

APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM

	ALL □ Fees \$200 □ Signed Attestation	าร	
			WORK EXPERIENCE*
I. PERSONAL INFORMATION	☐ Degrees/Transcrip	ots	☐ Continuing Education
Please Type or Print Name:			
Name.			
Last Name	First Name		MI
Date of Birth			
Alternate names used:			
published from the official records of the State Your address must contain the name of the law Company/Law Firm			
P.O. Box	City, Stat	e, Zip	
Street Address	City, Stat	e, Zip	
Business Telephone Number:			
Business Fax Number:			
Business E-Mail Address:			
II. ELIGIBILITY REQUIREMENTS			
Grounds for Ineligibility. IF YOU ANSWER YES	TO ANY OF BELOW, PLEASE P	ROVIDE AN EXP	LANATION ON A SEPARATE SHEET OF PAPER.
Have you ever been suspended or disbarred or discipline from the practice of law in any state		□Yes □	No
Have you ever been convicted of a felony in a for which your civil rights have not been resto	•	□Yes □	No
Have you ever been found to have engaged ir (unauthorized) practice of law in any state or j		□Yes □	No
Is there information in your criminal history be would disqualify you from membership in the	_	□Yes □	No

III. EDUCATION AND TRAINING

ASS	ociale, Bachelor, or Juris	Doctor	egrees. Please atta	асп а сор	y of the degree(s) and off	iiCiai tra	nscripts snow	ing required credits.
Full	Name and Location of S	School						
Acc	rediting Agency							
Degree Obtained Subject Ma			atter			Date		
IV.	WORK EXPERIENCE &	& CONTII	NUING EDUCAT	ION (atta	ach additional sheets if	neces	sary)	
Wo	rk Experience							
Stat con req the	te Bar of Wisconsin and value is in is responsible. In orduirements the paralegal following showing your	who perfo ler to qua must prir paralega	orms specifically do lify as paralegal wo marily perform par l work experience	elegated ork or pai ralegal wo	ork experience, who worl substantive legal work fo ralegal work experience f ork for at least 2,000 hour five areas of practice for v	or which for purp rs prior t	a member of oses of meetir to this applicat	the State Bar of Wis- ng the eligibility and tion. Please complete
	Advising Small Busine	-	Creditor/Debtor		General Practice		Probate	eive imormation)
	Bankruptcy	,, 	Criminal		Insurance		Real Estate –	Commercial
	Business Entities		Elder		Intellectual Property		Real Estate –	
	CHIPS/JIPS/TPR		Estate Planning		Labor/Employment		Tax	
	Contracts		Family		Municipal/Gov. Issues			al Injury: Civil Litigation
12 ו	months. (Attach certif			ach prog	are in legal ethics and gram) Sponsor	Da' - — - — - — - — - — - — - — - — - — - —	·	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 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.

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

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 Par	ralegal Program.					
I am/have been the employing or supervision	ng attorney for	, the app	olicant herein as I have/have				
had direct supervision over the applicant de	uring 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		f Wisconsin Member Nur	mber				
TEACHING ATTESTATION							
1	am authorized to	certify the following i	n connection with an				
application for registration under the State	Bar of Wisconsin Certified Par	ralegal Program.					
I hereby certify that the applicant		has bee	n teaching full-time at				
	, an approved	paralegal studies trair	ning program for not less				
than 3 years immediately preceding this da	te from to	·					
Dated this of							
Signature							
Print Name	Position						

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

