## SOUTH JERSEY PARALEGAL ASSOCIATION

A Non-Profit Corporation PO Box 9 Stratford, NJ 08084 www.sjpaparalegals.com

## Form B

## New Jersey Certified Paralegal (NJCP Credential) - Attorney Declaration

I,			declare as follows:	
1.	I am	an attorney admitted to the State Bar	of	•
2.	I am	personally acquainted with	15	·
3.	The	majority of the applicant's duties that	were performed while	in my or my
firm's/		pany's employ during the period	to	fall
within	the c	onfines of the description of paralegal	legal assistant as put f	orth in the
NJSBA	A Byla	aws, Article 1(d) which reads, in part,	that the paralegal wor	ks "in a capacit
or fun	ction	which involves the performance, unde	r the direction and sup	pervision of a
lawyer	, or s	pecifically delegated substantive legal	work, which work, for	the most part,
requir	es suf	fficient knowledge of legal concepts tha	it, absent that paraleg	al or legal
assista	nt, th	e lawyer would perform the task."		
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4.	The	above statements are true and correct	to the best of my know	vledge,
inform	ation	and belief.	1	
		LECUY OCC	OCIA	
Signature:		GAL ASS	0	
<b>Print Name:</b>				
Date:				
Email:				

Additional copies of the Attorney Declaration to cover the work experience requirements may be submitted as needed. The number of years work experience attested to in the Attorney Declarations should correspond to the subsection of the Education and Experience Criteria of the NJCP Plan, under which you are applying.