

**CORPORATION/PARTNERSHIP REGISTRATION AS A
LEGAL DOCUMENT ASSISTANT
COUNTY OF BUTTE**

Registration Number: _____

(This space reserved for County Clerk use)

Expiration Date: _____

Primary Registration

Secondary Registration

Name of Primary County: _____

Filing Fees:

Registration	\$175.00
File Stamp Bond	7.00
Each additional ID card	10.00
Record Bond, first page	8.00
Each additional page	3.00

APPLICANT INSTRUCTIONS: Completely fill in all personal information requested in Part A. Check each applicable box in Parts B-E and provide information as requested for each box that is checked. Attach legible copies of all documents requested for each box that is checked (attach certified copies and originals as specified). You must sign the completed application under penalty of perjury.

A. Business and Personal Information

Name of Corporation/Partnership:	
Business Name:	Business Street Address:
Business Telephone Number:	
Name and Date of Birth of each Corporate Officer or General Partner	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Number of Legal Document Assistants employed by the corporation or partnership (check a box):

1 - 4 (\$25,000 bond) 5 - 9 (\$50,000 bond) 10 or more (\$100,000 bond)

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B. Education and Experience (This information must be provided for at least one corporate officer or general partner):

Name of corporate officer or general partner for whom education and experience information is being provided: _____

You must qualify under sections 1, 2, 3, OR 4 and submit required documentation
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1. Paralegal program/ABA School

I have earned a certificate of completion from a paralegal program that is approved by the American Bar Association (attach copy of certificate of completion)

2. Paralegal Program/Non-ABA School

I have earned a certificate of completion from a paralegal program that is institutionally accredited but that is not approved by the American Bar Association (attach copy of certificate of completion)

AND

I successfully completed a minimum of 24 semester units (or the equivalent) in legal specialization courses (attach copy of transcript)
Number of semester units (or the equivalent): _____

3. College or University

I have a bachelor's degree in _____ (attach copy of diploma)
(Name of major)

AND

I have completed at least one year of law-related experience working under the supervision of a licensed attorney (attach original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience)

OR

I completed at least one year of experience providing self-help service as defined by Business and Professions Code section 6400 (d) before January 1, 1999 (attach original statement describing the scope and dates of your experience)

4. High School or General Equivalence Diploma

I have a high school diploma (attach copy of diploma)

OR

I have a general equivalency diploma (attach copy of diploma)

AND

I have completed at least two years of law-related experience working under the supervision of a licensed attorney (attach original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience)

OR

I completed at least two years of experience providing self-help service as defined by Business and Professions Code §6400(d) before January 1, 1999 (attach original statement describing the scope and dates of your experience)

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Answer each question and check applicable boxes in Sections C, D, or E
Note: This information must be provided for each corporate officer or general partner

C. Civil Judgment

- Has any officer/partner been held liable in a final judgment or a stipulated judgment entered in a civil action that alleged fraud, use of an untrue or misleading representation, or use of an unfair, unlawful or deceptive business practice? **YES** **NO** (Attach certified copy of each judgment)

Name of officer/partner for whom judgment information is provided: _____

- Has any officer/partner had a civil judgment entered against them in an action arising out of negligence, reckless or willful failure to properly perform obligations as a legal document assistant or an unlawful detainer assistant? **YES** **NO**
(Attach certified copy of each judgment)

Name of officer/partner for whom judgment information is provided: _____

D. Criminal Conviction (Note: Conviction means a plea or guilty verdict or conviction following a plea of *nolo contendere*. Any conviction dismissed under Penal Code § 1203.4 must be included.)

- Has any officer/partner been convicted of a felony? **YES** **NO**
(Attach certified copies of each conviction and disposition)

Name of officer/partner for whom conviction information is provided: _____

- Has any officer/partner been convicted of a misdemeanor unlawful practice of law or contempt of the authority of a court under Business and Professions Code § 6125 or 6127? **YES** **NO** (Attach certified copies of each conviction and disposition)

Name of officer or partner for whom conviction information is provided: _____

- Has any officer or partner been convicted of a misdemeanor violation of the provisions on legal document assistants and unlawful detainer assistants under Business and Professions Code §6400-6416? **YES** **NO**
(Attach certified copies of each conviction and disposition)

Name of officer or partner for whom conviction information is provided: _____

E. Revocation of Registration/Disbarment or Suspension

- Has any officer or partner had a registration as a legal document assistant or an unlawful detainer assistant revoked by a County Clerk under Business and Professions Code § 6413? **YES** **NO**
(Attach certified copy of each revocation)

Name of officer or partner for whom revocation information is provided: _____

- Is any officer/partner presently disbarred or suspended from the practice of law pursuant to Business and Professions Code §6100-6117? **YES** **NO**

Date of Disbarment or Suspension: _____

Name of officer/partner for whom disbarment/suspension information is provided: _____

I declare under penalty of perjury under the laws of the State of California that all information on this application and on all accompanying documents is true and correct.

Signature*: _____ Title: _____

Date: _____

Signature*: _____ Title: _____

Date: _____

***Corporate applicant** must be signed by the Chairman of the Board or President; **or** by Vice President **and** either a Secretary/Asst. Secretary/CFO/Asst. Treasurer.

***Partnership applicant** must be signed by at least one general partner.