

**SPOKANE COUNTY BAR ASSOCIATION
PARALEGAL REGISTRATION PROGRAM - CHANGE OF INFORMATION**

PLEASE ONLY COMPLETE SECTIONS WHERE INFORMATION HAS CHANGED SINCE LAST RENEWAL

PLEASE PRINT OR TYPE

1. NAME OF REGISTERED PARALEGAL	2. PRIOR NAME(S) USED
3. NAME OF RESPONSIBLE ATTORNEY	
WSBA NO.	
<i>If there has been a change in the Responsible Attorney, please also attach supporting Declaration from new Attorney(s)</i>	
4. RESPONSIBLE ATTORNEY'S EMAIL	
5. FIRM NAME	
6. FIRM ADDRESS	
Street	Ste. #
City	State
Zip	
7. PHONE	FAX
PARALEGAL'S E-MAIL	
8. HOME ADDRESS	
Street	Ste. #
City	State
Zip	
9. HOME PHONE	FAX (IF ANY)
HOME E-MAIL	
10. OTHER MATERIAL CHANGES, INCLUDING BUT NOT LIMITED TO JOB DESCRIPTION:	
11. CERTIFICATION: Renewing Paralegal acknowledges that registration under LCR 54(f)(3) & LARLJ 10 may be revoked for noncompliance with the SCBA's guidelines for registration approval, and any amendments thereto, or for false statements contained in this renewal application or any attachments and supplemental statements thereto. Renewing Paralegal and Responsible Attorney have reviewed the SCBA guidelines for registration and certify that the Renewing Paralegal has and will operate within the scope of LCR 54(f)(3) & LARLJ 10 and all SCBA guidelines. Renewing Paralegal and Responsible Attorney agree to comply with the requirements for registration promulgated by the SCBA. Renewing Paralegal and Responsible Attorney agree to notify the SCBA of any material changes, including but not limited to job description, that could affect Renewing Paralegal's privileges under this registration. Renewing Paralegal and Responsible Attorney certify that the information contained herein is true and correct.	
REGISTERED PARALEGAL:	RESPONSIBLE ATTORNEY:
_____ (Signature)	_____ (Signature)
DATE:	DATE:
SCBA REG. #	WSBA #