

**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) \_\_\_\_\_ Place of Birth (City, State, Country)\_\_\_\_\_

Please list 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      Business

If business, name of firm \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

**ENROLLMENT IN FAMILY LAW COURSES**

Do you intend to enroll in the family law courses through the University of Washington School of Law that will be offered beginning Fall Quarter 2019? Yes    No

**VERIFYING PREREQUISITE COMPLETION**

Have you completed each of the following prerequisite courses at an ABA approved law school, ABA approved paralegal program, or LLLT Board approved legal studies 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.

Check the appropriate box. Yes    No



## EDUCATIONAL INSTITUTION INFORMATION

- Provide an original, sealed transcript from and the following information about, the educational institution(s) where you completed the prerequisites:

Name of institution \_\_\_\_\_

Address of institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attended From Mo/Year \_\_\_\_\_ To Mo/Year \_\_\_\_\_

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Name of institution \_\_\_\_\_

Address of institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attended From Mo/Year \_\_\_\_\_ To 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;
- I understand that to qualify to apply for the LLLT examination I must complete, at a minimum, an associate level college degree;
- 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)

\_\_\_\_\_  
Signature

