

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





**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.®