

**CORPORATION/PARTNERSHIP Registration – Legal Document Assistant**

Santa Cruz County  
701 Ocean St., Room 210  
Santa Cruz, CA 95060  
831-454-2060 / Fax: 831-454-2445  
[www.sccoclerk.com](http://www.sccoclerk.com)  
[gail.pellerin@co.santa-cruz.ca.us](mailto:gail.pellerin@co.santa-cruz.ca.us)

**Registration Number:** \_\_\_\_\_  
(If a renewal, a new # must be assigned if there is any lapse in the period of registration)

**Expiration Date:** \_\_\_\_\_  
(Two years from date of filing or date bond expires)

- Primary Registration**
- Secondary Registration:** \_\_\_\_\_  
(Name of Primary County)

**Filing Fees: Payable to County Clerk**

Registration . . . . . \$ **191.00**  
(includes one identification card)

Fee for filing . . . . . \$ **20.00**

Each additional ID card. . . . . \$ **10.00**

**Recording fees: Payable to County Recorder**

Fee for Recording Bond (1<sup>st</sup> page) . . . . . \$ **15.00**

Each additional page of bond . . . . . \$ **3.00**

(This space reserved for County Clerk use)

**APPLICANT INSTRUCTIONS:** Completely fill in all personal information requested in Part A. Check each applicable box in Parts B-E and provide information as requested for each box that is checked. Attach legible copies and originals of all documents requested. You must sign the completed application under penalty of perjury.

**A. Business and Personal Information**

Name of Corporation/Partnership: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**Name and Date of Birth of each Corporate Officer or General Partner**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Number of Legal Document Assistants employed by the corporation or partnership  
(please check one box):**

- 1 – 4 (\$25,000 bond)       5 – 9 (\$50,000 bond)       10 or more (\$100,000 bond)

**B. Education and Experience** (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 being provided: \_\_\_\_\_

**You must qualify under sections 1, 2, 3, OR 4 and submit required documentation**

**1. Paralegal Program/ABA School**

- I have earned a certificate from a paralegal program that is approved by the American Bar Association. (Attach copy of certificate of completion.)

**2. Paralegal Program/Non-ABA School**

- I have earned a certificate of completion from a paralegal program that is institutionally accredited but that is not approved by the American Bar Association. (Attach copy of certificate of completion)

**AND**

- I successfully completed a minimum of 24 semesters units (or the equivalent) in legal specialization courses. (Attach copy of transcript.)  
Number of semester units (or the equivalent): \_\_\_\_\_

**3. College or University**

- I have a Bachelor's Degree in \_\_\_\_\_. (Attach copy of Diploma.)  
(Name of Major)

**AND**

- I have completed at least one year of law-related experience working under the supervision of a licensed attorney. (Attach original statement on the attorney's

letterhead signed by the attorney describing the scope and dates of your experience.)

**OR**

- I completed at least one year of experience providing self-help service as defined by Business & Professions Code § 6400 (d) before January 1, 1999. (Attach original statement describing the scope and dates of your experience.)

**4. High School or General Equivalency Diploma**

- I have a high school diploma. (Attach copy of diploma.)

**OR**

- I have a general equivalency diploma. (Attach copy of diploma.)

**AND**

- I have completed at least two years of law-related experience working under the supervision of a licensed attorney. (Attach original statement on the attorney's letterhead, signed by the attorney, describing the scope and dates of your experience.)

**OR**

- I completed at least two years of experience providing self-help service as defined by Business & Professions Code § 6400 (d) before January 1, 1999 (Attach original statement describing the scope and dates of your experience.)

**Answer each question and check applicable boxes in Sections C, D and E**

**C. Civil Judgment**

- Has any officer/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**

Name of Officer/partner for whom there is a judgment: \_\_\_\_\_

- Has any officer/partner had a civil judgment entered against them in an action arising out of negligence, reckless or willful failure to properly perform obligations as a Legal Document Assistant or an Unlawful Detainer Assistant? **YES**  **NO**

Name of Officer/partner for whom there is a judgment: \_\_\_\_\_

**D. Criminal Conviction (Note: 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.)**

- Has any officer/partner been convicted of a felony? **YES**  **NO**

Name of Officer or partner for whom there is a conviction: \_\_\_\_\_

- Has any officer/partner been convicted of a misdemeanor unlawful practice of law or contempt of the authority of a court under Business & Professions Code § 6126 or 6127?

**YES**  **NO**

Name of Officer/partner for whom there is a conviction: \_\_\_\_\_

- Has any officer/partner been convicted of a misdemeanor violation of the provisions on Legal Document Assistants and Unlawful Detainer Assistants under Business and Professions Code Section 6400-6416? YES  NO

Name of Officer/partner for whom there is a conviction: \_\_\_\_\_

**E. Revocation of Registration/Disbarment or Suspension**

- Has any officer/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

Name of Officer/partner for whom there has been a revocation: \_\_\_\_\_

- Is any officer/partner presently disbarred or suspended from the practice of law pursuant to Business and Professions Code § 6100-6127? YES  NO

Date of Disbarment or Suspension: \_\_\_\_\_

Name of officer/partner who has been disbarred or suspended \_\_\_\_\_

*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** application must be signed by the Chairperson of the Board or President; **or** by Vice President **and** either a Secretary/Asst. Sec./CFO/Asst. Treasurer. **Partnership** application must be signed by at least one general partner.