

**Request for Certified Paralegal Retired Status**

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

hereby swear or affirm that: (Name)

- I am currently and have been certified for more than five years;
- I am at least 55 years of age or older;
- I am no longer employed in the legal field as of

\_\_\_\_\_  
(Date)

I understand that following the effective date of my CP Retired status, my credential must be shown as CP Retired any time it is used.

I also understand that should I return to work in the legal field I must relinquish my CP Retired status and will be required to meet the same requirements as all other Certified Paralegals. A \$125 fee will be required to reactivate the Certified Paralegal credential, with the five-year recertification period beginning on the first day of the month immediately following the date of my reemployment.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

Email: \_\_\_\_\_

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