

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

I, _____, hereby declare as follows:

1. I am an active member of the Washington State Bar Association, WSBA No. _____, and have been actively engaged in the 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 applicable Rules of the Spokane County Superior and District Courts, including LCR 54(f)(3), LCR 79(h)(1) and LARLJ 10, and the rules and guidelines promulgated by the Paralegal Registration 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 Washington State 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 I., Criteria, as set forth in the letter regarding the procedure for paralegal registration, as well as Section 9, Job Description, as described in the Paralegal Registration Program Application, 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: _____

Rev'd 7/25/17