



UTAH STATE BAR
LICENSED PARALEGAL
PRACTITIONER (LPP)
EXAMINATION APPLICATION

You Mail or Deliver a hard copy of your completed application to:
 Utah State Bar LPP Admissions
 645 South 200 East
 Salt Lake City, UT 84111

***Please review the [Licensing Rules](#) for and [qualifications](#) for LPPs before submitting this application.**
Click [here](#) for Application Forms, Instructions, and other Documents.
Please make additional copies of an application page if you need more entries.

CONTACT INFORMATION:

Name (First, Middle, Last) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Email: _____ Primary Phone: _____

Alternate Contact Email: _____ Alternate Phone: _____

Date of Birth: _____ Driver License State and No.: _____

Social Security #: _____ State/Country of Birth: _____

List ALL other names you have used or been known by, applicable dates, and reason for change:

| First Name, Last Name | From Mo/Year to Mo/Year | Reason for Change |
|-----------------------|-------------------------|-------------------|
| _____ | / | / |
| _____ | / | / |
| _____ | / | / |

Mark the exams you will be taking:

- Ethics/Professional Responsibility Exam (all applicants must take and pass)
- Family Law Exam (see UCJA 14-802 for specific areas)
- Debt Collection Law Exam (see UCJA 14-802 for specific areas)
- Landlord/Tenant Law Exam (see UCJA 14-802 for specific areas)

See LPP Payment Form for Total Fees

[staple]

Please attach passport-style photo in this box, with staples placed as noted. Color only.

[staple]

Name of each current/former spouse or partner:

| First Name, Last Name | From Mo/Year to Mo/Year | Same current address as you? |
|-----------------------|-------------------------|------------------------------|
| _____ | / | / |
| _____ | / | / |
| _____ | / | / |

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|--|---|--|
| <p>1. TEST ACCOMMODATIONS: Do you have a disability for which you will need reasonable accommodation in taking the exam?</p> <p><i>If you have a condition which necessitates the use of medically prescribed devices or aids (medication, lactation pump, inhaler, neck brace, wheelchair, crutches, etc.) you will need to complete the Courtesy Provisions for Health-Related Conditions Form and attach a doctor's note.</i></p> <p><i>If you are temporarily or permanently disabled and qualify for ADA test accommodations that affect the format or administration of the exam (extended time, extra breaks, a reader or scribe, etc.), you must request test accommodations using Test Accommodation Request Forms A through F. The instructions and forms for making the request can be found on the LPP website. Test accommodation documentation is subject to the same filing deadlines and late fees as the Application.</i></p> <p><i>Your test accommodation request will not be reviewed or granted if you fail to file the required forms and medical documentation. See General Guidelines for Test Accommodations for specific details.</i></p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>2. WAIVER: Do you have an approved limited time waiver?</p> <p>If yes, date of application/approval: _____</p> <p>If you received a limited time waiver or are waiting for approval of your waiver application that was submitted before the deadline, you may skip Sections 3 and 4.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>3. LAW SCHOOL</p> <p>A. Do you have a First Professional Law Degree from an American Bar Association (ABA) Approved Law School? If no, please skip to section 4. If yes, please provide the following documentation:</p> <p>If yes, please provide the following documentation:</p> <p>Name of Law School: _____</p> <p>Month/Year of graduation: _____</p> <p><i>You must provide a copy of the Certificate of Law School Graduation form to your law school Dean or Registrar for completion and ensure that they send the completed Certificate directly to the Bar. The Bar MUST receive it by close of business on the filing deadline. The signed and sealed Certificate may be mailed by the school directly to the Bar or emailed to lpp@utahbar.org.</i></p> <p>B. Was your law school approved by the ABA when you received your law degree?</p> <p><i>If you have not graduated from an ABA-approved law school, you must meet the education qualifications for an LPP as set forth in Section 4, below.</i></p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>4. EDUCATION REQUIREMENTS. UCJA RULE 15-703.</p> <p>A. Have you received an Associate's or Bachelor's degree in paralegal studies from an accredited school? If yes, complete section 5. If no, continue to Question B.</p> <p>B. Have you received a Master's Degree in legal studies or equivalent that is offered through an Approved Law School? If no, continue to Question C.</p> <p>C. Have you obtained the National Certification through NALA, NALS, or NFPA?</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

| | | |
|--|---------------------------------|--------------------------------|
| <p>5. REQUIRED EXPERIENCE – 1500 Hours of Substantive Law-Related Experience Have you completed 150 total hours of Substantive Law-Related Experience as defined in UCJA Rule 15-701 within three (3) years prior to submitting this application? Please submit your Substantive Law-Related Employment Certification Form as instructed in the Filing Instructions and Information.</p> <p>A. For <u>Family Law Exam Only</u>: Have you completed at least 500 hours of Substantive Law-Related Experience in Family Law (inclusive of the 1500 total hours)?</p> <p>B. For <u>Debt Collection Law Exam Only</u>: Have you completed at least 100 hours of Substantive Law-Related Experience in Debt Collection Law (inclusive of the 1500 total hours)?</p> <p>C. For <u>Landlord/Tenant Law Exam Only</u>: Have you completed at least 100 hours of Substantive Law-Related Experience in Landlord/Tenant Law (inclusive of the 1500 total hours)?</p> <p>D. Are you requesting up to 750 hours of credit for Substantive Law-Related Experience based on courses taken from an Approved Law School, and Accredited School, or an Accredited Program under UCJA Rule 15-703(d)? If yes, how many hours are you requesting? _____</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>6. NATIONAL CERTIFICATION <i>*if necessary</i></p> <p>A. Have you been designated as a Certified Paralegal or Certified Legal Assistant by the National Association of Legal Assistants (NALA)?</p> <p>B. Have you received a Professional Paralegal (PP) Certification from the National Association of Legal Professionals (NALS)?</p> <p>C. Have you received the CORE Registered Paralegal (CRP) designation from the National Federation of Paralegal Associations (NFPA)?</p> <p>If yes, provide the following information and attach documentary proof as required in the <i>Filing Instructions and Information</i>. If not completed at the time of your application, please mark "anticipated" in this section.</p> <p>Type of Certification: _____</p> <p>Date of Passage (Mo/Day/Yr): _____</p> <p>Date of Certification (Mo/Day/Yr): _____</p> <p>Expiration (Mo/Day/Yr): _____</p> <p><i>Note: you must successfully complete at least one of the above certifications within one year of passing the LPP licensing examination.</i></p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>7. LICENSED PARALEGAL PRACTITIONER CLASSES – Utah Valley University (UVU)</p> <p>A. Have you successfully completed the required LPP Professional Responsibility/Ethics Course?</p> <p>B. Mark each of the practice areas in which you have completed the required LPP course. If you are enrolled but have not completed the course, please indicate your expected completion date in the space provided below:</p> <p><input type="checkbox"/> Family Law</p> <p><input type="checkbox"/> Debt Collection</p> <p><input type="checkbox"/> Landlord/Tenant</p> <p><i>You must provide an official certificate showing completion of each course you have marked above and ensure that the Bar receives the certificate by the application deadline.</i></p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. RESIDENCE HISTORY: List every permanent or temporary residence at which you lived for a period of one month or longer during the last ten (10) years or since age 18, whichever is shortest. *Beginning with your current address, list the addresses in REVERSE chronological order (continue on an additional page if necessary).*

Current Address

From Mo/Yr: _____ **To Present**
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

Previous Addresses:

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

From Mo/Yr: _____ To Mo/Yr: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____

9. EDUCATIONAL HISTORY

- A. **Undergraduate:** List complete information regarding your college or university attendance including institutions at which you studied abroad. List them in REVERSE chronological order (most recent first). Report all legal education and law schools in Question B. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or write "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

Official transcripts for all institutions are required. Use an additional page if necessary.

School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received (No degree, A.A., B.S., etc.): _____

Field of Study (major/minor): _____

School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received (No degree, A.A., B.S., etc.): _____

Field of Study (major/minor): _____

School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received (No degree, A.A., B.S., etc.): _____

Field of Study (major/minor): _____

School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received (No degree, A.A., B.S., etc.): _____

Field of Study (major/minor): _____

B. Juris Doctor (J.D.) or First Degree in Law: List complete information regarding your attendance at any law school, college, or university where you have studied or are currently studying for your J.D. or First Degree in Law, including institutions at which you studied abroad. List in REVERSE chronological order (most recent first). If the school's name has changed since your attendance, provide both the current and former names. Please indicate the degree received OR write "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

Official transcripts for all institutions are required. Use an additional page if necessary.

Law School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received or expected to be received: _____

Law School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received or expected to be received: _____

C. Advanced Degrees: List complete information regarding your attendance at any law school, college, or university where you have studied or are currently studying for your J.D. or First Degree in Law, including institutions at which you studied abroad. List in REVERSE chronological order (most recent first). If the school's name has changed since your attendance, provide both the current and former names. Please indicate the degree received OR write "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations). Advanced degrees in law should be entered in Question B.

Official transcripts for all institutions are required. Use an additional page if necessary.

School Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Attendance Dates: From Mo/Yr: _____ To Mo/Yr: _____

Degree Received (No degree, LL.M., Ph.D., etc.): _____

Field of Study: _____

10. DISCIPLINARY HISTORY

A. Have you ever been investigated for a violation of any policy (academic or non-academic) at a college, university, or law school, whether or not any action was taken against you or whether or not the school agreed to not disclose the incident on your permanent record? Include pending matters and continue on attached pages, if necessary.

Yes

No

If yes, please provide a full explanation. If this occurred within the last 10 years, **you must submit all documentation related to the investigation** both from your own files and from the school.

School Name: _____

Type of Action Taken: _____

Date Action Taken: _____

Explanation of Circumstances:

B. Have you ever been dropped, suspended, warned, sanctioned, placed on scholastic or disciplinary probation, expelled, or requested to resign or allowed to resign in lieu of discipline, been advised to discontinue your studies, or otherwise had disciplinary action of any sort taken against you (academic or non-academic) by a college, university, or law school?

Yes

No

School Name: _____

Type of Action Taken: _____

Date Action Taken: _____

Explanation of Circumstances:

11. PRIOR BAR ADMISSIONS: Have you ever applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. Jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding authorizations to appear *pro hac vice*.)

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, list **every** U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
- been admitted, registered, licensed, or authorized to practice law.
- submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examination in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction:

Name and address of foreign bar authority:

Application Type:

- Bar Exam Motion/Reciprocity Diploma Law Student Registrant
 Foreign Legal Consultant Other: _____

Date Application Made (Mo/Yr): _____

Date Examination Taken (Mo/Yr): _____

If Not Admitted, Reason Why:

- Pending Failed Exam Withdrew Application
 Denied Other Reason: _____

Admission or Readmission Date: _____
(Mo/Day/Yr) Bar Number

Admitted/Registered as:

- Attorney In-House Counsel Foreign Legal Consultant Other: .

Provide a *Certificate of Good Standing* and *disciplinary history* from every jurisdiction where you are admitted since the date of admission.

12. EMPLOYMENT HISTORY: List your employment and unemployment information for the last ten (10) years in REVERSE chronological order (most recent first).

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), law school clinics, clerkships, military service, volunteer work, and temporary employment whether or not it is law related. If you were employed by a temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment period and describe your activities while you were unemployed in the field labeled Employment Position/Description of unemployment.**
- Do NOT give your own name or the name of someone to whom you are related by blood or marriage as a confirming reference. If you cannot recall the name of your supervisor, so state.
- If an employer is no longer in business, provide the address as it was when you were employed there; instead of a phone number, include a note that it no longer exists.
- If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice.
- For 'Reason for Leaving' you must explain your reason for seeking new employment.

Use an additional page if necessary.

CURRENT EMPLOYMENT

From Mo/Yr: _____ To PRESENT

Employment Position/Description of Unemployment: _____

Name of Employer: _____

Name of Supervisor/Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone Number: _____ Employer email: _____

PAST EMPLOYMENT

From Mo/Yr: _____ To Mo/Yr: _____

Employment Position/Description of Unemployment: _____

Name of Employer: _____

Name of Supervisor/Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone Number: _____ Employer email: _____

Reason For leaving: _____

From Mo/Yr: _____ To Mo/Yr: _____

Employment Position/Description of Unemployment: _____

Name of Employer: _____

Name of Supervisor/Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone Number: _____ Employer email: _____

Reason For leaving:

From Mo/Yr: _____ To Mo/Yr: _____

Employment Position/Description of Unemployment: _____

Name of Employer: _____

Name of Supervisor/Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone Number: _____ Employer email: _____

Reason For leaving:

From Mo/Yr: _____ To Mo/Yr: _____

Employment Position/Description of Unemployment: _____

Name of Employer: _____

Name of Supervisor/Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone Number: _____ Employer email: _____

Reason For leaving:

| | | |
|--|---|--|
| <p>13. EMPLOYMENT ACTIONS: Have you ever been investigated, warned, terminated, suspended, disciplined, laid-off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 12.)</p> <p>If yes, provide the following information about each occurrence:</p> <p>Employer: _____</p> <p>Dates of Employment: From Mo/Yr: _____ To Mo/Yr: _____</p> <p>Disposition (Mo/Yr): _____</p> <p>Explanation of Circumstances:</p> <p>Employer: _____</p> <p>Dates of Employment: From Mo/Yr: _____ To Mo/Yr: _____</p> <p>Disposition (Mo/Yr): _____</p> <p>Explanation of Circumstances:</p> <p>Attach additional sheets as necessary.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>14. OTHER LICENSES: Have you ever applied for or held a license for a business, trade, or profession, other than as discussed in Question 11 (even if the application was subsequently withdrawn)?</p> <p>If yes, provide the following information about each license:</p> <p>Type of License: _____</p> <p>From Mo/Yr: _____ To Mo/Yr: _____</p> <p>License Number: _____ Issuing Authority: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Phone Number: _____</p> <p>Current status of license: _____</p> <p>If you have additional licenses, please provide the required information on additional pages if necessary.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

15. LAW LICENSE ACTION:

A. Have you ever been disbarred, suspended, censured, or otherwise disciplined or sanctioned or disqualified as a lawyer or other licensed legal professional by any regulatory or licensing agency or court?

Yes No

If yes, provide related documentation.

B. Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) concerning your conduct as a lawyer or other licensed legal professional, including any now pending?

Yes No

If you answered yes to 15A and/or 15B, please provide the following information for each matter:

Name of Regulatory/Licensing Agency or Court: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Case Number (if applicable): _____

Action Taken: _____ Date: _____

Explanation:

Attach additional sheets as necessary.

16. UNAUTHORIZED PRACTICE OF LAW: Have you ever been the subject of any charges, complaints, investigations, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

Yes No

If you answered yes, please provide the following information for each matter:

Name of Regulatory/Licensing Agency or Court: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Case Number (if applicable): _____

Action Taken: _____ Date: _____

Explanation:

Attach additional sheets as necessary.

| | | |
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| <p>17. CASE SANCTION/DISQUALIFICATION: Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?</p> <p>Name of Court: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Country: _____</p> <p>From Mo/Yr: _____ To Mo/Yr: _____</p> <p>Action Taken: _____ Date: _____</p> <p>Reason for the sanction or disqualification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If applicable, attach a copy of the order of sanction or disqualification.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>18. JUDICIAL OFFICE: Have you ever held judicial office?</p> <p>If you answered yes, please provide the following information about each office:</p> <p>Office Held: _____</p> <p>From Mo/Yr: _____ To Mo/Yr: _____</p> <p>Name of Court: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Country: _____</p> <p>Reason for Leaving Office:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>19. MILITARY SERVICE: Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard?</p> <p>If yes, complete a separate FORM 1 Record of Military Service for each period of service.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

| | | |
|---|---|--|
| <p>20. OTHER LICENSE ACTION: Have you ever been denied a license or had a license suspended, terminated, or revoked for a business, trade or profession (e.g., CPA, real estate, physician, patent practitioner, etc.)?</p> <p>If yes, please provide the following information for each denial or revocation:</p> <p>Action Type: <input type="checkbox"/> Denial <input type="checkbox"/> Revocation</p> <p>Name of Regulatory Agency: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Country: _____ Date: _____</p> <p>Action Taken: _____</p> <p>Explanation:</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>21. OTHER PROFESSION/PUBLIC OFFICE ISSUES:</p> <p>A. Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of another profession, or as a holder of public office?</p> <p>B. Have you ever been the subject of any charges, complaints, investigation or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending?</p> <p>If you answered yes to 21A and/or 21B, please provide the following information for each matter:</p> <p>Name of Regulatory Agency: _____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Country: _____</p> <p>Case Number (if applicable): _____ Date: _____</p> <p>Action Taken: _____</p> <p>Explanation:</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>22. BOND: Has any surety on any bond on which you were the principal been required to pay any money on your behalf?</p> <p>If yes, complete FORM 2 Bonding Companies for each bond.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

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| <p>23. CIVIL CASES: Have you ever been a named party to any civil action? NOTE: Family law matters (including divorce and continuing orders for child support) should be included here.</p> <p>If yes, complete a separate FORM 3 Record of Civil Action for each action. If you are the obligor on any child and/or spousal support, you must provide a copy of your child and/or spousal support payment history.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>24. ADMINISTRATIVE ISSUES: Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?</p> <p>If yes, complete a separate FORM 3A Record of Administrative Action for each complaint or action.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>25. DUI AND TRAFFIC HISTORY:</p> <p>A. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol or drug-related traffic violation, including any cases resolved in juvenile court?</p> <p>If yes, complete a separate FORM 4 Record of Criminal Cases for each incident.</p> <p>B. Have you ever been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past five years? (Omit parking violations.)</p> <p>If yes, report each incident on FORM 4T Record of Moving Traffic Violations for each incident.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>26. CRIMINAL HISTORY: Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law, including any cases resolved in juvenile court? (Do not include traffic violations disclosed in question 26.)</p> <p>If yes, complete a separate FORM 4 Record of Criminal Cases for each incident.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>27. BANKRUPTCY:</p> <p>A. Have you ever filed a petition for bankruptcy?</p> <p>B. Are you in the process or do you intend to file a petition for bankruptcy?</p> <p>If yes to 27A or 27B, complete a separate FORM 5 Record of Bankruptcy or Insolvency and court documents for each bankruptcy petition filed.</p> <p>See also Question 28C.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| <p>28. DEBTS:</p> <p>A. Have you ever defaulted on any student loans?</p> <p>B. Have you ever defaulted on any other debt? Include debts related to real property.</p> <p>C. If you answered yes to Question 27, are there any additional debts not reported in Questions 28 (A & B) that were not discharged in bankruptcy?</p> <p>If you answered yes to 28A, 28B, and/or 28C, complete a separate FORM 6 DEBTS: Defaults; Past Due; Revocations for each debt.</p> <p>D. Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?</p> <p>If you answered yes to 28D, you must upload proof of payments for at least the past six (6) months.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

| | | |
|---|---|--|
| <p>29. TAXES</p> <p>A. Have you ever failed to timely pay any personal taxes due, including but not limited to any federal or state income taxes; state, county, or municipal private property taxes; or real estate assessment taxes?</p> <p>B. Are you now or have you ever been in arrears on taxes including but not limited to federal, state, or property taxes?</p> <p>If you answered yes to 29A or 29B, complete a separate Form 6T Record of Late Tax Payments/Arrearages. You will need to provide documentation showing that the taxes are now taken care of, or documentation of the current amount and all payments you have made during the last six (6) months.</p> <p>C. Have any tax liens ever been placed against your personal or business property?</p> <p>If you answered yes, complete a separate Form 6TL: Record of State and Federal Tax Liens.</p> | <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>30. OTHER DISCIPLINE: Within the past five years, have you been confronted, questioned, warned, or asked or encouraged to resign or withdraw by an employer, supervisor, teacher or other educator based on:</p> <ul style="list-style-type: none"> a) your truthfulness, b) your excessive absences, c) the manner in which you handled or preserved the money or property of others, d) a serious or repeated failure to submit your work in a timely manner, e) your competence or diligence in the performance of job or academic duties, f) your ability to maintain the confidentiality of information, or g) your endangering the safety of others? <p>If you answered yes, complete the following section. You may include information regarding all defenses or claims that you wish to offer in mitigation or as an explanation for your conduct.</p> <p>Name of entity before which the issues were raised (i.e., employer, school, etc.): _____</p> <p>_____</p> <p>Address: _____</p> <p>City: _____ State/Province: _____ Postal Code: _____</p> <p>Country: _____ Phone Number: _____</p> <p>Nature of the Issue: _____</p> <p>_____</p> <p>Relevant Dates: _____</p> <p>Disposition, if any: _____</p> <p>Explanation:</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

31. OTHER CONDUCT RELEVANT TO THE PRACTICE OF LAW:

In completing this section, consider not only your own views of your behavior, but how others have viewed it. For example, if you believe that the answer to number 31A is 'No', but others have told you that you have trouble communicating, you should answer 'Yes' and explain the circumstances.

These questions are your opportunity to show the Character and Fitness Committee that you understand the qualifications necessary to be an ethical Licensed Paralegal Practitioner. It is also your opportunity to consider your past actions and behaviors and the bearing they might have on your character and fitness to practice law.

Examples provided in parentheses are meant as a guide and are not exclusive.

A. Have you ever or do you currently have difficulty communicating with others in an organized, clear, and professional manner? If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

B. Have you ever or do you currently struggle to act diligently and reliably in fulfilling your obligations to others? (Examples: failing to comply with deadlines or time constraints, frequent or excessive work absences, etc.) If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

C. Have you ever or do you currently fail to conduct your business, fiduciary and financial dealings in an honest, trustworthy, and competent manner? If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

D. Within the last five years have you used illegal drugs or substances, or prescription medications without the authorization or supervision of a licensed health care professional, or in a manner contrary to the health care professional's recommendations? If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

E. Within the last five years have you conducted yourself in such a manner as to endanger the health or safety of yourself or others? (Examples: suicide attempts, reckless driving, substance abuse.) If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

F. Do you have a current condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which has not been or is not currently being treated effectively or for which the treatment is unstable? If yes, complete [FORM 7 Record of Conduct](#).

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

32. SELF DISCLOSURE:

A. Is there any other information, incident, or occurrence, which is not otherwise referred to in your response to this application that you would like to disclose?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, fill out [FORM 8 Self Disclosure and Additional Information](#).

B. Is there any other information that may have directly or indirectly, positively or negatively, upon your ability to practice law as an LPP actively and continuously?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, fill out [FORM 8 Self Disclosure and Additional Information](#).

33. ADDITIONAL INFORMATION: Is there any additional information that you would like to provide or any further explanation you would like to give regarding your previous responses?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, fill out [FORM 8 Self Disclosure and Additional Information](#).

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

I, _____, certify under penalty of perjury under the
(Please print full legal name)

laws of the State of Utah that:

- 1) I am the applicant above named;
- 2) I have read the Rules of Professional Conduct adopted by the Utah Supreme Court applicable to the license type for which I am applying and agree to abide by them;
- 3) I have read the foregoing application;
- 4) the statements contained in the application are full, true and correct; and
- 5) I understand that I have a duty to inform the Admissions staff at the Utah State Bar Association in writing of any changes to the information in the application that occur at any time between the date signed and the date I am licensed to practice law in the state of Utah.

Date this _____ day of _____, 20_____ at _____
(City, State where signed)

(Signature of Applicant – no e-signature, must be an original signature)