

**Request for Certified Paralegal Retired Status – Permanent Disability**

I, \_\_\_\_\_

hereby swear or affirm that:

- I am permanently disabled and no longer working as of

\_\_\_\_\_

(Date)

- Medical proof of permanent disability is included with this affidavit.

I understand that if the Retired status is permitted, my credential must be shown as CP Retired any time it is used.

I also understand that, should I return to work, I will no longer retain Retired status and will be required to meet the same requirements as all other Certified Paralegals. A reactivation fee of \$125 will be required to reactivate the credential, with the five-year recertification period remaining the same as it was prior to retirement. If the CP is in retired status past the last recertification date, a new recertification period begins on the date of reemployment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

E-mail:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Note: We will communicate by e-mail regarding this form. If this is not acceptable check here: