



# REGISTRATION AS UNLAWFUL DETAINER ASSISTANT INDIVIDUAL COUNTY OF SHASTA

<b>Filing Fees</b>	
Filing registration:	\$175.00
Filing bond:	\$ 8.00
Recording bond: (1 <sup>st</sup> page)	\$ 14.00
<b>Total fee payable to Shasta County Clerk</b>	<b>\$197.00</b>
<b>Each additional ID card</b>	<b>\$ 10.00</b>
Payable to Shasta County Clerk	
<b>Each additional page of bond</b>	<b>\$ 3.00</b>
Additional Fee payable by cash or separate check to Shasta County Recorder	

This space reserved for County Clerk file Stamp use only

**Application** - Mark the type of registration you are applying for in Shasta County.

**Primary Registration**

**Secondary Registration** - List County of

Primary Registration: \_\_\_\_\_

**Personal Information**  
Completely fill in all personal information requested.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(If applicable)

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

Phone Number: \_\_\_\_\_

CA Driver's License Number: \_\_\_\_\_  
(Or other personal identification that is acceptable to the County Clerk)

**(See Reverse)**

**Office Use Only**

<b>Registration #:</b> _____	<b>Start Date:</b> _____	<b>Expiration Date:</b> _____
<small>(For Renewals - A new # must be assigned if there has been a lapse in registration longer than 3 years.)</small>		<small>(2 yrs from date of filing/renewal of registration or expiration of the bond.)</small>

Approved/Denied (circle one)	Clerk's Initials: _____	Date: _____
Enter in Excel Log	Clerk's Initials: _____	Date: _____
Create Card/Copy Card & Bond	Clerk's Initials: _____	Date: _____
Enter in Riims	Clerk's Initials: _____	Date: _____
Create Label for File Folder	Clerk's Initials: _____	Date: _____
Picked Up/Mailed (circle one)	Clerk's Initials: _____	Date: _____

## Education and Experience

You must meet the qualifications in ONE of the following 4 options.

1. Mark the option that best meets your qualifications.
2. Attach legible copies of all documents requested for each box checked within your chosen option.  
(Attach certified copies and originals as specified).

### **OPTION 1 - Paralegal Program/ABA School**

I have earned a certificate of completion from a paralegal program that is approved by the American Bar Association (*attach copy of certificate of completion*).

### **OPTION 2 - Paralegal Program/NON-ABA School**

I have earned a certificate of completion from a paralegal program that is institutionally accredited but that is not approved by the American Bar Association (*attach copy of certificate of completion*).

#### **AND**

I successfully completed a minimum of 24 semester units (or the equivalent) in legal specialization courses (*attach copy of transcript*). Number of semester units completed (or the equivalent) \_\_\_\_\_

### **OPTION 3 - Bachelor's Degree and Experience**

I have a bachelor's degree in \_\_\_\_\_ (*attach copy of diploma*).  
(List field)

#### **AND Choose One Below:**

- I have completed at least one year of law-related experience working under the supervision of a licensed attorney (*attach original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience*).

#### **OR**

- I have completed at least one year of experience providing self-help service as defined by Business and Professions Code § 6400 (d) before January 1, 1999 (*attach original statement describing the scope and dates of your experience*).

### **OPTION 4 - High School or General Equivalency Diploma**

#### **Choose One Below:**

- I have a high school diploma (*attach copy of diploma*).

#### **OR**

- I have a general equivalency diploma (*attach copy of diploma*).

#### **AND Choose One Below:**

- I have completed at least two years of law-related experience working under the supervision of a licensed attorney (*attach original statement on the attorney's letterhead signed by the attorney describing the scope and dates of your experience*).

#### **OR**

- I have completed at least two years of experience providing self-help service as defined by Business and Professions Code § 6400 (d) before January 1, 1999 (*attach original statement describing the scope and dates of your experience*).

(Continued on Next Page)

### Civil Judgment

If you answer "Yes" to a question, please attach a certified copy of each judgment.

- |  |   |
|--|---|
| <p>1. Have you been held liable in a final judgment or a stipulated judgment entered in a civil action that alleged fraud, use of an untrue or misleading representation, or use of an unfair, unlawful or deceptive business practice?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> | <p>2. Have you had a civil judgment entered against you in an action arising out of your negligent, reckless or willful failure to properly perform your obligation as a legal document assistant or an unlawful detainer assistant?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> |
|--|---|

### Criminal Conviction

If you answer "Yes" to a question, please attach a certified copy of each conviction and disposition.  
(Note: Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any conviction dismissed under Penal Code § 1203.4 must be included.)

- |  |   |
|--|---|
| <p>1. Have you been convicted of a felony?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>  | <p>3. Have you been convicted of a misdemeanor violation of the provisions on legal document assistants and unlawful detainer assistants at Business and Professions Code § 6400-6416?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> |
| <p>2. Have you been convicted of a misdemeanor unlawful practice of law or contempt of the authority of a court under Business and Professions Code § 6126 or § 6127?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> |   |

### Revocation of Registration / Disbarment or Suspension

- |  |   |
|--|---|
| <p>1. Have you had a registration as a legal document assistant or an unlawful detainer assistant revoked by a County Clerk under Business and Professions Code § 6413?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>(If YES, attach certified copy of each revocation)</p> | <p>2. Are you presently disbarred or suspended from the practice of law pursuant to Business and Professions Code § 6100-6117?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>Date of Disbarment or Suspension _____</p> |
|--|---|

### Renewal of Registration

To be eligible to renew registration, you must complete 15 hours of continuing legal education courses during the 2 year period preceding renewal.

**YES** I have completed the legal education courses required by Business and Professions Code § 6402.2.

I declare under penalty of perjury under the laws of the State of California that all information on this application and on all accompanying documents is true and correct and that I am not currently disbarred or suspended from the practice of law pursuant to California Business and Professions Code § 6100-6117.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place of Execution

(For Office Use Only)

**APPROVED:**

\_\_\_\_\_

Signature

**DATE:**

\_\_\_\_\_

**DENIED:**

\_\_\_\_\_

Signature

**DATE:**

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_