



Colorado Licensed Legal Paraprofessional – Family Law Application

Section A – Applicant Information

| | | | |
|---|---|---|--|
| Applicant Information: | | | |
| Full Legal Name: | | | |
| Date of Birth: | | Social Security #: | |
| Home Address: | | | |
| City: | | State: | |
| Zip Code: | | | |
| Primary Email*: | | | |
| <p>*Note that communications with our office will be to the email on file with this application. Additionally, this is the email that will be used for laptop registration, which is required to access the exam software. Please ensure that emails from email extension csc.state.co.us is listed as an approved email so the communications do not end up in your junk or spam folder.</p> | | | |
| Phone Numbers at which you can be reached (at least one is required): | <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home | | |
| Notice of Request for Exam Accommodations: | | | |
| <input type="checkbox"/> YES - I have a DISABILITY or MEDICAL CONDITION for which I am submitting a Courtesy Request or Non-Standard Testing Accommodations Request. For more information please refer to the instructions and forms located on our website. Requests for Non-Standard Testing Accommodations are due at the time of exam application submission. If you have any questions, please contact our office at bleinfo@csc.state.co.us | | | |
| <input type="checkbox"/> NO – I will not be requesting testing accommodations. | | | |
| Mandatory Professionalism Class: | | | |
| Have you attended the Mandatory Practicing with Professionalism Course? <input type="checkbox"/> Yes <input type="checkbox"/> No Information on the Mandatory Professionalism course can be found here on our website. | | If Yes, date of attendance: Click here to enter a date. Note, attendance is only valid for 18-months after date of attendance. If you have not already submitted the program attendance affidavit to our office, please provide it with this application. Attendance to the course prior to submission of your application or prior to the LLP exam is not required. Attendance is, however, required as a prerequisite to admission. C.R.C.P. 207.7(8). | |
| Mandatory Ethics Course: | | | |
| Have you completed the Mandatory Ethics Course? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please upload a certified transcript or official certification from the school showing course completion as part of your application. Note, completion of an ethics class specific to LLPs or lawyers from an accredited school is required PRIOR to taking the LLP exam, but not by time of submitting your application. C.R.C.P. 207.7(8). You will need to submit proof of completion in order to be cleared to sit for the exam. | |

Section B — Applicant Qualifications

1. Educational and Work Experience Requirements for Eligibility

PATH A: Education and Experience

1.A.1. Do you meet one or more of the following educational degree categories?

NO – If **NO**, go to question 1.B.

YES – If **YES**, answer the following:

- Earned a J.D. from an ABA-accredited law school OR a state-accredited law school.
- Earned an associate’s degree in paralegal studies from an accredited school.
- Earned a bachelor’s degree in paralegal studies from an accredited school.
- Earned a bachelor’s degree in any subject from an accredited school that includes:
 - a paralegal certificate, **OR**
 - 15 hours of paralegal studies from an accredited school.
- Earned a first professional law degree from a law school in a country other than the United States **AND** an LLM degree that meets the curricular requirements of C.R.C.P. 203.4(6) at an ABA-accredited U.S. law school.

I have included my official school transcripts which are required to confirm my eligibility.

I have requested my official school transcripts from my school(s) which I know are required to confirm my eligibility and will provide such transcripts to the Office of LLP Admissions. I understand that without my transcripts, I will not be cleared to sit for the LLP exam.

1.A.2. An applicant under “Path A” also must demonstrate the following work experience, totaling at least 1,500 work hours (not necessarily “billable hours”) that satisfy both of the following requirements.

a. Substantive Law Experience:

- I have completed at least 1,500 work hours of **substantive law-related practice experience** within the three years (36 months) immediately preceding the date of my application.
- I have not completed at least 1,500 work hours of **substantive law-related practice experience** within the three years (36 months) immediately preceding the date of my application, but will meet this requirement by [Click here to enter a date.](#)

b. Colorado Family Law Practice Experience:

- I have completed at least 500 work hours of **Colorado family law practice experience** within the three years (36 months) immediately preceding the date of application submission.
- I have not completed at least 500 work hours of **Colorado family law practice experience** within the three years (36 months) immediately preceding the date of application submission, but will meet this requirement by [Click here to enter a date.](#)

- I understand that all LLP applicants must have their substantive law practice experience verified by an Active-licensed attorney in a U.S. jurisdiction and their Colorado family law practice experience verified by an Active-licensed Colorado attorney. The verifications can be completed by the same licensed attorney if the hours for both requirements were completed under their supervision. (See Verification Form [here](#). Please provide this form to the verifying attorney(s), have them complete it and include with this application.) I understand that I cannot self-verify my work experience.

1.B PATH B: Work Experience and Employment

In addition to demonstrating the same quantity of qualifying work experience as applicants under “Path A,” an applicant seeking eligibility under “Path B” must have worked the equivalent of three full-time years in employment constituting substantive law-related practice experience within the five years immediately preceding the date of application.

a. Substantive Law Experience:

- I have completed at least 4,500 work hours of **substantive law-related practice experience** within the five years (60 months) immediately preceding the date of my application, **of which** at least 1,500 work hours have been within the three years (36 months) immediately preceding the date of my application submission.
- I have not completed at least 1,500 work hours of **substantive law-related practice experience** within the three years (36 months) immediately preceding the date of my application, but will meet this requirement by [Click here to enter a date](#).

b. Colorado Family Law Practice Experience:

- I have completed at least 1,500 work hours of **Colorado family law practice experience** within the five years (60 months) immediately preceding the date of application submission, **of which** at least 500 work hours have been within the three years (36 months) immediately preceding the date of my application submission.
- I have not completed at least 500 work hours of **Colorado family law practice experience** within the three years (36 months) immediately preceding the date of application submission, but will meet this requirement by [Click here to enter a date](#).
- I understand that all LLP applicants must have their substantive law practice experience verified by an Active-licensed attorney in a U.S. jurisdiction and their Colorado family law practice experience verified by an Active-licensed Colorado attorney. The verifications can be completed by the same licensed attorney if the hours for both requirements were completed under their supervision. (See Verification Form [here](#). Please provide this form to the verifying attorney(s), have them complete it and include with this application.) I understand that I cannot self-verify my work experience.

Section C — Applicant Professional and Personal History

| Question No. | Question | Yes | No |
|--------------|----------|-----|----|
|--------------|----------|-----|----|

Bar Admissions and Professional Licensure:


| | | | |
|-----|---|--|--|
| 2.A | Are you or have you ever been admitted to practice law as an attorney, licensed legal paraprofessional (regardless of title), foreign legal consultant, in-house counsel, or other limited attorney licensing, including admission by examination, motion, or diploma privilege in another U.S. jurisdiction or non-U.S. foreign jurisdiction? Do not include information regarding authorizations to appear <i>pro hac vice</i> or student practice. | | |
|-----|---|--|--|

If YES, please provide the following information:

| Jurisdiction | Admission Type | Date Admitted | Registration/Bar Number | License Status |
|--------------|----------------|---------------|-------------------------|----------------|
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All applicants must provide a Certificate of Good Standing from each jurisdiction where admitted, the date of which must not be greater than 60-days prior to the date of application submission. If you have resigned from any jurisdiction you will need to provide evidence that you resigned in good standing. Applicants who are administratively suspended or otherwise not in good standing in one or more jurisdictions where currently admitted will not be approved.

All applicants must also submit a Discipline History (a.k.a Certificate of Discipline, Complaint Check, Grievance Letter, etc.) from every jurisdiction where you have ever been admitted, regardless of your current standing. The Disciplinary History must address both public and private complaints or discipline and should affirmatively state whether or not there have ever been complaints filed against you at any time.

| Question No. | Question | Yes | No |
|---|--|-----|----|
| 2.B | <p>Has your license to practice law in any jurisdiction ever been limited, restricted, suspended, or revoked (include periods of inactive or nonresident status and any period of administrative suspension or transfer to disability status) since the date of your admission?</p> <p>If YES, provide the jurisdiction, dates during which it has been limited, the nature of the limitation, suspension or revocation, and the facts related to the matter.</p> | | |
|  | | | |

| Question No. | Question | Yes | No |
|--------------|---|-----|----|
| 3. | Are there any jurisdictions (U.S. state/federal court or agency, territory, or foreign) in which you have applied for a license to practice law, including any jurisdiction in which you have taken the bar exam or legal paraprofessional exam (regardless of title), but were not admitted to practice law? Include all previously filed applications in Colorado, if applicable. | | |

If YES, please provide the following information:

| Jurisdiction | Application Type | Date Filed | Result: (Pass, Pending Admission, Fail) |
|--------------|------------------|------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Question No. | Question | Yes | No |
|--------------|--|-----|----|
| 4. | <p>Have you ever been denied admission to the practice of law in any jurisdiction (U.S. state/federal court or agency, territory, or foreign) (other than for failure of the bar or legal paraprofessional exam), been denied access to take the bar exam or legal paraprofessional exam (regardless of title) of any jurisdiction, been accused of misconduct during the administration of any bar or legal paraprofessional exam, or had an exam score nullified or embargoed?</p> <p>If YES, identify the jurisdiction, agency and a detailed explanation of the reason(s). Provide substantiating documentation from the applicable agencies.</p> | | |
| | | | |

| Question No. | Question | Yes | No |
|---------------|---|-----|----|
| 5. | <p>Have you ever had your fitness to practice law questioned through an informal interview, formal hearing, or through any other means?</p> <p>If YES, provide a detailed explanation of each instance including the jurisdiction, dates, the reason(s) for inquiry, nature of inquiry, and final outcome. Provide substantiating documentation from the applicable agency(ies).</p> | | |
| <p>Sample</p> | | | |

| Question No. | Question | Yes | No |
|--------------|---|-----|----|
| 6. | <p>Have you ever applied for a professional, state or local license in order to pursue a career in a field, other than law, requiring licensure?</p> <p>If YES, provide for each application the date of the application, name and address of the licensing agency, type of license, whether an examination was required, whether proof of good character was required, and the date the license was issued. If no license was issued upon application, state the full reason.</p> | | |
| | <p>Date of application:</p> <p>Licensing Agency:</p> <p>Name and address of the licensing agency:</p> <p>Type of license:</p> <p>Examination required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proof of good character required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date the license was issued:</p> <p>If licensure is Pending or Denied, provide a detailed written explanation:</p> | | |
| | <p>Date of application:</p> <p>Licensing Agency:</p> <p>Name and address of the licensing agency:</p> <p>Type of license:</p> <p>Examination required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proof of good character required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date the license was issued – Date, Pending, Denied</p> <p>If Pending or Denied, provide a detailed written explanation:</p> | | |

| Question No. | Question | Yes | No |
|---|--|-----|----|
| Professional/Employment History: | | | |
| 7. | Have you ever held any public or judicial office? If YES, provide the location, dates, and title of the office held, including the reason for leaving. | | |
| | Location: Dates: Title of Office Held: Reason for Termination/Ending of Office: | | |
| | Location: Dates: Title of Office Held: Reason for Termination/Ending of Office: | | |
| | Location: Dates: Title of Office Held: Reason for Termination/Ending of Office: | | |
| | Location: Dates: Title of Office Held: Reason for Termination/Ending of Office: | | |

| Question No. | <p align="center">Complete an Employment Information Form here for each position.</p> <p align="center">See notes below for directions.</p> |
|--------------|--|
| | <p>8. EMPLOYMENT: Beginning with your current or most recent employment, list in chronological order all periods of employment or self-employment within the ten years preceding the date of this application or since the age of 18, whichever is shorter. There can be no gaps in employment for the preceding ten years (or shorter period if you turned 18 within ten years of application). Include all law-related and non-law-related employment, part-time and full-time, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work and temporary employment. Use additional pages if necessary.</p> <p>Provide a list of all employers within the prior 10-year period, together with dates of employment, location, company name, job title, supervisor name, supervisor email and phone number, and general description of your job functions. If using the employment as qualification for LLP licensure, provide the name and email of your supervising attorney. Employers and supervising attorneys will be contacted by email or by mail by this office.</p> <p>For periods of self-employment or unemployment (including due to COVID or going to school fulltime), you must add a new employer and type "Unemployment" or "Self-Employment" into the "Employer Name" field. Type "N/A" in the subsequent fields until you get to "Date From" field, which must state the same month and year as the employment immediately preceding the period of unemployment, and the "Date To" field, which must be the same as the date and year as the employer who employed you immediately following the period of unemployment. For periods of self-employment, provide a detailed narrative of the exact nature of the business in which you were engaged; and, provide the name and complete mailing address and email address of the supervising attorney for whom services were rendered if including the hours as qualification for LLP licensure.</p> <p>Legal and paralegal internships should be included under Legal Employment, even though you may not have been monetarily compensated for your activities. If you received course credit for an internship, you should so state. Internships for course credit will not be included as qualifying hours for LLP licensure.</p> <p>Do not list your own name or the name of someone to whom you are related by blood or marriage as a confirming reference. If you cannot recall the name of your supervisor, so state.</p> <p>If you are or were self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. For periods of self-employment, provide a detailed narrative of the exact nature of the business in which you were engaged and provide the name and complete mailing address and email address of all supervising attorneys for whom services were rendered if including the hours as qualification for LLP licensure.</p> <p>If an employer is no longer in business, provide the address as it was when you were employed there; instead of a phone number, include a note that it no longer exists.</p> <p>Reason for Leaving: If your reason for leaving was the result of being terminated, discipline or resignation in lieu of termination, complete a separate FORM 26 as part of your response to Question 26 for EACH incident.</p> |

| Question No. | Question |
|--------------------|--|
| References: | |
| 9. | Provide the names and contact information of three attorneys, LLPs, or other legal professionals who know you. If you do not know three attorneys, LLPs, or other legal professionals, substitute law school professors or other legal professionals. DO NOT include yourself, anyone who is related to you by blood or marriage, anyone under your supervision, anyone who resides at your current residential address or anyone listed in your answers to Questions 8 or 10. |
| | Name: Profession: Organization or Firm Name: Mailing Address: Email: Phone Number: |
| | Name: Profession: Organization or Firm Name: Mailing Address: Email: Phone Number: |
| | Name: Profession: Organization or Firm Name: Mailing Address: Email: Phone Number: |
| Question No. | Question |
| 10. | Provide the names and contact information for four people over the age of 18, preferably persons who have known you for at least five years, with whom you are personally acquainted. DO NOT include yourself, anyone who is related to you by blood or marriage, anyone under your supervision, anyone who resides at your current residential address or anyone listed in your answers to Questions 8 or 9. |
| | Name: Profession: Organization or Firm Name: Mailing Address: |

| | | | |
|-------------------------|---|-----------------|--|
| | Email: | | |
| | Phone Number: | | |
| | Name: | | |
| | Profession: | | |
| | Organization or Firm Name: | | |
| | Mailing Address: | | |
| | Email: | | |
| | Phone Number: | | |
| | Name: | | |
| | Profession: | | |
| | Organization or Firm Name: | | |
| | Mailing Address: | | |
| | Email: | | |
| | Phone Number: | | |
| | Name: | | |
| | Profession: | | |
| | Organization or Firm Name: | | |
| | Mailing Address: | | |
| | Email: | | |
| | Phone Number: | | |
| Question No. | | | |
| Education: | | | |
| 11. | Provide the name(s) and complete mailing address(es), including zip code(s) for every college and university attended including dates of attendance and degree earned. If you attended a college or university from which you did not graduate or from which you received no credit, provide an explanation of why no credit was granted. | | |
| Name of School: | | | |
| Accredited and by whom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | |
| City: | | State/Province: | |
| Postal/Zip Code: | | Country | |

| | | | |
|---|--|-----------------|--|
| Start Date: | | End Date: | |
| Graduation Date: | | | |
| Degree Type: JD, LLB, LLM, Masters, Bachelors, Associates, Certificate: | | | |
| Major: | | | |
| Completed Course of Study? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If NO, why? | | | |
| Name of School: | | | |
| Accredited and by whom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | |
| City: | | State/Province: | |
| Postal/Zip Code: | | Country | |
| Start Date: | | End Date: | |
| Graduation Date: | | | |
| Degree Type: JD, LLB, LLM, Masters, Bachelors, Associates, Certificate: | | | |
| Major: | | | |
| Completed Course of Study? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If NO, why? | | | |
| Name of School: | | | |
| Accredited and by whom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | |
| City: | | State/Province: | |
| Postal/Zip Code: | | Country | |
| Start Date: | | End Date: | |
| Graduation Date: | | | |
| Degree Type: JD, LLB, LLM, Masters, Bachelors, Associates, Certificate: | | | |

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|--|--|
| Major: | |
| Completed Course of Study? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, why? | |

| | | | |
|--|--|-----------------|--|
| Name of School: | | | |
| Accredited and by whom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | |
| City: | | State/Province: | |
| Postal/Zip Code: | | Country | |
| Start Date: | | End Date: | |
| Graduation Date: | | | |
| Degree Type: JD, LLB, LLM, Masters, Bachelors, Associates, Certificate: | | | |
| Major: | | | |
| Completed Course of Study? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, why? | | | |

| | | | |
|--|--|-----------------|--|
| Name of School: | | | |
| Accredited and by whom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | |
| City: | | State/Province: | |
| Postal/Zip Code: | | Country | |
| Start Date: | | End Date: | |
| Graduation Date: | | | |
| Degree Type: JD, LLB, LLM, Masters, Bachelors, Associates, Certificate: | | | |
| Major: | | | |
| Completed Course of Study? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, why? | | | |

| Question No. | Question | Yes | No |
|--|---|-----|----|
| Residential/Personal History Information: | | | |
| 12. | Are you a U.S. citizen? | | |
| 12.a. | If you are not a U.S. citizen, are you authorized by the United States government to work in the United States? | | |
| 13. | Have you been issued a United States driver's license within the past five years? If YES , provide the following information: | | |
| | State: Date Issued: License Status: | | |
| | State: Date Issued: License Status: | | |
| | State: Date Issued: License Status: | | |
| | Applicants must provide an official driving record from the Department of Motor Vehicles or Public Safety in each jurisdiction where you have been licensed to drive or you have resided in the last five years. Driving records CANNOT be dated more than 30 days prior to the date your application is filed if obtained prior to filing your application. Driving records obtained through internet sources will only be accepted if they were obtained directly from the jurisdiction's-official website. Driving records DO NOT need to be submitted at the time you submit your application; records must be received prior to an applicant being approved to take the oath of admission. | | |
| 14. | Residential History: Please complete the Residential History Form here and list all the residences where you have lived for 90 days or longer in the past ten years. | | |
| 15. | What is your current marital status (married, single, divorced, separated)? | | |
| 15.a. | If currently married, provide the following information: Marriage Date: Marriage Location: Spouse Full Name: | | |
| 16. | Have you ever been a named party to a civil union, divorce, marital separation, annulment or had a marriage set aside? If YES, complete a FORM 16 . Provide copies of all court documents, to include | | |

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|--|--|--|--|
| | petitions, complaints, separation agreements, parenting time/custody (if applicable), decrees, or final orders, and any other documentation relating to each termination of marriage or civil union. Supporting documents DO NOT need to be submitted at the time you submit your application; records must be received prior to an applicant being approved to take the oath of admission. | | |
| 17. | <p>Have you ever been required or currently required to pay spousal support, alimony, maintenance or child support as a result of a termination of a civil union, divorce, annulment or other court proceeding?</p> <p>If YES, complete a FORM 17. You will need to provide the name, last known address of your former spouse and/or child's(ren's) parent(s), and provide a notarized statement from the person to whom payments are made of your compliance with support payments, or a record of payment from the court/family registry through which payments are made, or final court order showing support has concluded.</p> | | |
| 18. | Are you now or have you ever been a member of the armed forces of the United States including the National Guard or any of the reserve components, or of any foreign country? If YES, complete a FORM 18 . | | |
| 19. | Have you ever had your name changed by marriage or civil union, divorce, court order, or been known by any other than a nickname or that which you entered in the application Profile Section of this application? If YES, state in full each name used and the dates that name was used. Provide a copy of the petition of name change and the final court order for the change. If no such court order exists, provide an explanation of what transpired. | | |
| | Name used: Date name used: Court Ordered: ? <input type="checkbox"/> Yes <input type="checkbox"/> No If not Court Ordered, reason for name change? | | |
| | Name used: Date name used: Court Ordered: ? <input type="checkbox"/> Yes <input type="checkbox"/> No If not Court Ordered, reason for name change? | | |
| | Name used: Date name used: Court Ordered: ? <input type="checkbox"/> Yes <input type="checkbox"/> No If not Court Ordered, reason for name change? | | |
| 20. | Provide the following parent information (if deceased, so state and no additional information would be required other than their name): | | |
| | | | |
| Parent 1 Name | | | |
| Designate maiden name, if applicable in () | | | |

| | | | |
|--|-----------------|--|--|
| parentheses | | | |
| Deceased | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent 1 Address | | | |
| Parent 1 City | | | |
| Parent 1 State or Province | | | |
| Parent 1 Country | | | |
| Parent 1 Zip/Postal Code | | | |
| Parent 2 Name | | | |
| Designate maiden name, if applicable in () parentheses | | | |
| Deceased | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent 2 Address | | | |
| Parent 2 City | | | |
| Parent 2 State or Province | | | |
| Parent 2 Country | | | |
| Parent 2 Zip/Postal Code | | | |
| Question No. | Question | | |
| 21. | Reserved | | |
| | | | |

Section D — Applicant Character and Fitness

It is proper for a state to require high standards of qualification, as long as the qualifications have a rational connection with the applicant's fitness or capacity to practice law. "Good moral character" entails honesty, respect for the rights of others and for the law, trustworthiness, reliability, and commitment to judicial process and to the efficient administration of justice. The character and fitness investigation process is the method by which the Colorado Supreme Court attempts to ensure that an applicant seeking full licensure meets minimum standards for admission to the bar.

Colorado LLPs and attorneys should be individuals whose records of conduct justify the trust of clients, adversaries, courts, and others with respect to the professional responsibilities owed to them. A license to practice law proclaims to the public that the holder has been found qualified to practice law in accordance with standards imposed by the Colorado Supreme Court, and that potential clients may therefore entrust their legal problems to the licensed individual. Every attorney and LLP applicant must undergo a thorough Character and Fitness Investigation.

If you answer "YES" to any of the questions, please complete the referenced Form related to the question and provide a detailed explanation of the underlying circumstances, consequences, and resolution. Information contained on applications for a license to practice law as an LLP in Colorado is confidential and may be released only under the conditions for release of confidential information established by C.R.C.P. 211. See C.R.C.P. 207.7(2). Lack of candor in responses may provide a basis for the Office of LLP Admissions to recommend the applicant appear for an inquiry panel interview with the Colorado Supreme Court Character and Fitness Committee. More information is available online [here](#) about the Character and Fitness process.

| Question No. | Question | Yes | No |
|--------------|--|-----|----|
| 22. | <p>Are you currently the subject of any allegations, charges, complaints, disciplinary or grievance actions (formal or informal) and/or have you ever been suspended, censured, reprimanded, publicly or privately, or disqualified as an attorney, LLP, a member of any other profession, or as a holder of public office?</p> <p>If YES, complete a separate FORM 22 for each incident. Duplicate FORM 22 as needed. Provide copies of the charge, complaint, or grievance and final disposition from the appropriate disciplinary authority.</p> | | |
| 23. | <p>Have you ever been the subject of any formal allegations, charges, complaints or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any pending matters?</p> <p>If YES, complete a separate FORM 23 for each allegation. Duplicate FORM 23 as needed. Provide copies of original charge, complaint or grievance and final disposition from the appropriate disciplinary authority.</p> | | |

| Question No. | Question | Yes | No |
|--------------|---|-----|----|
| 24. | Have you ever been accused of a violation of an honor code or student conduct code, warned or advised of any misconduct, accused of and/or investigated for any misconduct, placed on scholastic or disciplinary or any other form of probation, sanctioned, suspended, requested or advised to discontinue your studies, dropped, expelled or requested to resign or otherwise subjected to discipline by any college, law school or other post-secondary institution? If YES, complete a separate FORM 24 for each violation. Duplicate FORM 24 as needed. Provide copies of any and all relevant documentation contained in your student file. | | |
| 25. | Regardless of whether the record has been expunged, canceled, or annulled, or whether no record was made, have you ever been accused of cheating, plagiarism, or other academic dishonesty at any college, university, law school, or postsecondary institution you attended? If YES, complete a separate FORM 25 for each accusation. Duplicate FORM 25 as needed. Provide copies of any and all relevant documentation contained in your student file. | | |
| 26. | Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job? If YES, complete a separate FORM 26 for each incident. Duplicate FORM 26 as needed. (If the employment was not previously listed, please add it to Question 8). | | |
| 27. | Have any decrees, judgments, liens, or orders (including child support, maintenance, alimony, or tax liens) ever been entered against you in favor of a creditor or other entity? If YES, complete a separate FORM 27 for each judgment, lien, decree or order. Duplicate FORM 27 as needed. Provide copies of judgment(s), and if satisfied, satisfaction(s) of judgment(s). | | |
| 28. | Within the past seven (7) years, have you been delinquent by more than 90 days in the payment of any debt, including student loans, had a credit card involuntarily revoked or canceled, a credit account involuntarily closed or any debt referred to a collection agency or "charged off" as not collectible? If YES, complete a separate FORM 28 for each incident. Duplicate FORM 28 as needed. Provide documentation substantiating any repayment arrangements, including verification of current pay status or satisfaction. | | |
| 29. | Do you currently have any outstanding tax liabilities (i.e. tax liens, distraint warrants, etc.) and/or have you ever failed to file federal, state, and/or local income tax returns since first becoming obligated to do so by law, excluding years not required to file based upon lack of income? If YES, complete a separate FORM 29 for each tax year you were delinquent. Duplicate FORM 29 as needed. Provide documentation substantiating any repayment arrangements, including verification of current pay status or satisfaction. | | |

| Question No. | Question | Yes | No |
|--------------|--|-----|----|
| 30. | Have you ever filed for bankruptcy or for establishment of a wage earners plan? If YES, complete a separate FORM 30 for each bankruptcy petition filed. Duplicate FORM 30 as needed. Provide the petition for bankruptcy, schedule(s) of indebtedness, and order of discharge from the bankruptcy court. | | |
| 31. | Have you ever had a complaint or action (including but not limited to, allegations of fraud, deceit, misrepresentation, forgery, workplace misconduct, or malpractice) initiated against you in any administrative forum? If YES, complete a separate FORM 31 for each occurrence. Duplicate FORM 31 as needed. Provide a copy of the administrative record. | | |
| 32. | Have you ever been named a party to any civil action? If YES, complete a separate FORM 32 for each civil action. Duplicate FORM 32 as needed. Provide a copy of the original complaint, pleadings, judgments, and/or final orders. DO NOT INCLUDE DIVORCE PROCEEDINGS disclosed in Question 16. | | |
| 33. | Have you ever been held in contempt of court for any reason, have sanctions ever been entered against you or have you ever been disqualified from participating in any case? If YES, complete a separate FORM 33 for each occurrence. Duplicate FORM 33 as needed. Provide a copy of the order of contempt, sanction or disqualification. | | |
| 34. | Regardless of whether the record has been sealed, expunged, canceled or annulled have you ever been investigated, detained, arrested, cited for, charged with, or convicted, imprisoned, placed on probation or parole or forfeited collateral for any offense against the law or ordinance? Include matters that have been dismissed, expunged, sealed, subject to a diversion or a deferred prosecution program or otherwise set aside. You must report any incident you failed to appear for court. You must report any incident in which you were in violation of a court order (i.e. bond or probation violation, protection order). If YES, complete a separate FORM 34 for each offense/criminal case. Duplicate FORM 34 as needed. Provide a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiating documentation reflecting completion of court orders (i.e. community service, treatment, monitored sobriety). Matters involving alcohol- or drug-related traffic violations should be reported in response to Question 35 and on FORM 35. | | |

| Question No. | Question | Yes | No |
|--------------|--|-----|----|
| 35. | Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation? You must report any failure-to-appear charges resulting from the offense(s). Include matters that have been dismissed, expunged, sealed, subject to a diversion or a deferred prosecution program or otherwise set aside. You must report any incident you failed to appear for court. You must report any incident in which you were in violation of a court order (i.e. bond or probation violation, protection order). If YES, complete a separate FORM 35 for each DUI/DWAI/DWI case. Duplicate FORM 35 as needed. Provide a copy of the arresting agency's report; a copy of the charging document, complaint, indictment, citation, or information; disposition or sentencing order; appeal, if any; and substantiating documentation reflecting completion of court orders (i.e. community service, treatment, monitored sobriety). | | |
| 36. | Have you been cited for, charged with, or convicted of any traffic violations during the past five (5) years, excluding parking violations? You must report any incident you failed to appear for court. If YES, complete a separate FORM 36 for each violation. Duplicate FORM 36 as needed. Traffic violations involving alcohol or drugs should be reported in response to Question 35 and on FORM 35. | | |

The following questions address recent mental health and chemical or psychological dependency matters. The purpose of these questions is to determine the current fitness of an applicant to practice law. Each applicant is considered on an individualized basis. The mere fact that an applicant is receiving support or treatment for their mental health or for chemical or psychological dependency is not, in itself, a basis on which an applicant is ordinarily denied admission to the Colorado bar. The Office of Attorney/LLP Admissions regularly recommends licensing of individuals who have demonstrated personal responsibility and maturity in dealing with mental health and chemical or psychological dependency matters.

The Office encourages applicants who may benefit from treatment to seek it. As indicated in the Rules Governing Admission to the Bar, all proceedings conducted pursuant to the Rules are confidential, with certain limited and enumerated exceptions. See Rule 211.1.

On occasion a license may be denied when an applicant's ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or when an applicant demonstrates a lack of candor by their responses. Protection of the public that will receive legal services underlies the licensing responsibilities assigned to the Office of LLP Admissions. Furthermore, each applicant is responsible for demonstrating that they possess the qualifications necessary to practice law. Your response may include information as to why, in your opinion or that of your treatment provider, your condition will not affect your ability to practice law in a competent and professional manner.

The Office of LLP Admissions does not, by its questions, seek information that is characterized as situational counseling, such as stress counseling, domestic counseling, and grief counseling. Generally, these types of counseling are not viewed as germane to the issue of whether an applicant is qualified to practice law.

| Question No. | Question | Yes | No |
|--------------|---|-----|----|
| 37. | Have you ever been declared incompetent or had a conservator appointed to help to conduct your affairs? | | |
| 38. | Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner? If YES, complete FORM 38. Duplicate FORM 38 as needed. | | |
| 39. | Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical and professional manner? As used in Question 39, "currently" means recently enough so that the condition or impairment could reasonably have an impact on your ability to function as an LLP. If YES, complete a FORM 39. Duplicate FORM 39 as needed. | | |
| 40. | If you answer to Question 39 is YES, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? If YES, complete a separate FORM 40 for each service provider. Duplicate FORM 40 as needed. | | |
| 41. | Within the past five (5) years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding, by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment or termination procedure? If YES, complete FORM 41. Duplicate FORM 41 as needed. | | |
| | | | |
| 42. | Is there any additional information with respect to possible misconduct or lack of moral qualifications on your part, which is not otherwise disclosed by your answers in this application? If YES, describe in detail any such information on FORM 42. This is not meant to be used to supplement any information related to specifically asked application questions. That information should be included in the detailed explanation related to the specific question or as an Application Amendment once your application has been submitted. | | |

Applicant Name: _____

| | |
|--|---|
| Period of Employment: From: _____ To: _____ | Job Title: _____ |
| Business Name and Mailing Address: _____ | |
| Supervisor's Name and Title: _____ | Supervisor's Phone Number: _____ |
| Supervisor's Email: _____ | |
| Employment Type: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Internship/Externship <input type="checkbox"/> Course Credit Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Number of Hours per Week: _____ | <input type="checkbox"/> Current Employment If not current employment, reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned in Lieu of Termination <input type="checkbox"/> Contract Period Ended |
| Using this time for LLP Exam Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a detailed description of responsibilities (please note that a Certification by the Supervising Attorney will be required to verify Substantive Law-Related Employment for eligibility): _____ _____ _____ | |

Question 14: Residential History Form for LLP Applications (duplicate as needed)

Applicant Name: _____

List all residential addresses where you have lived for the past ten years. You must list every residence so that there are no gaps in time between residences in the previous ten years. This means that the month and year upon which the prior residence ended, the following month and year should be the starting point of the next residence. If you were without home or shelter for a period of time, you may indicate this by adding a new address and typing "Without Residence" in the address box during that time period.

Please include this form with your completed LLP Application.

Address, State, and Zip Code

Dates of Residence (mm/yy – mm/yy)

| Address, State, and Zip Code | Dates of Residence (mm/yy – mm/yy) |
|------------------------------|------------------------------------|
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**Certification of Substantive Law-Related Employment
Colorado Licensed Legal Paraprofessional**

As proof of employment for each position, an applicant must provide a **Certification of Substantive Law-Related Employment** signed and certified by a work-supervising lawyer in support of an applicant's eligibility to sit for the Colorado Licensed Legal Paraprofessional licensure examination. **Please note** that requirements for work experience depend on which path the applicant is pursuing for eligibility; please review the employment eligibility requirements [here](#) prior to completing this document.

I, _____ (name of supervising attorney), am a member in good standing of the Bar of Colorado, Attorney License No. _____.

I hereby declare the following regarding _____ applicant for licensure as a Licensed Legal Paraprofessional (LLP):

1. I acted as supervising lawyer for the above-named applicant. The work performed under my supervision by the applicant was:
 - Substantive law-related practical experience work, defined as the supervised provision of legal or law-related services to individuals other than the applicant including, but not limited to:
 - a. drafting or substantively reviewing pleadings, legal documents, or correspondence;
 - b. completing or substantively reviewing JDF forms;
 - c. preparing reports or charts for Alternative Dispute Resolution (ADR) or litigation purposes;
 - d. legal research for ADR or litigation purposes; and,
 - e. interviewing litigants, parties, or witnesses.

Note: Hours worked in a research capacity for a professor or others do not qualify. Internships and externships that provide academic credit to the applicant do not count as employment for eligibility.

- Colorado Family Law Experience (defined as substantive law-related practical experience in Colorado family law or Colorado domestic relations practice, which includes any of the following:
 - a. a legal separation, declaration of invalidity of marriage, or dissolution of a marriage or civil union;
 - b. an initial allocation of parental responsibility ("APR") matter, including parentage determinations, that is not part of a dissolution of a marriage or civil union;
 - c. modification of APR regardless of whether the initial APR was part of a dissolution of a marriage or civil union, or modification of child support and/or maintenance;
 - d. protection orders, name changes, and adult gender designation changes; and,
 - e. responding to motions for remedial contempt citations under C.R.C.P. 107.

Note: In counting hours worked for the Colorado Family Law Experience requirement, hours worked on

other types of matters do not count, even if the factual basis involves disputes or legal issues among family members. Hours worked in a research capacity for a professor or others do not qualify. Internships and externships that provide academic credit to the applicant do not count as employment for eligibility.

2. Please check one:

- As this applicant’s supervising lawyer, I personally directed, approved, and had responsibility for the work performed by the applicant.
- The applicant performed work in support of multiple attorneys at our firm or organization. In my role at this firm or organization, I personally directed, approved, and had responsibility for a portion of the work performed by the applicant, and have conferred with all attorneys who personally directed, approved, and had responsibility for work performed by the applicant.

3. Within **each** of the previous **five years from the date of this certification** the applicant performed the indicated number of hours of substantive law-related practical work for my law firm or organization (provide information for the applicable years of employment with your firm or organization, but no more than 60 months from the date of this certification):

| Start Date (MM/DD/YYYY) | End Date (MM/DD/YYYY) | Number of Hours |
|-------------------------|-----------------------|-----------------|
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4. Within **each** of the previous **five years from the date of this certification** the applicant performed the indicated number of hours of substantive law-related practical work in the area of Colorado family/domestic relations law for my law firm or (provide information for the applicable years of employment with your firm or organization, but no more than 60 months from the date of this certification):

| Start Date (MM/DD/YYYY) | End Date (MM/DD/YYYY) | Number of Hours |
|-------------------------|-----------------------|-----------------|
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- Check this box if the applicant’s hours of Colorado family law/Colorado domestic relations practice are included in the total hours in item #3 above.

CERTIFICATION

I certify under penalty of perjury under the laws of the State of Colorado that the foregoing is true and correct.

Executed this _____ day of _____, 20_____

at _____ (City), _____ (State).

Certifying Attorney's Full Name (First, Middle, Last):

Signature:

Firm/Organization Name and Address:

Certifying Attorney's Email Address:

Certifying Attorney's Phone Number:
