



**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)**



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