

**SPOKANE COUNTY BAR ASSOCIATION
PARALEGAL REGISTRATION PROGRAM RENEWAL 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				
6. NAME OF RESPONSIBLE ATTORNEY				WSBA NO.
7. FIRM ADDRESS				
Street	Ste. #	City	State	Zip
8. PHONE NUMBER		FAX NUMBER		PARALEGAL'S E-MAIL ADDRESS
9. DETAILED DESCRIPTION OF CHANGES SINCE SUBMISSION OF ORIGINAL APPLICATION OR LAST RENEWAL:				
Name:				
Home Address:				
Home Phone:		Fax :		E-mail Address:
Work Address:				
Work Phone:		Fax:		E-mail Address:
Other Material Changes:				
10. RESPONSIBLE ATTORNEY(S) : (LIST NAME OF RESPONSIBLE ATTORNEY OR ATTORNEYS IF MORE THAN ONE)				
<input type="checkbox"/> Check here if there has been a change in the Responsible Attorney and attach supporting Affidavit from new Attorney(s)				
11. List Continuing Legal Education participation during last year (No Mandatory Requirement):				
Description (i.e. seminars, college classes, etc.)		Sponsor	Date	# Credits
<input type="checkbox"/> See Attached Sheet for Additional Educational Information				
12. Have you had a professional license suspended or revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Attach Explanation)	
13. Have you had privileges similar to LCR 54(e)(3) & LARLJ 10 suspended or revoked?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Attach Explanation)	
14. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION BY FEBRUARY 1				
<input checked="" type="checkbox"/> \$50 Registration Renewal Fee		<input checked="" type="checkbox"/> Affidavit of Responsible Attorney (If different from original application or prior application renewal.)		
15. CERTIFICATION: Renewing Applicant acknowledges that registration under LCR 54(e)(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 Applicant and Responsible Attorney have reviewed the SCBA guidelines for registration and certify that the Renewing Applicant has and will operate within the scope of LCR 54(e)(3)& LARLJ 10 and all SCBA guidelines. Renewing Applicant and Responsible Attorney agree to comply with the requirements for registration promulgated by the SCBA. Renewing Applicant and Responsible Attorney agree to notify the SCBA of any material changes that could affect Renewing Applicant's privileges under this registration. Renewing Applicant and Responsible Attorney certify that the information contained herein is true and correct.				
APPLICANT:		RESPONSIBLE ATTORNEY:		
_____ (Signature)		_____ (Signature)		
DATE:	SCBA REG. #	DATE:	WSBA #	