



**CERTIFIED  
PARALEGAL™**

# APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM - WI Resident (Wisconsin residence prior to May 29, 2020)

## ALL

- ☐ Fees \$200  
☐ Signed Attestations

## EDUCATION

- ☐ Degrees/Transcripts

## I. PERSONAL INFORMATION

Please Type or Print

**Name:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Date of Birth

Alternate names used: \_\_\_\_\_

**Business Address:** You are required to designate and update a mailing address and a business telephone number that will be published from the official records of the State Bar of Wisconsin. You will receive all printed State Bar communications at this address. Your address must contain the name of the law firm or other organization by which you are employed.

\_\_\_\_\_  
Company/Law Firm

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name of Supervising Attorney

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 PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER.

Have you ever been suspended or disbarred or resigned in lieu of discipline from the practice of law in any state or jurisdiction? ☐ Yes ☐ No

Have you ever been convicted of a felony in any state or jurisdiction for which your civil rights have not been restored? ☐ Yes ☐ No

Have you ever been found to have engaged in the unlicensed (unauthorized) practice of law in any state or jurisdiction? ☐ 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

Associate, Bachelor, or Juris Doctor Degrees. Please attach a copy of the degree(s) and official transcripts showing required credits.

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Full Name and Location of School

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Accrediting Agency

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Degree Obtained

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Subject Matter

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Date

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Full Name and Location of School

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Accrediting Agency

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Degree Obtained

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Subject Matter

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Date

**Practice Areas: Select all that apply** (Please indicate up to five areas of practice for which you wish to receive information.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advising Small Business | <input type="checkbox"/> Elder                 | <input type="checkbox"/> Municipal/Gov. Issues                   |
| <input type="checkbox"/> Bankruptcy              | <input type="checkbox"/> Estate Planning       | <input type="checkbox"/> Probate                                 |
| <input type="checkbox"/> Business Entities       | <input type="checkbox"/> Family                | <input type="checkbox"/> Real Estate – Commercial                |
| <input type="checkbox"/> CHIPS/JIPS/TPR          | <input type="checkbox"/> General Practice      | <input type="checkbox"/> Real Estate – Residential               |
| <input type="checkbox"/> Contracts               | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Tax                                     |
| <input type="checkbox"/> Creditor/Debtor         | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Torts/Personal Injury: Civil Litigation |
| <input type="checkbox"/> Criminal                | <input type="checkbox"/> Labor/Employment      |  |

### 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 fact or circumstance 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 my \$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

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Date

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

The Certified Paralegal Program  
has been endorsed by:



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



**CERTIFIED**  
PARALEGAL™

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## ATTESTATION FORM

### Wisconsin Residents

(residents prior to May 29, 2020)

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#### 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  
name  
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

**Download additional attestation sheets at [www.wisbar.org/paralegal/forms](http://www.wisbar.org/paralegal/forms)**

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