



# Utah State Bar Reapplication for LPP Licensure Form

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

*This form may only be used if you have filed a complete application within the last two years. If it has been longer than 2 years, you will need to file a new application; you cannot use this reapplication form to reapply.*

### 1. 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: \_\_\_\_\_

### 2. MARK THE EXAMS YOU WILL BE TAKING:

Ethics/Professional Responsibility Exam (required)

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 photos only. Neutral background.**

### 3. TEST ACCOMMODATIONS:

**A. Did you request accommodations on any previous exam?**

Yes

No

**i. If yes, are there any changes to the request?**

Yes                      No

If yes, please submit updated documentations.

**B. Do you have a disability for which you will need reasonable accommodation in taking the exam?**

Yes                      No

*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.*

*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.*

*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.*

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**4. PREVIOUS EXAMS:**

**A. Did you take the LPP licensing exam immediately preceding the exam you are applying for?**

Yes                      No

Date of your most recent Utah LPP application (MM/YYYY): \_\_\_\_\_

Date of all other Utah LPP applications (MM/YYYY): \_\_\_\_\_

**B. Are you now applying to take any LPP exam that you previously did not take?**

Yes                      No

If no, go on to question 4.

If yes, please answer the following questions in this section.

**i. Substantive Law-Related Experience**

Please provide a Certificate of Substantive Law-Related Experience form signed by your supervising attorney or LPP.

**a. For Family Law Exam Only: Have you completed at least 500 hours of Substantive Law-Related Experience in Family Law (inclusive of the 1500 total hours)?**

Yes                      No

b. For **Debt Collection Law Exam Only**: Have you completed at least 100 hours of Substantive Law-Related Experience in Debt Collection Law (inclusive of the 1500 total hours)?

Yes                      No

c. For **Landlord/Tenant Law Exam Only**: Have you completed at least 100 hours of Substantive Law-Related Experience in Landlord/Tenant Law (inclusive of the 1500 total hours)?

Yes                      No

ii. **Specialized Course of Instruction: LPP Classes through UVU**

Please provide a completion certification for each area.

a. For **Family Law Exam Only**: Have you completed UVU's Family Law Course for LPPs?

Yes                      No

b. For **Debt Collection Law Exam Only**: Have you completed UVU's Debt Collection Course for LPPs?

Yes                      No

c. For **Landlord-Tenant Law Exam Only**: Have you completed UVU's Landlord-Tenant Course for LPPs?

Yes                      No

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**5. RESIDENCE HISTORY**

List your current address and any other address you lived at for a period of one month or more since you last submitted an LPP application. Use 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: \_\_\_\_\_

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## 6. EMPLOYMENT

List your current employer and any previous employer since you last submitted an LPP application. Use an additional page if necessary.

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Is this a different employer than when you previously applied?                      Yes                      No

If yes, please state your reason for leaving your previous employment:

**Since your last application, have you been discharged or have you resigned from any employment after being told that your conduct or work was not satisfactory or that you were suspected of or were under investigation for any wrongdoing?**

Yes                      No

If yes, please explain:

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**7. EDUCATION**

**Since your last application, have you attended any new law school, college, or university?**

Yes                      No

If yes, please fill out the following:

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): \_\_\_\_\_

**Official transcripts for all institutions are required.** Use additional pages if necessary.

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**8. CIVIL CASES:**

**Since your last application, 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.

Yes                      No

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.

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**9. ADMINISTRATIVE ISSUES:**

**Since your last application, have you 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?**

Yes                      No

If yes, complete a separate FORM 3A Record of Administrative Action for each complaint or action.

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**10. DUI AND TRAFFIC HISTORY:**

**A. Since your last application, have you been cited for, arrested for, charged with, or convicted of any alcohol or drug-related traffic violation, including any cases resolved in juvenile court?**

Yes

No

If yes, complete a separate FORM 4 Record of Criminal Cases for each incident.

**B. Since your last application, have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past five years? (Omit parking violations.)**

Yes

No

If yes, report each incident on FORM 4T Record of Moving Traffic Violations for each incident.

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**11. CRIMINAL HISTORY:**

**Since your last application, have you been served with a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for, pleaded guilty to or convicted of, or been the subject of an investigation concerning the violation of any law? (Include all traffic offenses in your answer except parking offenses.)**

Yes

No

If yes, complete a separate FORM 4 Record of Criminal Cases for each incident.

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**12. BANKRUPTCY:**

**Since your last application, have you filed or do you plan to file a petition for bankruptcy either for yourself or a business?**

Yes

No

If yes, complete a separate FORM 5 Record of Bankruptcy or Insolvency and court documents for each bankruptcy petition filed.

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**13. DEBTS:**

**A. Since you filed your last application, are there any unsatisfied judgments or debts more than 60 days due sent to collections?**

Yes

No

If yes, complete a separate FORM 6 DEBTS: Defaults; Past Due; Revocations for each debt.

**B. Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?**

Yes

No

If yes, you must upload proof of payments for at least the past six (6) months.

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**14. TAXES:**

- A. Since your last application, have you 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?**

Yes

No

If yes, complete a separate Form 6T Record of Late Tax Payments/Arrearages for each incident. 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.

- B. Are you in arrears on taxes including but not limited to federal, state, or property taxes?**

Yes

No

If yes, complete a separate Form 6T Record of Late Tax Payments/Arrearages for each incident. 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.

- C. Since your last application, have any tax liens been placed against your personal or business property?**

Yes

No

If yes, complete a separate Form 6TL: Record of State and Federal Tax Liens.

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**15. 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 question A 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.

**If you answer “yes” to any of the following questions, please fill out a Form 7 for each.**

**Since your last application—**

- A. Have you had difficulty communicating with others in an organized, clear, and professional manner?**

Yes

No

**B. 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.)**

Yes No

**C. Have you failed to conduct your business, fiduciary and financial dealings in an honest, trustworthy, and competent manner?**

Yes No

**D. 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?**

Yes No

**E. Have you conducted yourself in such a manner as to endanger the health or safety of yourself or others? (Examples: reckless driving, substance abuse, etc.)**

Yes No

**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?**

Yes No

**If you answer "yes" to any of these questions in #15, please fill out a Form 7 for each.**

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**16. 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

If yes, please 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

If yes, please fill out FORM 8 Self Disclosure and Additional Information.

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**17. OTHER UPDATES:**

**Since you filed your last application, have you discovered any inaccuracies or have any changes occurred (not referenced above) that would affect the answers in your previous application?**

You should refer to all previous LPP application(s) before answering this question.

Yes

No

If yes, please fill out FORM 8 Self Disclosure and Additional Information.

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**Amendments:** If any information in this application changes, you will need to send updated information along with an Amendment Form for each such occurrence.

**Application Deadline:** Please review [UCJA Rule 15-707](#) for the application deadline for each examination.

By completing this reapplication form, you are applying to sit for the next occurring LPP examination.

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## 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)*