

**Certified Paralegal Reactivation Affidavit**

I, \_\_\_\_\_  
 (Name)

hereby swear or affirm that:

- I have been in Retired status since \_\_\_\_\_;  
 (Date)
  - I have returned to work as of \_\_\_\_\_  
 (Date)
- and am no longer eligible for Retired status.

I also understand that since I have returned to work, I am required to meet the same requirements as all other Certified Paralegals. A reactivation fee of \$125 is required to reactivate my credential, with my 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:

\$125 reactivation fee payment information. Please complete the payment information below:

Check # \_\_\_\_\_ || MasterCard || VISA || Discover || AmEx

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_