

EVANSVILLE BAR ASSOCIATION PARALEGAL APPLICATION AND AFFIDAVIT

Name _____
Last Name
First Name
Middle Initial

Business Address _____
Street
City
County
Indiana
Zip

Law Firm Name or Company _____

Residence Address _____
Street
City
County
Indiana
Zip

(Association communications are mailed to business address unless box after residence address is checked.)

Business Telephone _____ Fax _____

E-Mail _____ Area of Practice _____

Sponsorship of Applicant as Paralegal Member and Verification of Employment:

The undersigned is a member in good standing of the Evansville Bar Association and the employing attorney or representative of the employing entity, and verifies that the applicant is a paralegal as defined in Indiana Code 1-1-4-6, and who performs paralegal duties at least 70% of the time. I sponsor this applicant for Paralegal Membership in the Evansville Bar Association.

 Sponsor Signature Date

 Printed Name State Admitted to Practice Date of Admission

EVANSVILLE BAR ASSOCIATION PARALEGAL AFFIDAVIT

The undersigned is a competent adult who makes this Affidavit voluntarily and based upon personal knowledge of all facts stated herein.

I have the following educational and/or experience credentials, at least one of which is required for membership: (Check Applicable Boxes)

- Bachelor's Degree with a minimum of twelve (12) hours of undergraduate credit in law or paralegal studies from an accredited institution
- Bachelor's Degree and a Paralegal Certificate from an accredited institution
- Bachelor's Degree from an accredited institution, plus at least two (2) years paralegal experience
- Associate's Degree in paralegal studies from an accredited institution
- Certification in paralegal studies from an accredited institution, plus at least two (2) years paralegal experience
- Paralegal Advanced Competency Exam (PACE) certification (as offered by the National Federation of Paralegal Associations) and is in good standing
- Certified Legal Assistant/Certified Paralegal (CLA/CP) certification (as offered by the National Association of Legal Assistants) and is in good standing

Institution _____ Major _____

Degree/Diploma obtained _____ Date of Degree/Diploma _____

(Attach sheet if additional space needed.)

PACE Certification Date _____ CLA/CP Certification Date _____

Attach copies of diploma, certificate, attorney verification of work experience, PACE certificate, CLA/CP certificate, as applicable.

Applications will not be considered without appropriate documentation.

Affiant states that:

1. I meet the definition of a paralegal as stated in Indiana Code 1-1-4-6, and who performs paralegal duties at least 70% of the time.
2. I am of good moral character, not having been convicted of a felony, or its equivalent, murder, treason, rape, robbery, kidnapping, burglary, arson, criminal confinement, perjury, or any crime involving dishonesty or false statements.
3. I have not been suspended or disbarred from the practice of law, or convicted of unauthorized practice of law, in any state.
4. I am not currently under suspension, termination or revocation of a certification, registration or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction.

The information submitted in this application is true and correct to the best of my knowledge and belief.

Affiant/Applicant's Signature _____

Date _____

Printed Name _____