



TACOMA-PIERCE COUNTY BAR ASSOCIATION

621 Tacoma Avenue South, Suite 403
Tacoma, WA 98402

Administration: (253) 272-8871

Lawyer Referral: (253) 383-3432

Fax: (253) 627-4718

Email: director@tpcba.com Web: tpcba.com

Kit Kasner, Executive Director

LEGAL ASSISTANT RULE 0.7 RENEWAL NOTICE

Our records indicate that your Legal Assistant Registration Card expires on **December 31, 2020**. *All cards are issued on a 12-month basis, January - December.*

If you wish to renew your Legal Assistant Card for 2021, please complete the following information and have your supervising attorney sign the *Affidavit of Supervising Attorney* on the reverse. Send both, along with your check in the amount of **\$30.00** (*payable to TPCBA*) to: Tacoma-Pierce County Bar Association, 621 Tacoma Avenue South, Suite 403, Tacoma, Wa., 98402. Upon receipt, a new card will be promptly forwarded.

NAME _____
(AS YOU WOULD LIKE IT TO APPEAR ON THE CARD)

CARD # _____ ISSUE DATE _____

EMAIL _____

HOME ADDRESS _____

FIRM NAME _____

FIRM ADDRESS _____

PHONE _____

NAME OF SUPERVISING ATTORNEY _____

Please indicate if your supervising attorney has changed. If there has been a change, a new application will be forwarded for your completion.

Thank you very much.

If you have questions please call (253) 272-8871.

AFFIDAVIT OF SUPERVISING ATTORNEY

STATE OF WASHINGTON)
) S.S.
County of Pierce)

_____ hereby certifies as follows:

1. I am an active member of the Washington State Bar Association. I am with a Pierce County law firm, or a city, county or state administrative agency or corporation.
2. I am presently engaged in the active practice of law with _____ (Name of Firm or Organization), located at _____
3. I agree to act as the responsible attorney for _____ as a legal assistant and will furnish such information and reports regarding his or her practice as a legal assistant as may be prescribed by the Board of Trustees of the Tacoma-Pierce County Bar Association.
4. The applicant, if approved, shall be the only legal assistant for whom I am the supervising attorney.
5. My legal assistant is trained by experience and/or special education to carry on investigative and information gathering matters, use independent judgment and deal with clients in a professional and ethical manner under my supervision and control, and the legal assistant is responsible to me at all times. I will faithfully supervise and direct his/her work and will be responsible for his/her professional conduct.
6. I agree to see that the applicant surrenders his/her registration card upon change of employment or if he/she for any other reason no longer qualifies for registration.

Signature of Supervising Attorney

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2021.

NOTARY PUBLIC in and for the State of Washington, residing at ___

My commission expires _____