except traffic	
		Are you presently on probation, parole, or d including a misdemeanor?	iversion for any violation,	
15.	integrity, more that inquiry relatives, by n	g five persons have known me for two (2) or ality, general reputation, and record for meet may be made of them with full disclosure narriage or blood, or those who have executed omplete address, zip code, phone number, and	ing my financial obligations proby them concerning these mall the form "Certificate of Characteristics of Characteristics of the control of t	omptly. I consen atters. (Do not lis
		•	Phone	Number of
	Name:	Address:	Number:	years known:
	1			
	5			
16.		take the next regular examination, list the eq Examiners of Court Reporters furnishes no e		

- 17. If seeking Kansas certification based on certification in another state (See Rule 309(d)), provide proof of the following:
 - a. passage of another state's examination equivalent to or more stringent than the current Kansas exam, and
 - b. proof of passage of the other state's exam within three years prior to application in Kansas or proof of five years' experience as a court reporter.

Submit the Application for Certification on Motion to the licensing agency of the state from which you are requesting certification recognition. Please read the instructions on that application carefully. You must complete page 1 and send it to the licensing agency for them to complete their portion. BOTH PAGES OF THAT APPLICATION MUST BE RECEIVED DIRECTLY FROM THE LICENSING AGENCY OF THE STATE FROM WHICH YOU ARE REQUESTING CERTIFICATION RECOGNITION.

I SPECIFICALLY AUTHORIZE THE BOARD OF EXAMINERS OF COURT REPORTERS OF THE STATE OF KANSAS OR ITS DESIGNEE(S) TO OBTAIN ANY INFORMATION FROM MY OFFICIAL RECORD OF ANY PAST OR PRESENT EMPLOYER WHICH MAY HAVE A BEARING ON MY CHARACTER AND FITNESS, AND I HEREBY CONSENT TO AND AUTHORIZE THE RELEASE OF ANY SUCH INFORMATION.

I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO ADVISE THE OFFICE OF CLERK OF THE SUPREME COURT OF EVENTS WHICH WOULD CHANGE MY RESPONSE TO ANY QUESTION ON THIS APPLICATION FOR EXAMINATION FOR CERTIFICATE AS CERTIFIED COURT REPORTER.

Applicant's Signature (SIGN IN BLUE INK)

STATE OF	_
COUNTY OF	~ ~ .
I,above and foregoing application; that I have rehelp me God.	, the applicant above named, do solemnly swear that I signed the ead the application; and that all statements therein made are true. So
Appli	icant's Signature (SIGN IN BLUE INK)
Subscribed and sworn to before me this _	day of, 20
Notar	ry Public
My commission expires:	

BOARD OF EXAMINERS OF COURT REPORTERS OF THE STATE OF KANSAS AUTHORIZATION AND RELEASE

l,		, born at
, on		(City)
(State) naving filed an application for certification as a convestigation made as to my moral character, Supreme Court as a court reporter in the State Examiners of Court Reporters of the State of K.	ourt repo profession of Kansa ansas. I	(Date of Birth) orter in the State of Kansas, hereby consent to have an onal reputation, and fitness for certification by the as, all of which will be reported only to the Board of agree to give any further information which may be the contents of my character report are confidential.
physician, person, firm, company, corporation, institution having control of any documents, recor of Court Reporters of the State of Kansas to furn certification files, medical records and physician	governm rds and of nish to the a's report permit th	other institution, hospital, or other medical facility, nental agency, police authority, court, association or ther information requested by the Board of Examiners em such information or records, including documents, s, credit history reports, all criminal history records, nem or any of their agents or representatives to inspect formation.
record to release to the Board of Examiners of Co or photo copies from my military personnel and n	ourt Repo related m imber and	St. Louis, Missouri, or other custodian of my military or trers of the State of Kansas any requested information nedical records. This could include a photocopy of my d branch of the military were:
I hereby release, discharge and exonerate the Botheir agents and representatives, and any parfurnishing or inspection of such documents, recommended of Examiners of Court Reporters of the State I hereby acknowledge that I am executing this do	oard of E rty furnis ords, and ate of Kar ocument ate of Ka	Examiners of Court Reporters of the State of Kansas, shing information from liability arising out of the dother information or the investigation made by the assas. and do hereby authorize that it may be copied by the assas and that said copies may be used and accepted as
	_	l questions. The answers are complete and truthful of
		Signature of Applicant (SIGN IN BLUE INK)
STATE OF)
COUNTY OF		
		Notary Public (SIGN IN BLUE INK)

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants, nor are the individuals listed in Question 15.)

he Matter of the Application	of:			
R APPLICATION FOR CERTIFI	CATION AS CERTIFIED COURT REF	PORTER		
Residence AddressStree		City	State	Zip
Phone Number	Occupation			
How long have you know	the applicant?			
			e you had w	vith the applicant
				and confidence
			nments or in	formation which
e:	_			
		ature of Affiant (SIG	N IN BLUE I	NK)
ATE OF				
UNTY OF				
	•	e above county and	state, this	day of
	Notary Public (SIGN IN F	BLUE INK)		
commission expires:	•	,		
	R APPLICATION FOR CERTIFICATION FOR CERTIFICATIO	Name of Attesting Party	R APPLICATION FOR CERTIFICATION AS CERTIFIED COURT REPORTER Name of Attesting Party	Name of Attesting Party

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants, nor are the individuals listed in Question 15.)

In th	he Matter of the Application of:						
FOR	R APPLICATION FOR CERTIFICATION AS CERTIFIED COURT	REPORTER					
6.	Name of Attesting Party						
	Residence AddressStreet	City	State	Zip			
	Phone Number Occupation _						
7.	How long have you known the applicant?						
8.	What relationships (such as employer, social friend, co-w which have aided you in forming any opinion of his/her c		you had w	vith the applicant			
9.	9. Do you believe the applicant to be of good moral character and habits and one in whom trust and confidence can be fully reposed?YesNo If your answer is "no", explain in detail.						
10.	If you desire, please expand upon any of the foregoing a you believe will assist the Kansas Board of Court Report		nents or in	nformation which			
Date	e:						
	S	Signature of Affiant (SIGN	IN BLUE I	(NK)			
STA	ATE OF						
	unty of						
Sub	escribed and sworn to before me, a Notary Public in and for, 20	r the above county and sta	ate, this	day of			
Notary Public (SIGN IN BLUE INK)							
Му	commission expires:						

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants, nor are the individuals listed in Question 15.)

In th	ne Matter of the Application of:					
FOR	APPLICATION FOR CERTIFICATION AS CERTIFIED COURT	REPORTER				
11.	Name of Attesting Party					
	Residence AddressStreet	City	State Zip			
	Phone Number Occupation					
12.	How long have you known the applicant?					
13.	What relationships (such as employer, social friend, co-which have aided you in forming any opinion of his/her		you had with the ap	pplicant		
14.	Do you believe the applicant to be of good moral character and habits and one in whom trust and confidence can be fully reposed?YesNo If your answer is "no", explain in detail.					
15.	If you desire, please expand upon any of the foregoing you believe will assist the Kansas Board of Court Report		nents or information	n which		
Date	<u> </u>					
		Signature of Affiant (SIGN	IN BLUE INK)			
STA	TE OF					
COI	JNTY OF					
Sub	scribed and sworn to before me, a Notary Public in and fo	or the above county and sta	ate, this day o	of		
		IN BLUE INK)	_			
Му	commission expires:	- ',				