

**VIRGINIA ALLIANCE OF PARALEGAL ASSOCIATIONS  
PARALEGAL REGISTRATION PROGRAM (VARP™)**

**PO Box 537**

**Warrenton, Virginia 20188**

[www.vaparalegalalliance.org](http://www.vaparalegalalliance.org)

[varp@vaparalegalalliance.org](mailto:varp@vaparalegalalliance.org)

**FORM B  
ATTORNEY DECLARATION FOR  
VIRGINIA REGISTERED PARALEGAL CREDENTIAL**

I, \_\_\_\_\_ declare as follows:

1. I am an attorney admitted to practice law in the Commonwealth or State of \_\_\_\_\_

2. I am personally acquainted with \_\_\_\_\_.

3. The majority of the applicant's duties that were performed while in my or my firm's/company's employ during the period \_\_\_\_\_ to \_\_\_\_\_ consisted of substantive legal work, defined by VAPA 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 exclusively by an attorney.

4. The above statements are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Attorney Signature**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**VSF No.:** \_\_\_\_\_

[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.]