



**CERTIFIED
PARALEGAL™**

ATTESTATION FORM

EMPLOYMENT ATTESTATION & VERIFICATION

REQUIRED

I, _____, am authorized to certify the following in connection with an application for
ATTORNEY NAME
registration under the State Bar of Wisconsin Certified Paralegal Program. I am/have been the employing or
supervising attorney for _____,
NAME OF PARALEGAL APPLICANT

the applicant herein as I have/have had direct supervision over the applicant during the period from
_____ to _____, FOR A TOTAL OF _____ hours all of which involved performing the
normal duties of a paralegal and engaging in substantive legal work. During this time, I was a member in good
standing of the State Bar of Wisconsin.

Dated this _____ of _____

Signature of Attesting Attorney

Print Name

State Bar of Wisconsin Member Number

Please supply your contact information for verification purposes below:

Attorney Phone Number:

Attorney Email:



STATE BAR OF WISCONSIN
Your Practice. Our Purpose.®

TEACHING ATTESTATION

I _____ am authorized to certify the following in connection with an application for registration under the State Bar of Wisconsin Certified Paralegal Program.

I hereby certify that the applicant _____ has been teaching full-time at _____, an approved paralegal studies training program for not less than 3 years immediately preceding this date from _____ to _____.

Dated this _____ of _____

Signature

Print Name

Position

Download additional attestation sheets at www.wisbar.org/paralegal/forms



STATE BAR OF WISCONSIN

Your Practice. Our Purpose.®