

## DOC 3 - STATEMENT OF JURISDICTION FORM

**NOTICE TO APPLICANT:** This form is to be completed by the jurisdiction official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the jurisdiction for completion:

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Examination date(s): \_\_\_\_\_

I give permission to release the information requested on this form and request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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**NOTICE TO JURISDICTION OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

(This form should be completed for each jurisdiction in which you applied for admission, regardless of whether you sought or were awarded accommodations from the jurisdiction. All completed forms should be submitted with Accommodation Request Packet).

## **I. TEST ACCOMMODATIONS GRANTED**

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

Formats:

- ☐ Braille
- ☐ Audio
- ☐ Large print

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber
- ☐ Sign language interpreter

☐ Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour.

☐ MEE/Essay: \_\_\_\_\_

☐ MPT/Performance: \_\_\_\_\_

☐ MBE: \_\_\_\_\_

☐ Other (state multiple choice, etc.): \_\_\_\_\_

☐ Extra breaks. How long and how often were the extra breaks?

☐ Other arrangements granted (e.g. elevated table, seat near restroom, etc.).

If the applicant was granted test accommodations, did the applicant receive the same test accommodations for each administration of the bar examination ☐ yes ☐ no

**If no**, and the applicant received different accommodations on different administrations of the examination, please describe.

\_\_\_\_\_  
\_\_\_\_\_

## **II. TEST ACCOMMODATIONS REQUESTED**

1. Was the applicant ever denied test accommodations on the bar examination, whether test accommodations ultimately were provided or not? ☐ yes ☐ no  
If yes, attach a copy of each letter or notice sent to the applicant describing the accommodations denied and the reasons for the denial.
2. Did the applicant request test accommodations for every administration of the bar examination for which he/she applied? ☐ yes ☐ no  
If no, list the dates of each administration for which he/she did not request accommodations.  
  

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**I certify that the information supplied on this form is true and correct.**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number