

EMPLOYING/SUPERVISING ATTORNEY ATTESTATION

I _____ am authorized to certify the following in connection with an application for registration under the Florida Registered Paralegal Program, Chapter 20 Rules Regulating The Florida Bar.

I am/have been the employing or supervising attorney for _____, the applicant herein as I have/have had direct supervision over the applicant during which time I was a member in good standing of The Florida Bar.

I hereby certify that the applicant has fulfilled the following paralegal work experience requirement necessary for registration and is currently or was (check one) primarily performing paralegal work. (A paralegal is defined as a person with education, training, or work experience, who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Time spent performing clerical work is specifically excluded.)

- _____ months from _____ to _____
- At least 1 year of paralegal work experience from _____ to _____
 - At least 2 years of paralegal work experience from _____ to _____
 - At least 3 years of paralegal work experience from _____ to _____
 - At least 4 years of paralegal work experience from _____ to _____

Dated this _____ day of _____, _____.

By signing below, you acknowledge and accept you are subject to the Rules Regulating The Florida Bar for any misrepresentations as to the work experience of this applicant.

Signature of Attesting Attorney	Address
Print Name	
Title	
Florida Bar Number	