

**INDIANA STATE BAR ASSOCIATION AFFILIATE APPLICATION**

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Business Address \_\_\_\_\_ Indiana \_\_\_\_\_  
Street City County Zip

Law Firm Name or Company \_\_\_\_\_

Residence Address \_\_\_\_\_ Indiana   
Street City County Zip  
(Association Communications are mailed to business address unless box after residence address is checked.)

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Area of Practice \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ \*Race \_\_\_\_\_ \*Sex \_\_\_\_\_

**Sponsorship of Applicant as Affiliate Member & Verification of Employment:**

I am a member in good standing of the Indiana State Bar Association and I sponsor this applicant for Affiliate Membership in the Indiana State Bar Association.

\_\_\_\_\_  
Sponsor Signature Date

\_\_\_\_\_  
Printed Name State Admitted to Practice Date of Admission

**Proposed Annual Paralegal Dues if employing attorney is an ISBA member:**

1<sup>st</sup> and 2<sup>nd</sup> years of paralegal membership in ISBA.....\$ 72.00  
3<sup>rd</sup> through 6<sup>th</sup> years of membership in ISBA.....\$105.00  
More than 6 years of membership in ISBA.....\$127.00  
Annual Dues if employing attorney is **NOT** a member of ISBA.....\$298.00

Make check payable to the Indiana State Bar Association. If paying by credit card, please provide us with the necessary information. \_\_\_\_\_Discover \_\_\_\_\_MasterCard \_\_\_\_\_Visa

Expiration Date \_\_\_\_\_ \*\*3-4 Digit Code \_\_\_\_\_

\*\*If paying by credit card, please provide the 3 or 4 digit verification number on the back of your credit card. This number is needed to process your credit card.

Account # \_\_\_\_\_

Signature \_\_\_\_\_

**Definition:**

Paralegals are those persons, regardless of job title or classification who are employed by a lawyer, law office, government agency, or other entity in Indiana, and working under the direction of an attorney in a capacity that involves the performance of substantive legal work that usually requires knowledge of legal concepts and who perform those duties at least 70% of the time.

**Until July 1, 2017, applicant may request waiver from requirements. See following Affidavit of Paralegal Work Experience.**

**Education/Credential:** (Check Applicable Box)

- Bachelor's Degree with a minimum of twelve (12) hours of undergraduate credit in law or paralegal studies from an institutionally accredited paralegal program
- Bachelor's Degree and a Paralegal Certificate from an institutionally accredited paralegal program
- Bachelor's Degree from an institutionally accredited program plus at least two (2) years paralegal experience
- Associate's Degree in paralegal studies from an institutionally accredited paralegal program plus at least two (2) years paralegal experience
- Certification in paralegal studies from an institutionally accredited paralegal program plus at least two (2) years paralegal experience
- Paralegal Advanced Competency Exam (PACE) (as offered by the National Federation of Paralegal Associations) and is in good standing
- Paralegal CORE Competency Exam (PCCE) (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) accreditation and is in good standing
- Completion of paralegal work experience as defined above for 3 of the previous 7 years

Institution\_\_\_\_\_

Major\_\_\_\_\_

Degree/Diploma obtained\_\_\_\_\_

Date of Degree/Diploma\_\_\_\_\_

(Attach sheet if additional space needed.)

PACE Certification Date\_\_\_\_\_

CLA/CP Certification Date\_\_\_\_\_

PCCE/CORE Certification Date\_\_\_\_\_

**Attach copies of official grade transcripts, diploma, certificate, affidavit of paralegal work experience, PACE certificate, PCCE certificate, CLA/CP certificate, as applicable.**

**Applications will not be considered without appropriate documentation.**

**CLE requirement for Affiliate Members shall consist of 18 hours of CLE, which 3 hours is an Ethics Component over a 3 year period. A minimum of 3 hours of CLE, which 1 hour is an Ethic Component is required per year. It is your responsibility to submit CLE verification to the Indiana State Bar Association.**

**I hereby state that:**

1. I meet the definition of a paralegal as stated on this application.
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.

**I certify that the information submitted in this application is true and correct.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**AFFIDAVIT OF PARALEGAL WORK EXPERIENCE**  
**FOR REQUEST FOR WAIVER FROM EDUCATION REQUIREMENTS**  
**(Available Until July 1, 2017)**

(Attach additional copies of this Affidavit if necessary)

For a two-year period beginning July 1, 2015, which ends on July 1, 2017, paralegals can be eligible for a waiver from the educational requirements. To be eligible to apply for a waiver, a paralegal must have:

Work experience consisting of not less than Seventy Percent (70%) of substantive legal work performed for a minimum of three (3) years in the previous seven (7) years in the employ of an attorney, law office, corporation, government agency, or other entity, while performing specifically delegated substantive legal work for which an attorney is ultimately responsible, and absent such paralegal, the attorney would perform the task.

I, \_\_\_\_\_, Attorney No. \_\_\_\_\_ am an attorney  
(Name of employing attorney)

admitted to practice in the State of Indiana and in good standing with the Indiana Supreme Court and state as follows:

1. That \_\_\_\_\_ was under my direct supervision as a paralegal  
(Name of paralegal)

between the dates of \_\_\_\_\_, and \_\_\_\_\_

2. That during aforesaid time the above referenced paralegal performed duties consisting of not less than seventy percent (70%) of substantive legal work, exclusive of clerical or non-billable work, more particularly described as follows:

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(Attach additional sheet if necessary.)

3. Employment was:  Full Time  Part Time (Average Hours per week) \_\_\_\_\_

I affirm under the penalties for perjury that the above statements are true.

\_\_\_\_\_  
Signature of Supervising Attorney

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number (including area Code)

Dated: \_\_\_\_\_