



**UTAH STATE BAR
LICENSED PARALEGAL PRATITIONER
APPLICATION FOR A LIMITED TIME WAIVER**

GENERAL INFORMATION

First _____ Middle _____ Last Name _____

Birth Date (Mo/Day/Yr) _____ Social Security No. _____

Place of Birth (City, State, Country) _____

Telephone numbers and an email address at which you can be reached:

Home/Mobile _____ Office _____

Email _____

Mailing address at which you can be contacted about this application:

Check if address is Residence Business

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

PAYMENT INFORMATION

\$125 Waiver Application Fee

Payment by check ONLY. Please make check payable to: Utah State Bar

<i>For office use only – LPP Waiver Fees</i>	
Date _____	Amount \$ _____
Check No. _____	App. No. _____

MINIMUM REQUIREMENTS AND INSTRUCTIONS

7 YEARS OF SUBSTANTIVE LAW-RELATED EXPERIENCE

- List at least 7 years of substantive law –related work experience supervised by a licensed attorney within the 10 years preceding this application for waiver:

Applicable definitions:

- Pursuant to the Rules Governing Licensed Paralegal Practitioners (“Rule”) 15-701(bb), “substantive law-related experience” is defined as the provision of legal services as a paralegal, paralegal student or law student including, but not limited to, drafting pleadings, legal documents or correspondence, completing forms, preparing reports or charts, legal research and interviewing clients or witnesses. Substantive law-related experience **does not include** routine clerical or administrative duties.
 - Pursuant to Rule 15-705, an applicant must have the following number of hours of substantive law-related experience to be licensed in each practice area: Family Law, 500 hours in temporary separation, divorce, parentage, cohabitant abuse, civil stalking, and custody and support; Landlord-Tenant/Debt Collection: 100 hours (each) in mortgage and/or banking law, real estate, and bankruptcy.
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Follow these instructions:

- **Only list employment information that meets the definition of substantive law-related experience supervised by a lawyer as defined in Rule 15-701(bb).**
- Only report experience acquired within the 10 years preceding the application.
- Supervising lawyers must have been licensed attorneys during the time period of supervision.
- Employment encompasses all part-time and full-time employment, including externships, internships (paid and unpaid), military service, and pro bono/volunteer work.
- If needed, applicants may use additional pages.
- As proof of experience, the applicant shall provide a **Substantive Law-Related Employment Certification** form signed by the supervising lawyer under penalty of perjury. In the event the supervising lawyer is deceased or incapacitated, contact the Utah State Bar for further instructions regarding how to provide proof of employment.

CURRENT EMPLOYMENT

Currently Unemployed Since Mo/Year _____

▪ From Mo/Year _____ To PRESENT

Employment Position _____

Employer _____

Employer Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone _____ Employer Email _____

▪ **Please provide the following information related to the supervising lawyer:**

Supervising Lawyer Name (First, Middle, Last) _____

Jurisdiction(s) Where Admitted _____

Bar Number(s) _____

Supervising Lawyer Telephone Number _____

Supervising Lawyer Email _____

Signed Substantive Law-Related Employment Certification form is attached hereto.

ADDITIONAL WORK HISTORY

▪ From Mo/Year _____ To Mo/Year _____

Employment Position _____

Employer _____

Employer Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone _____ Employer Email _____

ADDITIONAL WORK HISTORY (continued)

- **Please provide the following information related to the supervising lawyer:**

Supervising Lawyer Name (First, Middle, Last) _____

Jurisdiction(s) Where Admitted _____

Bar Number(s) _____

Supervising Lawyer Telephone Number _____

Supervising Lawyer Email _____

Signed Substantive Law-Related Employment Certification is attached hereto.

ADDITIONAL WORK HISTORY

- From Mo/Year _____ To Mo/Year _____

Employment Position _____

Employer or Firm _____

Employer Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone _____ Employer Email _____

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- **Please provide the following information related to the supervising lawyer:**

Supervising Lawyer Name (First, Middle, Last) _____

Jurisdiction(s) Where Admitted _____

Bar Number(s) _____

Supervising Lawyer Telephone Number _____

Supervising Lawyer Email _____

Signed Substantive Law-Related Employment Certification is attached hereto.

Please use more pages as necessary and make sure to provide all the requested information on any additional pages.

WAIVER AUTHORIZATION, RELEASE AND DECLARATION OF APPLICANT

I (First, Middle, Last Name), _____,

born at (City) _____, (State) _____,

(Country) _____, on (Date of Birth) _____

having filed an application for waiver of education requirements for licensure as Licensed Paralegal Practitioner in the State of Utah, hereby agree to provide additional information which may be required concerning my past record. I understand that the contents of my waiver application and any supplemental documentation are treated confidentially by the Utah State Bar (“the Bar”).

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to the Bar any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize the Bar or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I hereby release, discharge and exonerate the Bar, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the Bar.

I have read the foregoing document and application and have answered all questions fully and frankly. I declare under criminal penalty under the laws of the State of Utah that the foregoing is true and correct.

Signed this _____ day of _____, 20____ at _____ (City),
_____ (State).

Printed Full Name (First, Middle, Last)

Signature