

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(e)(3) and LARLJ 10, you must meet the criteria stated under numbers 1, 2 and either 3a, 3b, 3c, or 3d below:

1. The Applicant must:
  - a. Have been employed as a Paralegal for at least one year 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 you have 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. **THE SCBA, THROUGH ITS COMMITTEE, WILL RELY ON THE ATTESTATION OF APPLICANT AND APPLICANT'S RESPONSIBLE ATTORNEY THAT THIS CRITERION HAS BEEN MET.**

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 includes 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 any subject, plus 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, which includes 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses; or a bachelor's degree in any subject, plus 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses; or
  - d. Have a minimum of four years (which may include the one-year initial waiting period set out in 1.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 insure 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, an Affidavit of Responsible Attorney, Applicant's Affidavit and a \$50 application fee. This documentation should be submitted to the SCBA Paralegal Registration Committee, 1116 West Broadway Avenue, Suite 404, Spokane, Washington 99260.
2. Contract Paralegal: The Applicant, in addition to the requirements in II.1 above, must submit an affidavit 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 an affidavit of Applicant's new responsible attorney. The Renewal Application may be used for this purpose. No fee shall be charged unless the change occurs simultaneously with the annual renewal procedure, in which case the renewal fee shall be due.
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 the Renewal Application. The registration year is a calendar year, and all renewal applications must be submitted to the Committee no later than February 1 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 1.4 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; and
2. Presentment of agreed and/or ex-parte orders as authorized under the Spokane County Local Rules, LCR 54(e)(3) and LARLJ 10;
3. SCBA Newsletter, Calendar Call.
4. Authority to withdraw original court files for 48 hours from the Clerk of Court, subject to the clerk's rules and regulations set forth under LCR 79(h) (1) e (2) e LCRLJ 79 (b) 13);

**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.

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 477-6032 or 1116 West Broadway Avenue, 4<sup>th</sup> Floor Annex, Spokane, Washington 99260.

Spokane County Bar Association  
Paralegal Registration Committee

By: \_\_\_\_\_  
Penny Youde  
Paralegal Registration Coordinator

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

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

PLEASE PRINT OR TYPE

<b>1. NAME OF APPLICANT</b>		<b>2. PRIOR NAMES USED BY APPLICANT</b>		
<b>3. HOME ADDRESS</b>				
Street	Apt. #	City	State	Zip
<b>4. HOME PHONE NUMBER</b>		<b>HOME E-MAIL ADDRESS</b>		
<b>5. FIRM NAME</b>		<b>EMPLOYMENT START DATE</b>		
<b>6. NAME OF RESPONSIBLE ATTORNEY</b>			<b>WSBA NO.</b>	
<b>7. FIRM ADDRESS</b>				
Street	Suite #	City	State	Zip
<b>8. PHONE NUMBER</b>		<b>FAX NUMBER</b>		<b>PARALEGAL'S E-MAIL ADDRESS</b>
<p><b>9. JOB DESCRIPTION:</b> 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. <b>THE COMMITTEE WILL RELY ON THE ATTESTATION OF APPLICANT AND APPLICANT'S RESPONSIBLE ATTORNEY THAT THIS CRITERION HAS BEEN MET.</b></p>				
<b>DETAILED DESCRIPTION OF CURRENT POSITION :</b>				
<b>10. EMPLOYMENT CRITERIA – CHECK APPLICABLE BOXES AND COMPLETE EMPLOYMENT HISTORY</b>				
<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)		
<b>EMPLOYMENT HISTORY (List Legal and/or Relevant Work Experience for the Last 10 Years)</b>				<b>Dates of Employment</b>
<b>Name, Address &amp; Phone No. of Employer</b>	<b>Supervisor</b>	<b>Job Description</b>		
<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 includes 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, which includes 24 semester credit hours or equivalent of paralegal specialty courses, or a bachelor's degree in any subject, plus 24 semester credit hours or equivalent (36 quarter credit hours) of paralegal specialty courses. |
| <input type="checkbox"/> I have an associate's degree in any subject, plus 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**

School/College (Name & Address) (Attach Copy of Degree/Certificate)	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(e)(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"/> Affidavit of Applicant (Included in Application Package)         |
| <input checked="" type="checkbox"/> Letter of Recommendation from Responsible Attorney            | <input checked="" type="checkbox"/> Affidavit 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 affidavit 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(e)(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(e)(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(e)(3) & LARLJ 10, applicant shall notify the SCBA and shall immediately discontinue all activity authorized by LCR 54(e)(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><b>IMPORTANT: COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL BY SCBA FOR PARALEGAL REGISTRATION UNDER LCR 54(e)(3) &amp; 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.</b></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><b>APPROVED:</b></p> <p>DATE: _____</p>	<p><b>DENIED:</b></p> <p>DATE: _____</p>
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7. I have read the affidavit of my responsible attorney, and the statements contained therein are true and correct to the best of my knowledge. This affidavit 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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

SIGNED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
NOTARY PUBLIC in and for the State  
of Washington, residing at Spokane  
My Appointment Expires: \_\_\_\_\_

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

STATE OF WASHINGTON)

: ss.

County of Spokane )

\_\_\_\_\_, being first duly sworn on oath, deposes and says:

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 \_\_\_\_\_.

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 affidavit.

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 affidavit of the Applicant, and the statements contained therein are true and correct to the best of my knowledge. This affidavit 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 to the Applicant 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 Applicant, it is my duty to insure that the Applicant is familiar with court procedures and that the Applicant completes the orientation through the Spokane County Bar Association prior to Applicant being allowed to exercise the privilege of registration.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

SIGNED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
NOTARY PUBLIC in and for the State  
of Washington, residing at Spokane  
My Appointment Expires: \_\_\_\_\_

Eff. 4/10/01