

**SPOKANE COUNTY BAR ASSOCIATION
2017 PARALEGAL REGISTRATION PROGRAM APPLICATION**

PLEASE PRINT OR TYPE

1. NAME OF APPLICANT		2. PRIOR NAMES USED BY APPLICANT	
3. HOME ADDRESS			
Street	Apt. #	City	State Zip
4. HOME PHONE NUMBER		HOME E-MAIL ADDRESS	
5. FIRM NAME		EMPLOYMENT START DATE	
6. NAME OF RESPONSIBLE ATTORNEY		WSBA NO.	
7. FIRM ADDRESS			
Street	Suite #	City	State Zip
8. PHONE NUMBER		FAX NUMBER	PARALEGAL'S E-MAIL ADDRESS
<p>9. JOB DESCRIPTION: Applicant's Job description must meet the criteria for performing as a paralegal in accordance with the ABA definition of paralegal. i.e., duties must be substantially comprised of performing substantive legal work which, absent the paralegal, would be performed by an attorney. The number of hours applicant devotes to Paralegal work (non-clerical work) must total 50% or more of the applicant's normal working period. A paralegal who spends less than 50% of his/her time performing Paralegal work, but who otherwise may be qualified to participate in this registration program, may request a waiver of the 50% test. The Committee will reject applications that do not include a complete and detailed job description and which do not provide information to substantiate the "paralegal work" requirement. APPLICANT WILL BE RESPONSIBLE TO DEMONSTRATE HIS/HER COMPLIANCE WITH THE CRITERION SET FORTH ABOVE.</p>			
DETAILED DESCRIPTION OF CURRENT POSITION :			
10. EMPLOYMENT CRITERIA – CHECK APPLICABLE BOXES AND COMPLETE EMPLOYMENT HISTORY			
<input type="checkbox"/> I have been employed as a paralegal for at least 12 months in Spokane County.		<input type="checkbox"/> I am applying for a reduction or waiver of the waiting period, which for good cause, may be reduced or waived by the Committee. (Attach Explanation Statement).	
<input type="checkbox"/> I have been employed for 6 months in Spokane County and registered under a similar local rule in another jurisdiction in Washington State for at least 6 months. County: _____ Name of Administering Agency: _____ Address: _____ Phone: ()		<input type="checkbox"/> I am a Contract Paralegal under contract with or under the direction or supervision of at least one Attorney practicing in Spokane County for whom I have performed Paralegal work (either under an existing or prior contract) for one year (Attached Letter of Recommendation from Primary Contract Attorney)	
EMPLOYMENT HISTORY (List Legal and/or Relevant Work Experience for the Last 10 Years)			
Name, Address & Phone No. of Employer	Supervisor	Job Description	Dates of Employment

See Attached Sheet for Additional Employment History

11. EDUCATIONAL CRITERIA – CHECK APPLICABLE BOXES AND COMPLETE EDUCATIONAL HISTORY:

I have an associate's degree in paralegal studies with a minimum of 60 semester credit hours or equivalent (90 quarter credit hours), which included a minimum of 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses.

I have a bachelor's degree in paralegal studies, with a minimum of 60 semester credit hours or equivalent (90 quarter credit hours), which included a minimum of 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses.

I have a bachelor's degree in a subject, other than paralegal studies, which included a minimum of 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses.

I have an associate's degree in a subject, other than paralegal studies, which included a minimum of 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses.

I have a minimum of four (4) years of experience working as a "Paralegal" as that term is defined by the ABA. May include the one-year initial waiting period set out in No. 10 above.)

EDUCATIONAL HISTORY (Attach Copy of Diploma/Degree/Certificate)

School/College (Name & Address)	Degree/Certificate Received	Date Completed

Other courses, seminars, etc. directly related to current position:

Description	Sponsor	Date Attended

See Attached Sheet for Additional Educational Information

12. Have you had a professional license suspended or revoked? Yes No (If Yes Attach Explanation)

13. Have you had privileges similar to LCR 54(f)(3) & LARLJ10 suspended or revoked? Yes No (If Yes Attach Explanation)

14. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION

✓ \$50 Registration (Refundable if Application is not accepted)

✓ Declaration of Applicant (Included in Application Package)

✓ Letter of Recommendation from Responsible Attorney

✓ Declaration of Responsible Attorney (Incl. in Application Package)

CHECK HERE IF APPLICANT HAS CONTRACTED WITH, OR IS EMPLOYED BY MORE THAN ONE LAW FIRM OR ATTORNEY (i.e. CONTRACT PARALEGAL). All attorneys, who contract with applicant for services authorized by this registration program, must submit a responsible attorney declaration to the SCBA. Applicant shall update this application using the supplemental form, to register additional responsible attorneys and to terminate the responsible attorney duties hereunder during the period for which registration is approved. No additional fee is required.

15. CERTIFICATION: Applicant acknowledges that registration under LCR 54(f)(3) & LARLJ 10 may be revoked for noncompliance with the SCBA guidelines for registration approval, and any amendments thereto, or for false statements contained in this application or any attachments and supplemental statements thereto. Applicant and Responsible Attorney have reviewed the SCBA guidelines for registration and certify that applicant meets the criteria established by the SCBA for registration under LCR 54(f)(3) & LARLJ 10. Applicant and Responsible Attorney agree to comply with the requirements for registration set out in the SCBA guidelines and as may be promulgated by the SCBA in the future. Applicant acknowledges and agrees that if applicant no longer meets the criteria for registration under LCR 54(f)(3) & LARLJ 10, applicant shall notify the SCBA and shall immediately discontinue all activity authorized by LCR 54(f)(3) & LARLJ 10. Applicant and Responsible Attorney certify that the information and statements contained herein and in all attachments thereto are true and correct.

IMPORTANT: COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL BY SCBA FOR PARALEGAL REGISTRATION UNDER LCR 54(f)(3) & LARLJ 10. REGISTRATION APPROVAL, IF GRANTED, WILL BECOME EFFECTIVE ON THE DATE SET FORTH ON THE REGISTRATION CARD WHICH WILL BE SENT AFTER YOUR APPLICATION HAS BEEN APPROVED BY THE COMMITTEE AND YOU HAVE COMPLETED THE ORIENTATION REQUIREMENTS SET OUT IN THE SCBA REGISTRATION GUIDELINES. REGISTRATION EXPIRES JANUARY 1 OF EACH YEAR UNLESS IT IS RENEWED.

APPLICANT:

(Signature)

DATE: _____

RESPONSIBLE ATTORNEY:

(Signature)
WSBA #

APPROVED:

DATE:

DENIED:

DATE:

Rev'd 12/29/2016

**DECLARATION OF APPLICANT IN SUPPORT OF
PARALEGAL REGISTRATION APPLICATION**

I, _____, hereby declare as follows:

1. I am the Applicant above-named. I am over the age of eighteen (18), and am competent to testify as to the matters herein. The facts set forth in this declaration are based upon my personal knowledge;

2. I make this application for the purpose of becoming registered as a Paralegal with the Spokane County Bar Association;

3. I have completed the Paralegal Registration Program Application and the statements contained therein are complete, true and correct. I am qualified by education, training or work experience and perform specifically delegated substantive legal work under the supervision and control of my responsible attorney or other licensed attorneys in my office to whom I am accountable at all times; and fifty percent (50%) or more of my work is devoted to paralegal (non-clerical) work;

4. I have read and understand Section I., Criteria, as set forth in the informational letter regarding the procedure to become a Spokane County Bar Association registered paralegal, as well as Section 9, Job Description contained in the Paralegal Registration Program Application and believe my background, training, education, and experience meet and/or exceed the qualifications as required by the Spokane County Bar Association;

5. I have read thoroughly Rule 5.3 of the Washington State Rules of Professional Conduct, Responsibilities Regarding Nonlawyer Assistants, and have discussed with my responsible attorney the provisions of the same. I also have read and agree to adhere to the Rules of the Spokane County Superior and District Courts;

6. I understand that this registration is a privilege granted by the Spokane County Superior Court and that the program is administered by the Spokane County Bar Association. I further understand that the privileges granted under this program may be revoked upon a showing of good cause or upon the failure to comply with the rules and guidelines promulgated by the Registered Paralegal Committee in connection with this registration program;

7. I have read the declaration of my responsible attorney, and the statements contained therein are true and correct to the best of my knowledge. This declaration will be considered as continuing, and includes all work performed by me prior to and subsequent to the date of my signing, on behalf of myself or my firm, until I notify the Spokane County Bar Association, in writing, to the contrary;

8. I understand that the information submitted with my application may be verified independently by the Paralegal Registration Committee of the Spokane County Bar Association and consent thereto;

9. Once approved for registration, I will complete the orientation through the Spokane County Bar Association; and

10. I agree to notify the Spokane County Bar Association and to surrender my registration card upon the occurrence of any of the following:

- a) Termination and/or change of employment;
- b) Discontinuation of services performed as a Contract Paralegal for my responsible attorney, without substituting a new responsible attorney; or
- (c) Failure to meet the specific criteria for registration under the Paralegal Registration Program.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

SIGNED at _____, [City] _____, [State]
this _____ day of _____, 20____.

Print Name: _____

**DECLARATION OF RESPONSIBLE ATTORNEY
IN SUPPORT OF PARALEGAL REGISTRATION**

I, _____, hereby declare as follows:

1. I am an active member of the Washington State Bar Association, WSBA No. _____, and have been actively engaged in the practice of law in the State of Washington for _____ years, having been admitted to practice in the year _____. I am over the age of eighteen (18) and am competent to testify as to the matters herein. The facts set out in this declaration are based upon my personal knowledge.

2. I am presently engaged in the active practice of law with _____

(Name of Firm or Organization)

with offices located at:

(Address, City, State and Zip Code)

and am authorized on behalf of said firm or organization to make this declaration.

3. I agree to act as Responsible Attorney for _____ as a Paralegal and will furnish such information and reports regarding his/her duties as a Paralegal as may be prescribed by the Board of Trustees of the Spokane County Bar Association. I understand that the information submitted with the Paralegal's application may be verified independently by the Paralegal Registration Committee of the Spokane County Bar Association, and I consent thereto. I further understand that the privileges granted under this program may be revoked upon a showing of good cause or upon the failure to comply with the rules and guidelines promulgated by the Paralegal Registration Committee in connection with this registration program.

4. The Paralegal is qualified by education, training or work experience and performs specifically delegated substantive legal work under the supervision and control of myself or other licensed attorneys in my office. I will make reasonable efforts to ensure that the Paralegal's conduct is compatible with the professional obligations of the lawyer and that the firm has in effect measures giving reasonable assurance that the conduct of the Paralegal is compatible with the professional obligations of the lawyer.

5. I have read the application and declaration of the Paralegal, and the statements contained therein are true and correct to the best of my knowledge. This declaration will be considered as continuing, and includes all work performed by the Paralegal prior to and subsequent to the date of my signing, on behalf of myself or my firm, until I notify the Spokane County Bar Association, in writing, to the contrary.

6. I will notify the Spokane County Bar Association upon termination of the employment of the Paralegal by me or my firm.

7. I have read thoroughly Rule 5.3 of the Washington State Rules of Professional Conduct, Responsibilities Regarding Nonlawyer Assistants, and have discussed the provisions of that rule and related requirements and expectations with the above-described Paralegal.

8. I have read and understand the provisions of Section I., Criteria, as set forth in the letter regarding the procedure for paralegal registration, as well as Section 9, Job Description, as described in the Paralegal Registration Program Application, and believe the above-described Paralegal's background, training, education, and experience meet and/or exceed the qualifications as required by the Spokane County Bar Association.

9. I understand that as Responsible Attorney for the Paralegal, it is my duty to ensure that the Paralegal is familiar with court procedures and that the Paralegal completes the orientation through the Spokane County Bar Association prior to the Paralegal being allowed to exercise the privilege of registration.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

SIGNED at _____, [City] _____, [State]
this _____ day of _____, 20____.

Print Name: _____