

RE: **Paralegal Registration Procedure**

Dear Applicant:

Thank you for requesting the Paralegal registration information from the Paralegal Registration Committee of the Spokane County Bar Association ("Committee"). The Committee is responsible for implementing and overseeing this program.

To clarify the various terms used to describe candidates eligible for this registration program, "Paralegal", "Legal Assistant", "Contract Paralegal", etc., the Committee uses the term "Paralegal" throughout this registration material. If you work as an employee or as an independent contractor for one law firm, governmental agency, corporation or other entity, you are referred to as a "Traditional Paralegal". If you work on any basis other than a Traditional Paralegal, you are referred to as a "Contract Paralegal". The American Bar Association's definition of a "Paralegal" is as follows:

A legal assistant or paralegal is a person qualified by education, training or work experience, who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible.

I. CRITERIA

In order to register as a Paralegal authorized to present ex-parte and agreed orders in Superior and District Courts in Spokane County under both LCR 54(f)(3) and LARLJ 10, the Applicant must meet the criteria stated under numbers 1, 2 and either 3a, 3b, 3c, or 3d below:

1. The Applicant must:
 - a. Have been continuously employed as a Paralegal for the last twelve months in Spokane County for an attorney licensed to practice in the State of Washington; or
 - b. In the case of a Contract Paralegal, have been under contract with or under the direction or supervision of at least one attorney licensed to practice in the State of Washington and practicing in Spokane County for whom the Applicant has performed paralegal work (either under an existing or prior contract) for one year; or
 - c. Have been registered under a similar local rule with similar criteria in another jurisdiction; or
 - d. Have applied in writing for a reduction or waiver of the waiting period, which for good cause, may be reduced or waived by the Committee.
2. Applicant's job description must meet the criteria for working as a Paralegal in accordance with the ABA definition of a Paralegal stated above, i.e., the 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 SCBA will reject applications that do not include a complete and detailed job description, which provides enough information to evidence that the "paralegal work" requirement has been met. **APPLICANT WILL BE RESPONSIBLE TO DEMONSTRATE HIS/HER COMPLIANCE WITH THE CRITERION SET FORTH ABOVE.**
3. The Applicant must:
 - a. 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; or
 - b. 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; or

- c. 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; or
 - d. 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; or
 - e. Have a minimum of four years (which may include the one-year initial waiting period set out in I.a. above) of experience working as a "Paralegal" as that term is defined herein.
4. After the Applicant has received notification of approval for registration from the Committee, the registered Paralegal must attend an orientation session through the Spokane County Bar Association prior to exercising the privileges of registration. The orientation is to familiarize and assist the registered Paralegal with court procedures and to provide an introduction to Court personnel and members of the Judiciary. It is the responsible attorney's duty to ensure that the Applicant is familiar with court procedures and is encouraged to attend the orientation session with Applicant.

Students attending law school will not qualify for this program, unless specific written permission is granted by the Dean of the law school, and the student meets all the criteria set out above.

Any person who has had a professional license suspended or revoked may not be eligible for this program. Any person who has had registration under a similar local rule suspended or revoked may not be eligible for this program.

A determination as to eligibility for this registration shall be made based on the explanation attached to the application and any supplemental information Applicant may wish to provide to the Committee.

II. APPLICATION REQUIREMENTS

1. Traditional Paralegal: The Applicant must submit with his/her initial application, a letter of recommendation from Applicant's responsible attorney, a Declaration of Responsible Attorney, Applicant's Declaration and a \$50 application fee. This documentation should be submitted to the SCBA Paralegal Registration Committee, 1116 West Broadway Avenue, 4th Floor Annex, Spokane, Washington 99260-0030.

2. Contract Paralegal: The Applicant, in addition to the requirements in II.1 above, must submit a declaration for each law firm (other than the responsible attorney's law firm) under contract with the Applicant, signed by the supervising or managing attorney responsible for the work performed by the Applicant. It will be the duty of each Applicant and/or responsible or supervising attorney, to notify the Committee in writing upon termination of the Applicant's services.

3. Change in Status: If there is a change of responsible attorney, the Applicant must notify the Committee in writing of the change and submit a declaration of Applicant's new responsible attorney, together with a change of information form. No fee shall be charged unless the change occurs simultaneously with the annual renewal procedure, in which case the renewal fee shall be due. If there has been a change in any other information, a Change of Information form shall be completed and submitted to the committee. The Change of Information form can be downloaded from the SCBA website.

4. Renewal: The Applicant shall renew his/her registration annually by completing a Renewal Application and submitting it with a renewal fee of \$50. All changes in status must be disclosed on a Change of Information form and submitted with the completed Renewal Application. The registration year is a calendar year, and all renewal applications must be submitted to the Committee no later than February 1st of each year. If renewals are not submitted prior to the deadline, a new application must be submitted.

III. SCOPE OF AUTHORIZATION

Upon application approval by the Committee and completion of the orientation session described in I(4) above, you will be issued a registration card signed by the Chair of the Committee.

Registration with the Spokane County Bar Association entitles you to the following:

- 1. Use of the Spokane County Law Library in accordance with its policies and procedures;

2. Presentment of agreed and/or ex-parte orders as authorized under the Spokane County Local Rules, LCR 54(f)(3) and LARLJ 10;
3. Subscription to the SCBA Newsletter, **Calendar Call**; and
4. Authority to withdraw original court files from the Clerk of Court for use within the Courthouse pursuant to state law and local court rules.

IMPORTANT: REGISTRATION WITH THE SPOKANE COUNTY BAR ASSOCIATION ENTITLES YOU ONLY TO THE ABOVE AND SHALL NOT BE USED FOR ANY OTHER PURPOSE. REGISTRATION DOES NOT PURPORT TO LICENSE OR CERTIFY YOU IN ANY FASHION AS A PARALEGAL OR ALLOW YOU TO ENGAGE IN THE UNAUTHORIZED PRACTICE OF LAW.

IV. TERMINATION OF REGISTRATION

You and your responsible attorney share responsibility for notifying the Committee if:

1. You cease employment with your present responsible attorney; or
2. In the case of a Contract Paralegal, you discontinue performing services for your responsible attorney (without substituting a new responsible attorney); or
3. A license under which you or your responsible attorney performs legal services is suspended or revoked.
4. Failure to renew within thirty (30) days will result in termination of registration.

Upon the occurrence of any of the above events, you must return your registration card to the SCBA office, and all privileges cease until a change of status is processed and approved by the Committee. Upon approval, a new registration card will be issued.

THE COMMITTEE MAY revoke the privileges granted under this program upon a showing of good cause or upon the failure to comply with rules and guidelines promulgated by the Committee in connection with this registration program.

The enclosed application will be processed and, if approved, you will be contacted to schedule an orientation session. After you have completed the orientation, you will be issued a registration card that identifies you to Court personnel and Judiciary as having privileges under this program. **You should always present your registration card with all Orders presented to the Court and place your signature, together with your assigned bar number, next to that of the attorney for whom you are presenting the Order.** You may not present Orders under this authority until you receive your registration card. Your authority will be in effect for the calendar year for which your registration card is issued.

Your responsible attorney is strongly encouraged to accompany you to Court until you are familiar and comfortable with the routine of presenting Orders under this authority.

Thank you for your interest in the Paralegal Registration Program. If you or your responsible attorney have any questions, please contact the SCBA Paralegal Registration Coordinator at 509-477-6032 or 1116 West Broadway Avenue, 4th Floor Annex, Spokane, Washington 99260-0030.

Spokane County Bar Association
Paralegal Registration Committee

By: _____
Penny L. Youde
Paralegal Registration Coordinator

- Enclosures:
- 1) Paralegal Registration Program Application
 - 2) Declaration of Applicant
 - 3) Declaration of Responsible Attorney

Eff. 05/05/2011

**SPOKANE COUNTY BAR ASSOCIATION
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 one year 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 registered under a similar local rule in another jurisdiction in Washington State during the prior 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)				Dates of Employment
Name, Address & Phone No. of Employer	Supervisor	Job Description		
<input type="checkbox"/> See Attached Sheet for Additional Employment History				

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

- | | |
|---|--|
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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

- | | |
|---|--|
| <input checked="" type="checkbox"/> \$50 Registration (Refundable if Application is not accepted) | <input checked="" type="checkbox"/> Declaration of Applicant (Included in Application Package) |
| <input checked="" type="checkbox"/> Letter of Recommendation from Responsible Attorney | <input checked="" type="checkbox"/> 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.

<p>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.</p>	<p>APPLICANT:</p> <p>_____</p> <p style="text-align: right;">(Signature)</p> <p>DATE: _____</p> <p>RESPONSIBLE ATTORNEY:</p> <p>_____</p> <p style="text-align: right;">(Signature)</p> <p>DATE: _____ WSBA # _____</p>
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<p>APPROVED:</p> <p>DATE: _____</p>	<p>DENIED:</p> <p>DATE: _____</p>
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**DECLARATION OF APPLICANT IN SUPPORT OF
PARALEGAL REGISTRATION APPLICATION**

_____, hereby declares 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 fact set out in this declaration are based upon my personal knowledge;

2. I am making 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 9, Job Description, as set forth in the Paralegal Registration Program Application, as well as Section I., Criteria, as set forth in the letter regarding the procedure for paralegal registration, 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 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 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) **Discontinuance 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**

_____, hereby declares as follows:

1. I am an active member of the Washington State Bar Association, WSBA No. _____, and have been engaged in the active 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 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 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 9, Job Description, as set forth in the Paralegal Registration Program Application, as well as Section I., Criteria, as set forth in the letter regarding the procedure for paralegal registration, 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: _____

Eff. 05/05/11