

**CORPORATION or PARTNERSHIP
REGISTRATION AS LEGAL DOCUMENT ASSISTANT**

COUNTY OF LOS ANGELES

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Primary Registration

Secondary Registration - List County of Primary Registration:

Registration Number: _____

If a renewal, a new # must be assigned if there is any lapse in the period of registration.

This space reserved for County Clerk use

Expiration Date: _____

Filing Fees

Filing registration: \$175.00

Filing bond: \$ 7.00

Record the bond – 1st page of bond \$ 18.00

Total fee payable to County Clerk \$200.00

Please add \$3.00 more to total fee for each additional page of the bond.

Each additional ID card \$ 10.00

Completely fill in all business and personal information requested in Part A. Check each applicable box in Parts B-F 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). The completed application must be signed under penalty of perjury by a senior executive officer or a general partner.

A. Business and Personal Information

Name of Corporation or Partnership: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Number of legal document assistants employed by the corporation or partnership:

One to Four (\$25,000 bond) Five to Nine (\$50,000 bond) Ten or More (\$100,000 bond)

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Name and date of birth of each Corporate Officer or General Partner:

(1) Name: _____ Date of Birth: _____

(2) Name: _____ Date of Birth: _____

(3) Name: _____ Date of Birth: _____

(4) Name: _____ Date of Birth: _____

(5) Name: _____ Date of Birth: _____

B. Education and Experience (Note: 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 provided:

1. Paralegal Program/ABA School

() a. The above-named officer or partner has earned a certificate of completion from a paralegal program that is accredited by the American Bar Association (attach a copy of certificate of completion).

2. Paralegal Program/Non-ABA School

() a. The above-named officer or partner has earned a certificate of completion from a paralegal program that is institutionally accredited but that is not approved by the American Bar Association (attach a copy of certificate of completion).

AND

() b. The above-named officer or partner has successfully completed a minimum of 24 semester units (or the equivalent) in legal specialization courses (attach a copy of transcript).
Number of semester units (or the equivalent) _____.

3. College or University

() a. The above-named officer or partner has a bachelor's degree in _____
(attach a copy of diploma). (List field)

AND

() b. The above-named officer or partner has completed at least one year of law-related experience working under the supervision of a licensed attorney (attach an original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience).

OR

() The above-named officer or partner has completed at least one year of experienced providing self-help service as defined by Business and Professions Code 6400 (d) before January 1, 1999 (attach an original statement describing the scope and dates of your experience).

4. High School or General Equivalency Diploma

() a. The above-named officer or partner has a high school diploma (attach a copy diploma).
OR

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- () The above-named officer or partner has a general equivalency diploma (attach a copy of diploma).
AND
- () **b.** The above-named officer or partner has completed at least two years of law-related experience working under the supervision of a licensed attorney (attach an original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience).
OR
- () The above-named officer 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 an original statement describing the scope and dates of your experience).

C. Disbarment/Suspension (Note: This information must be provided for each corporate officer or general partner).

1. Is any officer or general partner presently disbarred or suspended from the practice of law pursuant to Business and Professions Code 6100-6117? () **YES** () **NO**
Name of corporate officer(s) or general partner(s) for whom disbarment/suspension information is provided:

Date of disbarment or suspension: _____

D. Civil Judgment (Note: This information must be provided for each corporate officer or general partner).

1. Has any officer or general 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 a certified copy of each judgment).
Name of corporate officer(s) or general partner(s) for whom judgment information is provided:

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2. Has any officer or general partner had a civil judgment entered against him or her in an action arising out of negligent, reckless or willful failure to properly perform your obligation of a legal document assistant or an unlawful detainer assistant? () **YES** () **NO** (attach a certified copy of each judgment).
Name of corporate officer(s) or general partner(s) for whom judgment information is provided:

E. Criminal Conviction (Note: This information must be provided for each corporate officer or general partner. Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any conviction dismissed under Penal Code 1203.4 must be included.)

1. Has any officer or general partner been convicted of a felony? () **YES** () **NO** (attach certified copies of each conviction and disposition).
Name of corporate officer(s) or general partner(s) for whom judgment information is provided:
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2. Has any officer or general partner been convicted of a misdemeanor unlawful practice of law or contempt of the authority of a court under Business and Professions Codes 6126-6127? () YES () NO (attach certified copies of each conviction and disposition).

Name of corporate officer(s) or general partner(s) for whom judgment information is provided:

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

Name of corporate officer(s) or general partner(s) for whom judgment information is provided:

F. Revocation of Registration (Note: This information must be provided for each corporate officer or general partner.)

1. Has any officer or general 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 corporate officer(s) or general partner(s) for whom judgment 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: Application must be signed by: The Chairman of the Board or the President or by any Vice President **AND** the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer.
- * Partnership applicant: Application must be signed by at least one general partner.

ADDITIONAL CORPORATE OFFICERS/GENERAL PARTNERS

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____