



P.O. Box 344  
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[www.keystoneparalegals.org](http://www.keystoneparalegals.org)

**Attorney Declaration in Support of Application  
for Pennsylvania Certified Paralegal Credential (Pa.C.P.)**

I, \_\_\_\_\_, declare as follows:

1. I am an attorney with at least five years of experience as an attorney, and I am in good standing with the State Bar of \_\_\_\_\_ (Attorney ID Number \_\_\_\_\_).
2. I am personally acquainted with the applicant, \_\_\_\_\_.
3. The majority of the applicant's duties performed while in my or my firm's/company's employ during the period \_\_\_\_\_ to \_\_\_\_\_ consisted of substantive legal work defined by the Keystone Alliance of Paralegal Associations as those tasks requiring substantive legal knowledge or legal work requiring recognition, evaluation, organization, analysis and/or communication of relevant facts and legal concepts and that would otherwise by law, rule or ethics be performed by an attorney.
4. The applicant's performance is consistent with that of a paralegal of at least \_\_\_\_\_<sup>1</sup> or more years of experience.
5. The above statements are true and correct to the best of my personal knowledge and/or on the basis of information and good faith belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<sup>1</sup> Applicant is to fill in this blank with the number of years of work experience corresponding to the subsection of the education and experience criterion under which the applicant is applying prior to submitting declaration to the attorney.