**Minnesota Legal Paraprofessional Program (LPP)
Application Form and Instructions**

Use this form to apply as a participant in the LPP. The Minnesota Judicial Branch adds approved participants and their information to the public roster of legal paraprofessionals and supervising attorneys.

## Instructions

1. Review all LPP documentation, including Supervised Practice Rule 12 and Appendix 1 to Rule 12.
2. Electronically complete this form and save to your computer.

**TIP:** This is a Microsoft Word document. To complete this form electronically: 1) “Save as” to your computer, 2) fill out the form fields, 3) save and/or print a copy, 4) submit to the LPP Standing Committee.

1. Complete all fields on the application for both the legal paraprofessional and supervising attorney.
2. Attach required documentation listed in the Application Packet Checklist on the last page of this application.
3. Submit a separate application for each legal paraprofessional and supervising attorney association.
4. Send completed application and all relevant attachments using one of the methods provided on the last page of this application.

## Legal Paraprofessional Information

### Contact Information

The contact information you provide on this form becomes a public record and will be published on the LPP public roster on the Judicial Branch website.

**Today’s Date:**

**First name:       Middle Initial:       Last:**

**Mailing Address:**

**City/State/Zip:**

**Email:**

**Work Phone Number:       Home Phone Number:**

[ ]  I have been previously approved to participate in the LPP and submit this application to create an association with a new supervising attorney.

### Education and Work Experience Criteria

Identify the education and work experience option that best applies to your situation and complete the corresponding sections of this application to provide the details.

* If you are eligible for approval based on more than one of the options, choose one and complete the application on that basis.
* If your qualifying criteria is high school education and work experience, complete both the education and work experience sections, and submit an attorney attestation of your work experience. The attorney attestation form is available on the [Legal Paraprofessional Program website](https://mncourts.gov/Help-Topics/Legal-Paraprofessional-Program.aspx) under the Apply to Participate tab.
* If your qualifying criterion is solely education, complete **only** the education section.

**[ ]** Obtained Associate’s or Bachelor’s Degree in legal paraprofessional studies from an accredited educational institution. *Complete the Education Information section*.

**[ ]** Obtained a legal paraprofessional certificate from an accredited educational institution in addition to an Associate’s or Bachelor’s degree in any subject from an accredited educational institution. *Complete the Education Information section.*

[ ]  Obtained a law degree from an American Bar Association (ABA) accredited law school. *Complete the Education Information section.*

[ ]  Obtained a high school diploma and have a minimum of 5 years of substantive legal paraprofessional experience. *Complete the Education Information and Work Experience Information sections.*

### Education Information

**Name of School:**

**Address:**

**City/State/Zip:**

**Degree Obtained:**

**Subject Matter/Major:**

**Graduation Date:**

### Work Experience Information

Attach additional sheets if necessary. Work experience means work that requires knowledge of legal concepts that a lawyer usually performs. The term “substantive” means work requiring recognition, evaluation, organization, analysis, and communications of relevant facts and legal concepts.

**Employer Name:**

**Employer Address:**

**City/State/Zip:**

**Supervising Attorney:**

**Dates of Employment:**

**Employment Status:** [ ]  Full Time [ ]  Part Time [ ]  Temporary

**Hours Per Week Worked:**

##### Paraprofessional Experience:

Years of Experience providing paraprofessional services:

List the case types you have experience in:

### Ethics and Continuing Legal Education (CLE) Criteria

Legal paraprofessionals must meet ethics and continuing education requirements to participate in the Program. *Select one*.

**[ ]** I was admitted as a rostered legal paraprofessional prior to December 31, 2024.

**OR**

**[ ]** I have completed at least ten (10) continuing legal education (CLE) credits, including at least two (2) credit hours in ethics, within the two years prior to submitting this application. I have attached proof of CLE credits.

 I understand that I must report 10 (10) CLE credits every two years, two of which must be ethics. One diversity, equity, and inclusion credit may be approved in lieu of one ethics credit.

### Additional Eligibility Information

If you answer yes to any of these questions, attach an explanation of the situation, including how it was resolved and why it should not affect your approval for participation in the LPP.

###### Have you ever been suspended, disbarred, or resigned in lieu of discipline from the practice of law in another state or jurisdiction?

**[ ]** Yes **[ ]** No

###### Have you ever been found to have engaged in the unauthorized practice of law in another state or jurisdiction?

**[ ]** Yes **[ ]** No

###### Have you been registered with, or licensed by a government entity or other professional organization to practice another profession, and had the registration or license terminated or revoked for disciplinary reasons by another organization, state, or jurisdiction?

**[ ]** Yes **[ ]** No

### Professional Liability Insurance

[ ]  I do not carry independent professional liability insurance.

**[ ]** I carry independent professional liability insurance.

**Carrier:**

**Policy Effective Date:**

## Declaration of Legal Paraprofessional Applicant

[ ]  I have read and understand the requirements outlined in Supervised Practice Rule 12 regarding the scope of work permitted in the LPP, including the requirements for attorney supervision, the types of court proceedings, and other legal work that legal paraprofessionals may handle.

[ ]  As a participant in the LPP, I agree to keep track of participation data and to report that information to the LPP Standing Committee when required.

[ ]  I consent to a confidential inquiry of third parties by the Standing Committee on the LPP for the purpose of determining whether I fulfill the requirements for participation as a legal paraprofessional provider.

[ ]  I have executed a clear, written agreement covering the scope and types of work I will undertake and outlining the supervisory steps I will participate in with the supervising attorney to ensure I am serving the interests of the clients. See Supervised Practice Rule 12.02(c).

[ ]  I agree to inform the LPP Standing Committee promptly of any fact or circumstance that would make me ineligible for approval to participate in the LPP as a legal paraprofessional.

[ ]  Per Supervised Practice Rule 12.04(c), I agree to cooperate with any Standing Committee investigations and understand that failure to cooperate may be the basis for removal from the LLP.

[ ]  I agree that, if I withdraw my participation as a legal paraprofessional with the LPP, I will immediately notify the client, supervising attorney, all courts where a LPP certificate of representation has been filed, and the LPP Standing Committee.

[ ]  I affirm the contents of this application and its attachments, and I affirm that the material representations of my work experience and/or education and/or continuing education provided are true and correct.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

**Print or Type Full Name:**       **Date:**

**Apply Signature:**

      **County Where Signed:**

*Typographical signatures are treated as a personal signature and shall be in the form /s/ Joan P. Smith*

## Supervising Attorney Information

### Contact Information:

**First name:       Middle Initial:       Last:**

**Mailing Address:**

**City/State/Zip:**

**Email:**

**Work Phone Number:       Home Phone Number:**

**Law Firm:**

[ ]  I have previously been approved to participate in the LPP and submit this application to create an association with a new legal paraprofessional.

### Professional License and Liability Insurance Information

**Minnesota Attorney ID No.:**

**Carrier:**

**Policy Effective Date:**

Does your professional liability insurance cover the work of the paraprofessional you are supervising?

**[ ]** Yes **[ ]** No

### Relationship between attorney and paraprofessional

[ ]  Employee – Part Time

[ ]  Employee – Full Time

[ ]  Employee – Temporary

[ ]  Independent Contractor

## Participant Service Information

As a participant in the LPP, the legal paraprofessional may perform certain independent services, under the supervision of an attorney as outlined in Supervised Practice Rule 12.01, Scope of Work. Completing this information will not restrict future activities of approved legal paraprofessionals. If any information changes, submit an email to paraprogram@courts.state.mn.us.

**I. Select the area(s) of law in which you intend to participate in the LPP:**

[ ]  Housing Law – Tenant Representation under Minnesota Statutes Ch. 504B and Minnesota Statutes, section 484.014

**[ ]**  Family Law – Child Support Modification, Parenting Time Disputes, Mediation, Paternity Matters

**[ ]**  Orders for Protection and Harassment Restraining Orders. *To apply,* [*complete the Training Requirements and Waiver Form*](https://mncourts.gov/Help-Topics/Legal-Paraprofessional-Program.aspx)*, located under the Apply to Participate tab.*

**[ ]** Conciliation Court

**[ ]** Consumer and Student Loan Debt

**[ ]** Criminal Law – Expungements under Minn. Stat. Ch. 609A

**[ ]** Criminal Law – Petty misdemeanor cases. *Complete Section III to apply*.

**[ ]** Probate and Estate Administration. *Complete Section IV to apply.*

**[ ]** Office of Administrative Hearings on behalf of persons who have been denied a license or certification or had a license or certification revoked

**[ ]** Unemployment Benefits proceedings before the Department of Employment and Economic Development on behalf of persons who are challenging denial of benefits

**[ ]** Department of Human Services proceedings on behalf of persons denied benefits

**II. Select the area(s) of the state in which you intend to provide services:**

**[ ]** Statewide

**[ ]** South-Central Minnesota (Mankato/New Ulm)

[ ]  South-West Minnesota (Marshall/Worthington)

**[ ]** West Central Minnesota (St. Cloud/Montevideo)

**[ ]** North West Minnesota (Detroit Lakes/Thief River Falls)

**[ ]** North Central Minnesota (Bemidji/Brainerd)

**[ ]** North East Minnesota (Duluth/Hibbing)

**[ ]** Hennepin and/or Ramsey Counties

**[ ]** Twin-Cities Suburbs (Washington, Anoka, Carver, Scott, Dakota counties)

**III. Criminal Law – Petty Misdemeanors**

***Complete this section only if you are applying to provide services for this case type***

| **REQUIREMENTS:** |
| --- |
| 1. Within the two years prior to seeking certification under Rule 12.04(a), at least 3 continuing legal education (CLE) credits relating to petty misdemeanors or areas that may be impacted by petty misdemeanors, including housing, immigration, health care, federal benefits, and professional licensing. Rule 12.02(b)(3)
2. At least 2 years of demonstrated relevant experience. Rule 12.02(f)(4)
3. The supervising attorney must substantially practice in criminal defense law. Rule 12.03(f)
 |

##### List at least 3 hours of qualifying CLE credits:

###### Training related to petty misdemeanors:

###### Training related to areas that may be impacted by petty misdemeanors, including housing, immigration, health care, federal benefits, and professional licensing:

##### List the number of years of relevant experience and the number of petty misdemeanor cases handled:

**IV. Estate Administration and Probate Cases**

***Complete this section only if you are applying to provide services for this case type***

| **REQUIREMENTS:** |
| --- |
| 1. At least 2 years of demonstrated relevant experience.
 |
|  |

##### List the number of years of experience handling estate and probate cases:

##### List the number of cases you have handled and describe the work you performed regarding estate and probate cases:

## Declaration of Legal Paraprofessional Applicant

[ ]  I have read and understand the requirements outlined in Supervised Practice Rule 12 and Appendix 1 to Rule 12 regarding the scope of work permitted in the LPP, including the requirements for attorney supervision, the types of court proceedings, and other legal work that legal paraprofessionals may handle.

[ ]  I agree to keep track of participation data and to report that information to the LPP Standing Committee when required.

[ ]  I consent to a confidential inquiry of third parties by the LPP Standing Committee for the purpose of determining whether I fulfill the requirements for participation as a legal paraprofessional.

[ ]  I have executed a clear, written agreement covering the scope and types of work I will undertake and outlining the supervisory steps I will participate in with the supervising attorney to ensure I am serving the interests of the clients. See Supervised Practice Rule 12.02(c).

[ ]  I agree to inform the LPP Standing Committee promptly of any fact or circumstance that would make me ineligible for approval to participate in the LPP.

[ ]  Per Supervised Practice Rule 12.04(c), I agree to cooperate with any LPP Standing Committee investigations and understand that failure to cooperate may be the basis for removal from the LPP.

[ ]  I agree that if I withdraw my participation in the LPP, I will immediately notify all clients, the supervising attorney, all courts where a certificate of representation has been filed, and the LPP Standing Committee.

[ ]  I affirm the contents of this application and its attachments, and I affirm that the material representations of my work experience and/or education and/or continuing education provided are true and correct.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

**Print or Type Full Name:**       **Date:**

**Apply Signature:**

      **County Where Signed:**

*Typographical signatures are treated as a personal signature and shall be in the form /s/ Joan P. Smith*

## Declaration of Supervising Attorney Applicant

**[ ]** I am an attorney licensed to practice in the State of Minnesota and am in good standing of the Minnesota State Bar.

[ ]  I have read and understand the requirements outlined in Supervised Practice Rule 12 regarding the scope of work permitted in the LPP, including the requirements for attorney supervision, the types of court proceedings, and the other legal work that legal paraprofessionals may handle.

[ ]  I agree to assume personal professional responsibility for and supervision of the legal paraprofessional’s work, including court appearances. I agree to assist the legal paraprofessional to the extent necessary. I agree to sign all pleadings. I agree to carry malpractice insurance that will sufficiently cover my supervision of the legal paraprofessional and the work and actions of the supervised legal paraprofessional or ensure that the legal paraprofessional has adequate insurance.

[ ]  I have executed a clear, written agreement covering the scope and types of work the legal paraprofessional will undertake and outlining the supervisory steps I will take to ensure the paraprofessional is serving the client’s interests. See Supervised Practice Rule 12.02(c).

[ ]  I vouch for the legal paraprofessional’s skills, abilities, and substantive law-related experience to engage competently in the work. In my judgment and experience, the legal paraprofessional is qualified to participate in the LPP.

[ ]  I agree that, if I withdraw my certification of the legal paraprofessional, or am no longer willing or able to supervise the legal paraprofessional, I will immediately notify the legal paraprofessional, all clients currently represented by the legal paraprofessional, all courts where a LPP certificate of representation has been filed, and the LPP Standing Committee. I will inform the LPP Standing Committee of the reason(s) for the withdrawal.

[ ]  I consent to a confidential inquiry of third parties, such as the Office of Lawyers Professional Responsibility, by the LPP Standing Committee for the purpose of determining whether I fulfill and continue to meet the requirements for participation as a supervising attorney.

[ ]  I agree to inform the LPP Standing Committee promptly of any fact or circumstance that would render me ineligible for registration as supervising attorney, or if I am subject to public or private admonitions or other disciplinary actions that do not affect my standing with the Minnesota State Bar.

[ ]  I agree to cooperate with LPP Standing Committee investigations and understand that a failure to cooperate may be the basis for removal from the LPP.

[ ]  I affirm the contents of this application and its attachments, and I affirm that all material representations of my work experience and/or as set forth herein are true and correct.

**Criminal Misdemeanor Case Type – *check only if you plan to supervise a paraprofessional in this case type***

[ ]  I affirm that I substantially practice in criminal defense law.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

**Print or Type Full Name:**       **Date:**

**Apply Signature:**

      **County Where Signed:**

*Typographical signatures are treated as a personal signature and shall be in the form /s/ Joan P. Smith*

## Application Packet Checklist

Please confirm that you have completed all sections in this application and that you have attached all required documents.

**[ ]** Application Sections:

[ ]  Legal Paraprofessional Information

[ ]  Supervising Attorney Information

[ ]  Participant Service Information

[ ]  Declaration of Legal Paraprofessional Applicant

[ ]  Declaration of Attorney Applicant

**[ ]** Supporting Documents:

[ ]  Attorney Attestation of Work Experience, if required for those qualifying with high school education and work experience.

[ ]  Applicable documentation based on responses in the Ethics and Continuing Legal Education Requirements section:

[ ]  Proof of CLE completion

[ ]  Copy of the Written Agreement covering the scope and types of work the legal paraprofessional will undertake and outlining the supervisory steps to ensure the paraprofessional is serving the clients’ interests. See Supervised Practice Rule 12.02(c).

Send completed application forms and all relevant attachments to the Legal Paraprofessional Program Standing Committee by email or U.S. Mail.

* For email submissions send to paraprogram@courts.state.mn.us
* For U.S. Mail send to:

Legal Paraprofessional Program Standing Committee
25 Rev. Dr. Martin Luther King Jr. Blvd.
Suite 150
Saint Paul, MN 55155