

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

PLEASE PRINT OR TYPE

1. NAME		2. PRIOR NAME(S) USED		
3. HOME ADDRESS				
Street	Apt. #	City	State	Zip
4. PREFERRED PHONE NUMBER		PERSONAL E-MAIL		
5. NAME OF RESPONSIBLE ATTORNEY/FIRM NAME				WSBA NO.
<input type="checkbox"/> Check here if there has been a change in the Responsible Attorney and attach supporting Declaration from new Attorney(s)				
6. RESPONSIBLE ATTORNEY'S E-MAIL		7. FIRM NAME		
8. FIRM ADDRESS				
Street	Ste. #	City	State	Zip
9. FIRM PHONE		FIRM WEBSITE		PARALEGAL'S E-MAIL
10. Have you had a professional license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Attach Explanation)				
11. Have you had privileges similar to LCR 54(f)(3) & LARLJ 10 suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Attach Explanation)				
12. <u>Have you been convicted of a crime?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Attach Explanation)				
13. APPLICATION AND THE FOLLOWING MUST BE RECEIVED BY THE SCBA NO LATER THAN FEBRUARY 1, 2017.				
<input type="checkbox"/> \$50 Registration Renewal Fee		<input type="checkbox"/> Declaration of Responsible Attorney (If changed since original application or most recent application renewal.)		
14. 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 applicable 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 agree to notify the Spokane County Bar Association upon termination of the Paralegal. Renewing Paralegal and Responsible Attorney certify that the information contained herein is true and correct.				
REGISTERED PARALEGAL:		RESPONSIBLE ATTORNEY:		
_____ (Signature)		_____ (Signature)		
DATE SIGNED:		SCBA REG. #		DATE SIGNED:
				WSBA #