



**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.

I hereby certify that the applicant has fulfilled the following paralegal work experience requirement necessary for certification and is currently or was (check one) primarily performing paralegal work. (A paralegal is defined as a person with education, training, or work experience, who works under the supervision of a member of the State Bar of Wisconsin and who performs specifically delegated substantive legal work for which a member of the State Bar of Wisconsin is responsible.)

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

The Certified Paralegal Program
has been endorsed by:



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