

Pennsylvania Board of Law Examiners
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Employer Verification

I, (your name) _____, state that I am an authorized representative for (agency or organization) _____, and that the applicant (applicant's name) _____ is or will be employed by or associated with an organized legal services program, a public defender's office or a defender's association. I certify that the applicant will perform legal services in this Commonwealth for such public defender's office or defender association or an organized legal services organization in conjunction with the scope of legal activities permitted under Pa.B.A.R. 311.

I understand that this applicant is subject to all duties and obligations of active members of the Pennsylvania bar including, but not limited to, the Rules of Professional Conduct, the Rules of Disciplinary Enforcement and the Rules of Continuing Legal Education.

I agree to notify the Prothonotary immediately if _____, ceases to be employed by or associated with our agency.

I verify that the statements of fact made by me in this verification are true and correct and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to this disclaimer.

Authorized signature: _____ Date: _____

Printed name: _____

Title: _____

Contact telephone number: _____