



**CERTIFIED
PARALEGAL™**

APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM

ALL

- Fees \$200
- Signed Attestations

EDUCATION **AND/OR** **WORK EXPERIENCE**

- Degrees/Transcripts
- Continuing Education

I. PERSONAL INFORMATION

Please Type or Print

Name:

_____ Last Name _____ First Name _____ MI _____

_____ Date of Birth

_____ Alternate names used: _____

Business Address: You are required to designate and update a mailing address and a business telephone number that will be published from the official records of the State Bar of Wisconsin. You will receive all printed State Bar communications at this address. Your address must contain the name of the law firm or other organization by which you are employed.

_____ Company

_____ P.O. Box _____ City, State, Zip

_____ Street Address _____ City, State, Zip

_____ Business Telephone Number: _____

_____ Business Fax Number: _____

_____ Business E-Mail Address: _____

II. ELIGIBILITY REQUIREMENTS

Grounds for Ineligibility. IF YOU ANSWER YES TO ANY OF BELOW, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER.

Have you ever been suspended or disbarred or resigned in lieu of discipline from the practice of law in any state or jurisdiction? Yes No

Have you ever been convicted of a felony in any state or jurisdiction for which your civil rights have not been restored? Yes No

Have you ever been found to have engaged in the unlicensed (unauthorized) practice of law in any state or jurisdiction? Yes No

Is there information in your criminal history background check that would disqualify you from membership in the State Bar of Wisconsin? Yes No

Qualifying Criteria

Indicate the criteria by which you seek registration and complete the applicable section of this application. You must only complete the section that applies to you. If you are eligible for registration based on more than one criteria, choose one criteria under which you wish to register. If your qualifying criteria is education and training, you must complete the education section. If your qualifying criteria is work experience and continuing education, you must complete both the work experience and continuing education sections. With either qualifying criteria, the attesting attorney(s) must complete the attorney attestation form included with the application.

Education and training as set forth in rule III of the Rules Governing Certification. (Go to Section III)

- OR -

Work experience and continuing education as set forth in rule IV of the Rules Governing Certification. (Go to Section IV)

If applying for the paralegal program under the work experience requirements, you must apply within two years of the effective date of this program or within two years of establishing residence in Wisconsin - whichever is later.

III. EDUCATION

Associate, Bachelor, or Juris Doctor Degrees. Please attach a copy of the degree(s) and transcripts showing required credits.

Full Name and Location of School

Accrediting Agency

Degree Obtained

Subject Matter

Date

IV. WORK EXPERIENCE & CONTINUING EDUCATION (attach additional sheets if necessary)

Work Experience

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. In order to qualify as paralegal work or paralegal work experience for purposes of meeting the eligibility and requirements the paralegal must primarily perform paralegal work for at least 4,800 hours in the five years preceding application. Please complete the following showing your paralegal work experience. (Your employing or supervising attorney must complete the attestation portion of this application.) If applying under the 3 years fulltime teaching requirement, employer must complete the teaching attestation portion of this application.

Employer Name and Address

Supervising Attorney

Dates of Employment

Paralegal hrs. worked per wk.

Employer Name and Address

Supervising Attorney

Dates of Employment

Paralegal hrs. worked per wk.

I have a HS Diploma or GED Yes No

Continuing Education

(3 hours in legal ethics and professional responsibility in previous 12 months. Attach certificates of attendance for each program.)

Certificate	Course Title	Course Sponsor	Date	EPR Credits

Practice Areas: Select all that apply (Please indicate up to five areas of practice for which you wish to receive information.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Advising Small Business | <input type="checkbox"/> Elder | <input type="checkbox"/> Municipal/Gov. Issues |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Business Entities | <input type="checkbox"/> Family | <input type="checkbox"/> Real Estate – Commercial |
| <input type="checkbox"/> CHIPS/JIPS/TPR | <input type="checkbox"/> General Practice | <input type="checkbox"/> Real Estate – Residential |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Creditor/Debtor | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Torts/Personal Injury: Civil Litigation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Labor/Employment | |

V. ACKNOWLEDGEMENT OF APPLICANT

I have read the State Bar of Wisconsin Certified Paralegal Program requirements, including the continuing education requirement and the Code of Ethics and Responsibility, and agree to comply with the requirements and the Code.

I consent to a confidential inquiry of third parties by the State Bar of Wisconsin for the purpose of determining whether I fulfill the requirements.

Upon registration as a State Bar of Wisconsin Certified Paralegal I will receive a certificate. I agree to surrender the certificate if registration is revoked or not renewed.

I agree to pay all fees required by the State Bar of Wisconsin when due.

I agree to inform the State Bar of Wisconsin promptly of any fact or circumstance that would render me ineligible for registration as a State Bar of Wisconsin Certified Paralegal or for renewal of my State Bar of Wisconsin Certified Paralegal registration.

I affirm the contents of this application and its attachments, and I affirm that the material representations of my work experience and/or education and/or certification set forth herein are true and correct.

I am enclosing my check for \$200, which includes my \$125 nonrefundable application fee and my \$75 annual registration fee. I understand this fee is nonrefundable regardless of the disposition of my application.

Print or Type Full Name

Signature

Date

Mail to: State Bar of Wisconsin
Certified Paralegal Program
Attn: Registrar
P.O. Box 7158
Madison, WI 53707-7158

The Certified Paralegal Program
has been endorsed by:



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



**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

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