

**INDIVIDUAL REGISTRATION AS LEGAL DOCUMENT ASSISTANT  
CITY AND COUNTY OF SAN FRANCISCO**

- Primary Registration**
- Secondary Registration – County of Primary Registration in \_\_\_\_\_**

Information below to be entered by County Clerk. ) This space reserved for County Clerk use.

**Reg. #:** \_\_\_\_\_ )  
If a renewal, a new # must be assigned if there is any lapse in )  
the period of registration. )  
**Reg. Start Date:** \_\_\_\_\_ )  
**Reg. Expiration Date:** \_\_\_\_\_ )  
**Bond Effective Date:** \_\_\_\_\_ )  
**Bond Termination Date:** \_\_\_\_\_ )

- Completely fill in all personal information requested in Part A.
- Check each applicable box in Parts B through E and provide requested information for each checked box (attach legible copies of all documents requested as specified).
- You must sign the completed application under penalty of perjury.
- You must register in person with valid legal photo identification and 2 recent passport photos.
- For renewal and retain your current registration number, you must have completed the legal education courses required by Government Code Section 6402.2., register no earlier than 60 days prior to your current registration expiration or if there is no lapse of three years or more in the period of registration. No exceptions and no renewals by mail.
- Employee LDA ID cards are not permitted.

**A. Personal Information**

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

DBA (if applicable, attach a copy of the current FBN Statement):  
\_\_\_\_\_

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

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

CA Driver's License Number (or other personal identification that is acceptable to the County Clerk):  
\_\_\_\_\_ Expires: \_\_\_\_\_

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**B. Education and Experience (Check one.)**

<input type="checkbox"/>	<p><b>Paralegal Program/ABA School</b> I have earned a certificate of completion from a paralegal program that is approved by the American Bar Association (<i>attach copy of certificate of completion</i>).</p>
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<input type="checkbox"/>	<p><b>Paralegal Program/Non-ABA School</b>  <input type="checkbox"/> 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 (<i>attach copy of certificate of completion</i>).  <b>AND</b>  <input type="checkbox"/> I successfully completed a minimum of 24 semester units (or the equivalent) in legal specialization courses (<i>attach copy of transcript</i>). Number of semester units completed in legal specialization courses (or the equivalent)_____.</p>
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<input type="checkbox"/>	<p><b>College or University</b>  <input type="checkbox"/> I have a bachelor's degree in _____          _____          (<i>attach copy of diploma</i>). (state field of study or major)</p> <p><b>AND (Check one box below.)</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I completed at least one year of law-related experience working under the supervision of a licensed attorney (<i>attach original statement on attorney letterhead signed by the attorney describing the scope and dates of your experience</i>).         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> I completed at least one year of experience providing self-help service as defined by Business and Professions Code §6400(d) <u>prior to January 1, 1999</u> (<i>attach original statement describing the scope and dates of your experience</i>).         </td> </tr> </table>		<input type="checkbox"/> I completed at least one year of law-related experience working under the supervision of a licensed attorney ( <i>attach original statement on attorney letterhead signed by the attorney describing the scope and dates of your experience</i> ).	<b>OR</b>	<input type="checkbox"/> I completed at least one year of experience providing self-help service as defined by Business and Professions Code §6400(d) <u>prior to January 1, 1999</u> ( <i>attach original statement describing the scope and dates of your experience</i> ).
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<input type="checkbox"/>	<p><b>High School or General Equivalency Diploma (Check one box below.)</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I have a high school diploma (<i>attach copy of diploma</i>).         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> I have a general equivalency diploma (<i>attach copy of diploma</i>).         </td> </tr> </table> <p><b>AND (Check one box below.)</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I have completed at least two years of law-related experience working under the supervision of a licensed attorney (<i>attach original statement on attorney letterhead signed by the attorney describing the scope and dates of your experience</i>).         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> I completed at least two years of experience providing self-help service as defined by Business and Professions Code §6400(d) <u>prior to January 1, 1999</u> (<i>attach original statement describing the scope and dates of your experience</i>).         </td> </tr> </table>		<input type="checkbox"/> I have a high school diploma ( <i>attach copy of diploma</i> ).	<b>OR</b>	<input type="checkbox"/> I have a general equivalency diploma ( <i>attach copy of diploma</i> ).	<input type="checkbox"/> I have completed at least two years of law-related experience working under the supervision of a licensed attorney ( <i>attach original statement on attorney letterhead signed by the attorney describing the scope and dates of your experience</i> ).	<b>OR</b>	<input type="checkbox"/> I completed at least two years of experience providing self-help service as defined by Business and Professions Code §6400(d) <u>prior to January 1, 1999</u> ( <i>attach original statement describing the scope and dates of your experience</i> ).
<input type="checkbox"/> I have a high school diploma ( <i>attach copy of diploma</i> ).	<b>OR</b>	<input type="checkbox"/> I have a general equivalency diploma ( <i>attach copy of diploma</i> ).						
<input type="checkbox"/> I have completed at least two years of law-related experience working under the supervision of a licensed attorney ( <i>attach original statement on attorney letterhead signed by the attorney describing the scope and dates of your experience</i> ).	<b>OR</b>	<input type="checkbox"/> I completed at least two years of experience providing self-help service as defined by Business and Professions Code §6400(d) <u>prior to January 1, 1999</u> ( <i>attach original statement describing the scope and dates of your experience</i> ).						

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**C. Civil Judgment**

- I have 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 (*attach certified copy of each judgment*).
- I had a civil judgment entered against me in an action arising out of my negligent, reckless or willful failure to properly perform my obligation as a legal document assistant or an unlawful detainer assistant (*attach certified copy of each judgment*).

**D. 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.)

- I have been convicted of a felony (*attach certified copies of each conviction and disposition*).
- I have been convicted of a misdemeanor unlawful practice of law or contempt of the authority of a court under Business and Professions Code §6126 or §6127 (*attach certified copies of each conviction and disposition*).
- I have been convicted of a misdemeanor violation of the provisions on legal document assistants and unlawful detainer assistants at Business and Professions Code §6400-6416 (*attach certified copies of each conviction and disposition*).

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

- I have had my registration as a legal document assistant or an unlawful detainer assistant revoked by a County Clerk under Business and Professions Code § 6413 (*attach certified copy of each revocation*).
- I am presently disbarred or suspended from the practice of law pursuant to Business and Professions Code §6100-6117. Date of Disbarment or Suspension: \_\_\_\_\_  
\_\_\_\_\_.

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: \_\_\_\_\_

Date: \_\_\_\_\_

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**ADDENDUM**

Business and Professions Code §6402 states that the Department of Consumer Affairs shall develop the application required to be completed by a person for purposes of registration. However, as a form has not yet been developed, the County of San Francisco Clerk's Office developed this addendum based on the revisions made to the applicable sections of the Business and Professions Code effective January 1, 2016.

**RENEWAL OF REGISTRATION**

To be eligible to renew registration, registrant shall complete 15 hours of continuing legal education courses during the two-year period preceding renewal.

I have completed the legal education courses required by Business and Professions Code Section 6402.2

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: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR AN INDIVIDUAL REGISTRATION AS LEGAL DOCUMENT ASSISTANT

1. Completely fill in all personal and business information requested in Part A. Application must be legible.
2. Check each applicable box in Parts B through E and provide requested information for each checked box.
3. Attach legible copies of all documents requested for each checked box.
4. If the registration contains a dba, a copy of your current Fictitious Business Name Statement (FBN) statement must be presented.
5. Sign the completed application under penalty of perjury.
6. Register in person with valid legal photo identification and 2 recent passport photos.
7. **Registration Fee(s):** Payment in cash, debit/credit card, personal check (preprinted with account holder's name from a USA issued bank, no foreign checks), money order or cashier's check payable to SF COUNTY CLERK.

**For current fee(s), please visit our website at <http://www.sfgov.org/countyclerk>**

8. If this is a primary registration, you must submit an original \$25,000 bond covering the two-year registration period or a cash deposit of \$25,000.

**IMPORTANT:** The name on the bond must match the name indicated on the registration form. The bond must be in favor of the State of California AND include the name of the county where the bond will be filed (primary county).

9. If this is a secondary registration, you must submit one of the following:
  - an original \$25,000 bond covering the two-year registration period, or
  - a cash deposit of \$25,000, or
  - a certified copy of the original \$25,000 bond, or
  - a certified copy of posting a \$25,000 cash deposit with primary county.
  - **IMPORTANT:** The name on the bond must match the name indicated on the registration form. The bond must be in favor of the State of California AND include the name of the county where the bond was filed (primary county).
10. For renewal and retain your current registration number, you must have completed the legal education courses required by Government Code Section 6402.2., register no earlier than 60 days prior to your current registration expiration or if there is no lapse of three years or more in the period of registration. No exceptions and no renewals by mail.