

# APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM

	☐ Fees \$210☐ Signed Attestation(s	5)		
I. PERSONAL INFORMATION		EDUCATION A N D WORK EXPERIENCE*		
Please Type or Print	☐ Degrees/Transcript	s 🗆 Continuing Educatio	n	
Name:				
Last Name	First Name		MI	
Date of Birth				
Alternate names used:				
<b>Business Address:</b> You are required to despublished from the official records of the Sta Your address must contain the name of the	ate Bar of Wisconsin. You will rece	eive all printed State Bar c	ommunications at this address.	
Company/Law Firm				
P.O. Box	City, State,	Zip		
Street Address	City, State,	Zip		
Business Telephone Number:				
Personal Phone Number (optional):				
Business E-Mail Address:				
II. ELIGIBILITY REQUIREMENTS				
Grounds for Ineligibility. IF YOU ANSWER YES	STO ANY OF BELOW, PLEASE PRO	VIDE AN EXPLANATION ON A	A SEPARATE SHEET OF PAPER.	
Have you ever been suspended or disbar discipline from the practice of law in any st		□Yes □ No		
Have you ever been convicted of a felon for which your civil rights have not been re		□Yes □ No		
Have you ever been found to have engag (unauthorized) practice of law in any state		□ Yes □ No		
Is there information in your criminal history background check that would disqualify you from membership in the State Bar of Wisconsin?		□Yes □ No		

### III. EDUCATION AND TRAINING Associate, Bachelor, or Juris Doctor Degrees. Please attach official transcripts showing required credits. Full Name and Location of School Accrediting Agency Degree Obtained Subject Matter Date IV. WORK EXPERIENCE & CONTINUING EDUCATION (attach additional sheets if necessary) \*Work Experience A paralegal is defined as a person with education, training, or work experience, who works under the supervision of a licensed attorney and who performs specifically delegated substantive legal work for which the attorney is responsible. To qualify as paralegal work or paralegal work experience for purposes of meeting the eligibility and requirements the paralegal must primarily perform paralegal work for at least 2,000 - 4000 hours prior to this application based on submitted education requirements. Please have a licensed attorney complete the required Employment Attestation below showing your paralegal work experience. **Practice Areas: Select all that apply** (Please indicate up to five areas of practice for which you wish to receive information) ☐ Advising Small Business General Practice **Probate** Creditor/Debtor Real Estate - Commercial Bankruptcy Insurance Criminal **Business Entities** Intellectual Property Real Estate - Residential Elder CHIPS/JIPS/TPR Labor/Employment Tax **Estate Planning** Contracts Municipal/Gov. Issues Torts/Personal Injury: Civil Litigation Family Continuing Education: Submit a Minimum of 15 hours of CLE (up to 30 hours), 3 hours of which are in legal ethics and professional responsibility in the previous 12 months. More CLE may be required. (Attach certificates of attendance for each program) Certificate Course Title Course Sponsor Date **CLE/EPR Credits**

#### IV. ACKNOWLEDGEMENT OF APPLICANT

I have read the State Bar of Wisconsin Certified Paralegal Program requirements, including the continuing education requirement and the Code of Ethics and Responsibility, and agree to comply with the requirements and the Code.

I consent to a confidential inquiry of third parties by the State Bar of Wisconsin for the purpose of determining whether I fulfill the requirements.

Upon registration as a State Bar of Wisconsin Certified Paralegal, I will receive a certificate. I agree to surrender the certificate if registration is revoked or not renewed.

I agree to pay all fees required by the State Bar of Wisconsin when due.

I agree to inform the State Bar of Wisconsin promptly of any facts or circumstances that would render me ineligible for registration as a State Bar of Wisconsin Certified Paralegal or for renewal of my State Bar of Wisconsin Certified Paralegal registration.

I affirm the contents of this application and its attachments, and I affirm that the material representations of my work experience and/or education and/or certification set forth herein are true and correct.

I affirm to have not partaken in the unsupervised practice of law (UPL) before applying and will not engage in UPL after becoming a certified paralegal. By signing this attestation, I attest to the accuracy of this information and understand that any misrepresentation may lead to the denial of my certification.

I am enclosing my check for \$210, which includes a \$130 nonrefundable application fee and my \$80 annual registration fee. I understand this fee is nonrefundable regardless of the disposition of my application.

Print or Type Full Name		

Signature Date

Mail to: State Bar of Wisconsin

Certified Paralegal Program Attn: Registrar

P.O. Box 7158

Madison, WI 53707-7158





# ATTESTATION FORM

### **EMPLOYMENT ATTESTATION & VERIFICATION**

**REQUIRED** 

I,	, am authorized to certify th	ne following in connection with an application for
ATTORNEY NAME		
registration under the State Ba	r of Wisconsin Certified Paralega	al 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 normal duties of a paralegal ar standing of the State Bar of Wi	nd engaging in substantive legal '	hours all of which involved performing the work. During this time, I was a member in good
Dated this	_ of	
Signature of Attesting Attorney		
, and a second of the second		
Print Name		State Bar of Wisconsin Member Number
Please sup	pply your contact information for	verification purposes below:
Attorney Phone Number:		
Attorney Email:		



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 Wis	sconsin 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				

