





#### 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 am enclosing my check for \$200, which includes a \$125 nonrefundable application fee and my \$75 annual registration fee. I understand this fee is nonrefundable regardless of the disposition of my application.

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Print or Type Full Name

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Signature

Date

**Mail to:** State Bar of Wisconsin  
Certified Paralegal Program  
Attn: Registrar  
P.O. Box 7158  
Madison, WI 53707-7158



**STATE BAR  
OF WISCONSIN**  
*Your Practice. Our Purpose.®*



**CERTIFIED  
PARALEGAL™**

# ATTESTATION FORM

## EMPLOYING/SUPERVISING ATTORNEY 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 am/have been the employing or supervising attorney for \_\_\_\_\_, the applicant herein as I have/have had direct supervision over the applicant during the period from \_\_\_\_\_ to \_\_\_\_\_, which 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

## 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](http://www.wisbar.org/paralegal/forms)**

