

**APPLICATION FOR CORPORATION OR PARTNERSHIP REGISTRATION
LEGAL DOCUMENT ASSISTANT
COUNTY OF ORANGE**
(Section 6400, Business and Professions Code)

Registration fee: \$182.00 including the bond filing fee
Bond recording fee: \$12.00 first page
\$3.00 each additional page

REGISTRATION NUMBER: LDA #	EXPIRATION DATE:
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Bond amount coverage:
\$25,000 1 to 4 assistants
\$50,000 5 to 9 assistants
\$100,000 10 or more assistants

County of Primary Registration

Primary Registration

Secondary Registration

**CORPORATION OR PARTNERSHIP
INFORMATION**

Completely fill in all Corporation or Partnership information requested below.

CORPORATION OR PARTNERSHIP NAME:

**QUALIFYING OFFICER OR
GENERAL PARTNER
NAME:**

BUSINESS ADDRESS:

BUSINESS TELEPHONE NUMBER:

CA DL/ID NUMBER:

EDUCATION AND EXPERIENCE: (Business and Professions Code 6402.1)

Please check any of the following that pertain to you.

OPTION 1 - Paralegal Program/ABA School

- I. I have earned a certificate of completion from a paralegal program that is approved by the American Bar Association and have provided a copy of my certificate of completion.

-OR-

- II. I have earned a certificate of completion from a paralegal program that is not approved by the American Bar Association and have provided a copy of my certificate of completion.

AND

- I have successfully completed a minimum of 24 semester units in legal specialization courses and have provided a copy of my transcript.

I have completed a total of _____ semester units.

OPTION 2 – College or University

- I. I have a minimum of one year experience providing self-help service as defined by California Business and Professions Code 6400(d) before January 1, 1999 and have provided a statement describing the scope and dates of my experience with my original signature.

-OR-

- II. I have a Bachelor's Degree in _____ and have provided a copy of my diploma.

AND

- I have a minimum of one year law related experience working under the supervision of a licensed attorney and have provided a statement describing the scope and dates of my experience on the attorney's letterhead with the attorney's original signature.

OPTION 3 – High School or General Equivalency Diploma

- I. I have a High School Diploma and have provided a copy of my Diploma.

-OR-

- II. I have a General Equivalency Diploma and have provided a copy of my Diploma.

-EITHER OPTION ABOVE ALONG WITH EITHER BOX BELOW-

- I have completed a minimum of two years law related experience working under the supervision of a licensed attorney and have provided a statement describing the scope and dates of my experience on the attorney's letterhead with the attorney's original signature.

-OR-

- I have a minimum of two years experience providing self-help service as defined by California Business and Professions Code 6400(d) before January 1, 1999 and have provided a statement describing the scope and dates of my experience with my original signature.

CONTINUING EDUCATION REQUIRED: (Business and Professions Code 6402.2)

- I have completed a minimum of 15 hours of continuing education courses during the two year period preceding renewal.

ADDITIONAL INFORMATION REQUIRED:

Please check any of the following that pertain to any officers or general partners.

Civil Judgment

- An officer or general partner has been held liable in a final or 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 and has provided a certified copy of the judgment(s).
Name of officer(s) or general partner(s) for whom judgment is applicable:
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- An officer or general partner has had a civil judgment entered against me in an action arising out of negligent, reckless or willful failure to properly perform their obligation as a legal document assistant and has provided a certified copy of the judgment(s).
Name of officer(s) or general partner(s) for whom judgment is applicable:
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Criminal Conviction (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.)

- An officer or general partner has been convicted of a felony and has provided a certified copy of the conviction(s) and disposition(s).
Name of officer(s) or general partner(s) for whom conviction is applicable:
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- An officer or general partner has been convicted of a misdemeanor for unlawful practice of law or contempt of authority of a court under Business and Professions Code 6126 or 6127 and has provided a certified copy of the conviction(s) and disposition(s).
Name of officer(s) or general partner(s) for whom conviction is applicable:
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- An officer or general partner has been convicted of a misdemeanor violation of the provisions on legal document assistants under Business and Professions Code 6400-6416 and has provided a certified copy of the conviction(s) and disposition(s).

Name of officer(s) or general partner(s) for whom judgment is applicable:

Revocation of Registration/Disbarment or Suspension

- An officer or general partner has had their registration as a legal document assistant revoked by a County Clerk under Business and Professions Code 6413 and has provided a certified copy of each revocation.

Name of officer(s) or general partner(s) for whom revocation/disbarment or suspension is applicable:

- An officer or general partner is presently disbarred or suspended from the practice of law pursuant to Business and Professions Code 6100-6117.

Name of officer(s) or general partner(s) for whom revocation/disbarment or suspension is applicable:

Date of Disbarment or Suspension: _____.

I, the undersigned, am willfully signing on behalf of the corporation or partnership as listed on page 1 of this application. I declare under penalty of perjury under the law of the State of California that all information contained on this application and on all accompanying documents are true and correct.

Signature of Applicant: _____ **Date:** _____

Information and signature of one additional officer on behalf of the corporation or a general partner involved in the partnership.

NAME & AGE: _____

SIGNATURE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

CA DL/ID NUMBER: _____

OFFICER OR GENERAL PARTNER INFORMATION

Information of every officer or general partner involved in this registration.

NAME & AGE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

CA DL/ID NUMBER: _____

NAME & AGE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

CA DL/ID NUMBER: _____

NAME & AGE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER:

CA DL/ID NUMBER: