



USE ONLY FOR ONLINE APPLICATION*
SCAN COMPLETED AND SIGNED ATTESTATION
AND ATTACH TO ONLINE APPLICATION

EMPLOYER/ATTORNEY ATTESTATION

I hereby attest that _____ is employed by me or my Firm/Company/Government Agency and is recognized as a paralegal, and that he/she, under the supervision of any attorney, is capable of the following services as generally described by the American Bar Association:

- Applying knowledge of the law and legal procedure in drafting legal documents and other papers in certain fields of law.
- Exercising judgment and working independently with respect to assigned tasks and keeping and meeting deadlines.
- Selecting, compiling, and using technical information from such references as digests, encyclopedias or practice manuals.
- Analyzing procedural problems and recommending solutions in certain fields of law

I further attest that the applicant has been employed by me or my Firm/Company/Government Agency as a paralegal for _____ years and _____ months; that the applicant's ethical and professional conduct are above reproach, and that he/she is recommended for membership in the Metrolina Paralegal Association.

Date:			
Employer/Firm/Company/Government Agency Name:			
Employer's Address:			
Supervising Attorney's Name:			
Supervising Attorney's Signature:			

***If completing hard copy application and mailing in, please DO NOT USE THIS FORM. Please use the Employer/Attorney Attestation attached to the second page of the complete application found at: [MAIL-IN NEW MEMBER APPLICATION](#).**

SCAN AND ATTACH THIS ATTESTATION TO YOUR ONLINE APPLICATION FOUND AT:
[ONLINE NEW MEMBER APPLICATION](#)
 Metrolina Paralegal Association