

**State of Minnesota**

County of: \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner (first, middle, last)

vs

\_\_\_\_\_  
Defendant/Respondent (first, middle, last)

Date Case Filed: \_\_\_\_\_

**Legal Paraprofessional Program  
Certificate of Representation  
and Authorization to Appear in Court**  
(Minn. Gen. R. Prac. 104(a))  
(Minn. Supervised Practice Rules, Rule 12)

This Certificate must be filed pursuant to Rule 12.01(p) of the Minnesota Supervised Practice Rules when a legal paraprofessional is authorized to appear on behalf of a client. Rule 104(a) of the General Rules of Practice for the District Courts also requires this Certificate be filed if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties and their attorneys or paraprofessionals, if represented by counsel or paraprofessional, of the date of filing the action and the file number assigned.

**Attorney for Plaintiff/Petitioner**

Supervising Attorney for Paraprofessional

\_\_\_\_\_  
Name

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Minnesota Attorney License No.

**Attorney for Defendant/Respondent**

Supervising Attorney for Paraprofessional

\_\_\_\_\_  
Name

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Minnesota Attorney License No.

Complete the following section for the legal paraprofessional who is participating in the Legal Paraprofessional Program (LPP) and representing the client or appearing in court on behalf of the client. Refer to the [roster](#) to confirm program participation.

**Paraprofessional for Plaintiff/Petitioner**

**Paraprofessional for Defendant/Respondent**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
E-mail address

Note: If any party is later represented by a legal paraprofessional through the Legal Paraprofessional Program, the legal paraprofessional's and supervising attorney's name, address, telephone number, and attorney ID number must be immediately provided, in writing to the Court Administrator within 7 days of learning the information.

**Plaintiff/Petitioner, Self-represented**

**Defendant/Respondent, Self-represented**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
E-mail address

(Attach additional sheets for additional attorneys, paraprofessionals, and/or parties)

**Authorization to Appear in Court**

Rule 12.01(p) of the Minnesota Supervised Practice Rules require the legal paraprofessional’s supervising attorney to complete this statement which authorizes the legal paraprofessional to appear in court on behalf of the client.

I, \_\_\_\_\_ (supervising attorney), authorize  
\_\_\_\_\_ (paraprofessional) to appear in court on behalf of  
\_\_\_\_\_ (client/party).

Legal paraprofessionals may, under the supervision of a member of the bar, provide legal services as authorized under Rule 12.01 of the Minnesota Supervised Practice Rules.

In this case, the legal paraprofessional is authorized to provide the following services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is valid \_\_\_\_\_ [start date] through \_\_\_\_\_ [end date].

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Signature of Supervising Attorney

Date Signed

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Print Name of Supervising Attorney