

ENROLLMENT FORM FOR LIMITED LICENSE LEGAL TECHNICIAN (LLLT) FAMILY LAW COURSES

NOTE: Type information using the fillable PDF form, except where signatures required. Then, print and submit a complete, original copy to the WSBA. No handwritten applications will be accepted.

GENERAL INFORMATION			
First	Middle	Last Name	
Birth Date (Mo/Day/Yr)		_ Social Security No. (if you	have one)
Place of Birth (City, State, Country)			
Telephone numbers and an email address at which you can be reached:			
Home		Office	
Email			
Mailing address at which you can be contacted about this application:			
Check if address is Residence	ce Busine	SS	
If business, name of firm			
Address/P.O. Box			_
City	State		Zip
Country		Province	
FAMILY LAW COURSES			

NOTE: If you are enrolling under the limited time waiver, complete the Application for Waiver of Education Requirements for Licensure as Limited License Legal Technician and do not complete this form.

PREREQUISITE COURSE COMPLETION

To qualify to enroll in the family law courses, you need to have completed each of the following prerequisite courses at an ABA approved law school or ABA approved paralegal program:

- 1. Civil Procedure, minimum 8 credits,
- 2. Interviewing and Investigation Techniques, minimum 3 credits,
- 3. Introduction to Law and Legal Process, minimum 3 credits,
- 4. Legal Research, Writing, and Analysis, minimum 8 credits, and
- 5. Professional Responsibility, minimum 3 credits.

INSTRUCTIONS

Signature

- You must have completed each prerequisite course to qualify for enrollment.
- Courses **must add up** to the minimum credit amount.
- You must provide an official transcript verifying your completion of the courses with this enrollment form.
- Failure to provide an official transcript will result in a rejection of your request to enroll.

VERIFYING PREREQUISITE COMPLETION Have you completed each of the prerequisite courses at an ABA approved law school or ABA approved paralegal program? Check the appropriate box. Yes No **EDUCATIONAL INSTITUTION INFORMATION** Provide the following information about the ABA approved institution: Name of ABA approved institution Address of institution _______ ______ State ______ Zip _____ To Mo/Year Attended From Mo/Year CERTIFICATION OF ACCURACY OF INFORMATION I, (Full Name) ______, certify under penalty of perjury under the laws of the State of Washington that I am the person above named; that I have read the foregoing enrollment form; and that the statements contained in it are full, true and correct. Executed this ______ day of _______, 20___ at _____ (City), (State).

Date