



P. O. Box 344
Pittsburgh, PA 15230
Keystone_Alliance@yahoo.com
www.keystoneparalegals.org

**KEYSTONE ALLIANCE OF PARALEGAL ASSOCIATIONS
ATTORNEY DECLARATION FOR FREELANCE PARALEGALS FOR
PENNSYLVANIA CERTIFIED PARALEGAL CREDENTIAL (Pa.C.P.)**

I, _____, Esquire, declare as follows:

1. I am an attorney admitted to the State Bar of Pennsylvania, Attorney License Number _____.
2. That I am personally acquainted with _____.
3. That the majority of the applicant's duties that were performed while contracted by my firm during the period of _____ to _____ consisted of substantive legal work, defined by the Keystone Alliance of Paralegal Associations as those tasks requiring substantive legal knowledge or legal work requiring recognition, evaluation, organization, analysis and/or communication of relevant facts and legal concepts, and that would otherwise by law, rule or ethics be performed by an attorney.
4. That the above statements are true and correct to the best of my knowledge, information and belief.

Dated: _____

Signature: _____

Address: _____

Telephone No.: _____

E-Mail Address: _____

[Additional copies of the Attorney Declaration to cover the work experience requirements may be submitted as needed. The number of years of work experience attested to in the attorney declaration(s) should correspond to the subsection of the Education and Experience Criteria under which you are applying.]