

August 21, 2025

The Honorable Debra L. Stephens
Chief Justice
Washington Supreme Court

Via Email Only

Re: Entity Regulation Pilot Project

Dear Chief Justice Stephens:

On December 5, 2024, the Court ordered the Washington State Bar Association (WSBA) and the Practice of Law Board (Board) to collaborate to implement and oversee Pilot Project for Entity Regulation (Pilot Project). On behalf of the WSBA and the Board, we write to update the Court regarding the WSBA's and the Board's work to that end. Since the last update dated April 24, 2025, the WSBA and the Board have made significant progress on the implementation of the Pilot Project and remain on schedule to begin accepting applications in mid to late October 2025.

Application for Participation in the Pilot Project

The WSBA and the Board have finished drafting the applications for entities and individuals to use to apply for participation in the Pilot Project. There are two applications: an application about the entity and an individual character and fitness application. The application about the entity contains questions about its proposed delivery model and is intended to be completed by the designated compliance officer. In addition, the compliance officer and each controlling or financing person associated with an entity will be required to complete the individual character and fitness application.

Entity applications and individual applications will be reviewed for good moral character and fitness (or reputation). Consideration of all applications will apply the factors identified in APR 21 and will use the standard of review under APR 22(a)-(d). However, considering this is a time-limited and resource-constrained trial project, we intend to refer any applications that present a substantial question as to whether the applicant possesses the requisite good moral character and fitness to the Practice of Law Board rather than the Character and Fitness Board. As further described below, the Practice of Law Board would ultimately decide whether to recommend to the Court the approval or denial of any application. This approach will result in less due process (no hearing) that would be afforded an individual applicant to be licensed to practice. However,



we think it is a fair and fiscally sound approach considering the limited resources and temporary and experimental nature of the pilot project.

- ☐ A copy of the entity application and the individual character and fitness application are attached for the Court's consideration. Please let us know if the Court has any questions or concerns.
- ☐ Please let us know if the Court has concerns or questions as to the outlined character and fitness process.

Recommendations to the Court for Participation in the Pilot Project

Applications will be thoroughly reviewed and analyzed by WSBA staff and then delivered with a recommendation for or against participation in the Pilot Project to the Board. The Board will consider and modify the recommendation, if needed, before submitting the final recommendation to the Court for its consideration. Accompanying the recommendation will be a proposed authorizing order. We anticipate having a draft of the template for the authorizing order ready for the Court's review in time for the October en banc meeting.

The applications are currently with our vendor (ILG) for entry into the online admissions site/portal. The WSBA intends to submit the final recommendation to the Court using the online admissions site in the same manner as a lawyer application for admission to practice law under APR 3 and 5.

- ☐ Please let us know if the Court has any questions or concerns about the delivery of recommendations to the Court through the online admissions site/portal.

Financial Considerations

The WSBA prepared and the Board reviewed the projected revenue and expenses for the Pilot Project. This includes a new full-time equivalent position whose primary duties will be to support the Pilot Project. The Board and the WSBA Board of Governors have approved application fees and annual fees. The recommendation from the WSBA for the Court to establish the fees has already been delivered to the Court. Setting the fees as recommended is intended to provide for a self-sustaining program after approximately two and one-half years. It is important to note, however, that budgeting for innovative projects such as this presents unique challenges due to inherent uncertainty and lack of historical data. As such, a more flexible and adaptable approach to cost projections is required and revisions will be made as more information becomes available.

- ☐ We respectfully request that the Court consider and decide on the fee recommendation from the WSBA at the Court's September en banc.

Communication and Outreach

The WSBA's Communication and Outreach Department has been working with the Regulatory Services Department and the Board on a communication and outreach plan for the Pilot Project. To date, the WSBA has launched a webpage for the Pilot Project which contains background information, resources, information for people interested in participating, including a fact sheet, a form to sign up for updates, FAQ, and a project milestone map.

- ❑ We invite the Court to explore the Pilot Project webpages at: www.wsba.org/entityreg and the Pilot Project [fact sheet](#).

The WSBA and the Board have several other communication projects in the pipeline, including outreach efforts to organizations and businesses who might have an interest, developing sample innovative business models to present to organizations, tailored messaging for the access-to-justice community, and printing physical materials such as pop-up banners and flyers.

Data Collection

The primary goal of the Pilot Project is to determine “whether entity regulation will increase access to justice by enhancing access to affordable and reliable legal and law-related services consistent with protection of the public, and whether entity regulation will create risks of consumer harm, regulatory challenges, or other risks that would serve as barriers to implementing reform.” (Order 25700-B-721 at p. 3). In order to achieve this goal, several members of the Board worked with the WSBA to identify the data needed to achieve the goal and how to best collect that information from entities and consumers. As you will see in the application, the application itself collects several pieces of key data about the entity. The WSBA and the Board have finalized a standard set of questions and data points for entities to include in their periodic reports to the WSBA. The WSBA may require additional information from an entity depending on its service model and regulatory reform test. In addition, we have developed a survey for clients who received services from the entity. The WSBA is looking into funding for an incentive for clients or consumers to participate in the survey.

- ❑ A copy of the entity reporting requirements and the client survey are attached for the Court's consideration. Please let us know if the Court has any questions or concerns.

Compliance and Enforcement Procedures

Staff from the WSBA Office of Disciplinary Counsel and the Regulatory Services Department together with members from the Board have been drafting and reviewing procedures for handling client complaints and for violations of the terms of the authorizing order. An entity will agree to be subject to these procedures at the time of submitting its application and the procedures will be set forth in the Participant Manual.

Participant Manual

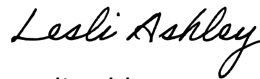
Participant Manual drafting is underway, and we expect to have the manual ready prior to applications opening. The Participant Manual will include all the information an entity needs to know in order to apply for and participate in the Pilot Project, including definitions, application instructions and process, periodic reporting requirements, enforcement procedures, and much more. Our plan is to have this ready to deliver to the Court for review at its October en banc meeting.

We thank the Court for its engagement and time. The WSBA and the Board will continue regular updates to the Court during implementation and launch of the Pilot Project. We welcome any questions the Court may have.

Sincerely,



Terra Nevitt
WSBA Executive Director



Lesli Ashley
Chair, Practice of Law Board

Application for Washington State Pilot Project for Entity Regulation

Preamble

The Washington Supreme Court adopted a ten-year Pilot Project for Entity Regulation to test and evaluate innovative legal service models and alternative business structures. The pilot project serves as a mechanism to encourage legal professionals, entrepreneurs, law firms, corporations, and others to experiment with innovative business models for delivering legal and law-related services. The pilot project authorizes entities to provide legal and law-related services in Washington through a monitored, data-driven, and regulated experimental environment.

The goal of the pilot project is to evaluate if entity regulation combined with regulatory reform and innovative service models will increase the accessibility of quality legal assistance to Washington consumers without exposure to undue risk or harm.

Instructions and Additional Information

Please read the [Washington State Pilot Project for Entity Regulation Participant Manual](#) prior to completing this application. As an applicant to a regulatory reform project, you are expected to fully disclose all information as requested in the application and to err on the side of transparency. We may have additional questions or request additional information after reviewing your application.

All information about the Washington State Pilot Project for Entity Regulation can be found on the [entity regulation page of the WSBA website](#).

Entity Information

Provide the name and contact information for the individual at the entity who will be the designated compliance officer and primary contact for this pilot project. This individual must complete and submit this application together with an Entity Regulation Pilot Project Character & Fitness Application.

Compliance Officer Name

Title

Business Email Address

Business Phone Number

Business Mailing Address

Describe your qualifications to be the compliance officer.

[text box]

Provide the name and contact information for an individual to contact in the event the compliance officer is unavailable. This individual must complete and submit an Entity Regulation Pilot Project Character & Fitness Application.

Secondary Contact Name

Title

Phone Number

Email Address

Mailing Address

Provide the following primary or general information for your entity.

Entity Name

Email Address

Phone Number

Website URL

Business Address

Mailing Address (if different from primary contact mailing address)

Date entity formed

Federal Tax ID Number

Entity Structure

Does your entity have any alternate names (i.e., a trade name or “doing business as” name)?

[If yes] List all alternate names of the entity (i.e., a trade name or “doing business as” name).

Business Name

+Add Another Name

What type of business structure is your entity?

- ☐ Sole Proprietorship
- ☐ LLC or PLLC
- ☐ LLP or other Partnership
- ☐ Social Purpose Corporation
- ☐ Public Benefit Corporation
- ☐ Corporation
- ☐ 501(c)(3)
- ☐ 501(c)(6)

- ☐ Incorporated Voluntary Organization, not a 501(c)
- ☐ Unincorporated Voluntary Organization, not a 501(c)
- ☐ Other: _____

Provide a brief description of the general nature of your entity's business. Include both legal and non-legal services.

[text box]

Entity Disclosures

Is your entity registered with the Washington Office of the Secretary of State?

[If yes] Upload entity formation documents, e.g., articles of incorporation, partnership agreement, etc. and most recent annual report.

Registered Agent Name

Business Title

Email Address

[If no] Explain why not.

[text box]

Is your entity licensed or otherwise authorized to practice law or participating in a regulatory reform project in any other jurisdiction?

[If yes] Jurisdiction

Date licensed/authorized

Briefly describe the scope of the license, authorization, or participation.

[text box]

+Add Another Jurisdiction

List all states and countries in which your entity operates.

Jurisdiction

How long has your entity been operating in this jurisdiction?

Does this jurisdiction require business licensing, certification, or registration?

[If yes] Name of licensing/certification/registration office

Address

Phone number

Website URL

+Add Another Jurisdiction

Are there any shareholder agreements, voting agreements or restrictions, or other agreements that restrict or affect decision making?

[If yes] Upload copies of all such agreements.

Is the entity using or intending to use sources of finance?

[If yes] Type of financing

Provider name

Amount of financing

+Add Another Finance Provider

Will your entity share premises, staff, or data with any other person or entity?

[If yes] Name of person or entity

Describe the nature and extent of the sharing arrangement.

[text box]

Is your entity or any affiliated entity (such as a parent company or subsidiary) currently subject to state or federal criminal investigation?

[If yes] Please describe in detail the nature of the investigation, parties involved, current status, etc.

[text box]

Is your entity or any affiliated entity (such as a parent company or subsidiary) currently subject to state or federal civil, criminal, or administrative enforcement action?

[If yes] Please describe in detail the nature of the action, parties involved, current status, etc.

[text box]

Does your entity or any affiliated entity (including, but not limited to, any parent companies or subsidiaries) have any history of a state or federal criminal (misdemeanor or felony) conviction?

[If yes] Please describe in detail the nature of the conviction, parties involved, laws violated, penalties or sanctions imposed, etc.

[text box]

Does your entity or any affiliated entity (including, but not limited to, any parent companies or subsidiaries) have any history of state or federal enforcement action resulting in sanctions (disgorgement, civil penalties, injunction, and/or a consent decree)?

[If yes] Please describe in detail the nature of the action, parties involved, laws violated, penalties or sanctions imposed, etc.

[text box]

Does your entity or any affiliated entity (including, but not limited to, any parent companies or subsidiaries) have any history of filing for bankruptcy?

[If yes] Please describe in detail the nature of the action, parties involved, current status, etc.

[text box]

Has your entity or any affiliated entity been (currently or in the past) subject to investigation or enforcement by any other legal regulatory body not already disclosed above?

[If yes] Please describe in detail the nature of the action, parties involved, current status, etc.

[text box]

Controlling and Financing Parties

List all persons possessing the legal right to exercise decision-making authority on behalf of the entity. Examples may include: a sole proprietor of a sole proprietorship, a manager of a limited liability company, an officer of a corporation, a general partner of a general or limited partnership, individuals listed as “governors” with the Secretary of State, or a person possessing comparable rights by operation of law or by agreement. (“Controlling Persons”). All Controlling Persons must complete and submit an Entity Regulation Pilot Project Character & Fitness Application.

Name

Title

Email Address

+Add Another Controlling Person

List all persons or entities possessing an economic interest in the entity equal to or more than 10 percent of all economic interests in the entity. (“Financing Persons”). All Financing Persons must complete and submit an Entity Regulation Pilot Project Character & Fitness Application.

Name

Title

Email Address

+Add Another Financing Person

Has any person listed in your application been affiliated (i.e. employed or as a controlling or financing person) with any other entity that has applied to the Washington State Pilot Project for Entity Regulation?

[If yes] Name of Person Listed in Application

Entity Name

Describe the association

[text box]

Has any person not listed in your application but who will have material involvement with the proposed model or services been officially associated (i.e. employed or held a position of control/influence) with any other entity that has applied to the Washington State Pilot Project for Entity Regulation?

[If yes] Name of Person Listed in Application

Entity Name

Describe the association

[text box]

If you are unsure about any of your above answers or would like to include/disclose anything not captured by the above questions, please explain here:

[text box]

Substantive Legal Areas

In which legal practice area(s) do you intend to provide services under your proposed service model?

- | | |
|---|---|
| <input type="checkbox"/> Business/Corporate/Commercial | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Civil and Disability Rights | <input type="checkbox"/> Landlord and Tenant |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Criminal Issues | <input type="checkbox"/> Native American/Tribal |
| <input type="checkbox"/> Expungement | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Domestic/Intimate Partner Violence | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Education | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Employment and Unemployment | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Environmental and Land Use | <input type="checkbox"/> Wills or Estates |
| <input type="checkbox"/> Family and Marriage | <input type="checkbox"/> Workplace Safety |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: |

Are there any secondary areas in which you may need to provide services to adequately provide the legal services under your proposed service model?

[If yes]

- | | |
|---|---|
| <input type="checkbox"/> Business/Corporate/Commercial | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Civil and Disability Rights | <input type="checkbox"/> Landlord and Tenant |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Criminal Issues | <input type="checkbox"/> Native American/Tribal |
| <input type="checkbox"/> Expungement | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Domestic/Intimate Partner Violence | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Education | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Employment and Unemployment | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Environmental and Land Use | <input type="checkbox"/> Wills or Estates |
| <input type="checkbox"/> Family and Marriage | <input type="checkbox"/> Workplace Safety |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: |

Proposed Services

Which of the service models below most closely resembles the service model you are seeking to use?

- ☐ **Traditional law firms innovating** – bringing persons who are not licensed to practice (i.e., not lawyers and LLLTs) into firm ownership or using investment from persons not licensed to practice law to expand operations and reach or introduce new service delivery models.
- ☐ **Law-focused entities expanding into legal services** – adding legal services to an entity that is already delivering law-related services to the public and is owned by individuals not licensed to practice law.
- ☐ **New entities using persons not licensed to practice law to deliver legal services**—creating entirely new legal service delivery models with persons not licensed to practice law.
- ☐ **New entities using technology to deliver legal services**—creating entirely new legal service delivery models using software or other technology with or without involvement by persons licensed to practice law.
- ☐ **Intermediary platforms** – connecting marketplaces of consumers with licensed legal professionals.
- ☐ **Non-law entities expanding into law** – new entrants in the legal market that combine law and non-law expertise, by, for example, providing a holistic “one-stop-shop” or new offshoot from their existing services.
- ☐ **Other** – please describe.

[text box]

Who or what will provide the legal services under your proposed service model? *Check all that apply.*

- ☐ Lawyers
- ☐ Limited License Legal Technicians
- ☐ Limited Practice Officers
- ☐ Paralegals
- ☐ Other Persons Not Licensed to Practice Law
- ☐ Software/Technology
- ☐ Other:

Will any lawyers or other licensed legal professionals provide legal services under your proposed service model?

Will any lawyers or other licensed legal professionals oversee software or individuals not licensed to practice law under your proposed service model?

Will any lawyer or other licensed legal professionals operate in any other capacity under your proposed service model?

[If yes] Briefly describe the capacity.

Who are your target consumers? *Check all that apply.*

- ☐ Families
- ☐ LGBTQ+
- ☐ Low Income
- ☐ Moderate Income
- ☐ Professionals
- ☐ Pro Se Litigants
- ☐ Seniors
- ☐ Small Businesses
- ☐ Young Persons
- ☐ Other:

How many full-time equivalent (“FTE”) employees will be involved in the proposed service model?

[text box]

Refer to the [Participant Manual](#) for guidance in responding to the below items.

Describe your proposed service model and what the services you provide under your proposed service model will do for consumers.

[text box]

Describe how the services will be provided to consumers under your proposed service model.

[text box]

Describe who will supervise and how they will supervise licensed legal professionals, other providers of legal services, or oversee software and technology providing the legal services under your proposed service model.

[text box]

Describe how consumers will access or receive services under your proposed service model. Include a description of any particular consumer markets you intend to target and why.

[text box]

Which fee structure(s) does your entity intend to use for collecting fees from consumers for legal services provided under the proposed service model. Check all that apply.

- ☐ Client Deposit Feature/Escrow-like Deposit Feature
- ☐ Contingency Fees
- ☐ Disbursement of Settlements Funds/Client Recovery
- ☐ Flat Fees
- ☐ Hourly Rates
- ☐ Insurance
- ☐ Sliding Scale
- ☐ Subscription
- ☐ Other: [text box]

As part of your proposal to test regulatory reform, which regulatory rules governing the practice of law does your entity seek to modify?

Note: Regulatory rules might include [lawyer Rules of Professional Conduct](#), [LLLT Rules of Professional Conduct](#), [LPO Rules of Professional Conduct](#), the [Unauthorized Practice of Law statute](#), and others.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> LLLT RPC 5.4(a) | <input type="checkbox"/> RPC 5.4(a) |
| <input type="checkbox"/> LLLT RPC 5.4(b) | <input type="checkbox"/> RPC 5.4(b) |
| <input type="checkbox"/> LLLT RPC 5.4(c) | <input type="checkbox"/> RPC 5.4(c) |
| <input type="checkbox"/> LLLT RPC 5.4(d) | <input type="checkbox"/> RPC 5.4(d) |
| <input type="checkbox"/> RCW 2.48.180(2) | <input type="checkbox"/> RPC 5.5 |
| <input type="checkbox"/> RPC 1.5 | <input type="checkbox"/> Other: |

Describe how each rule would be modified and the reason for the modification.

[text box]

Identify how your proposal to test regulatory reform and modification of the rules will allow you to operate, or better operate, your entity and provide the proposed legal services.

[text box]

Describe how your proposed service model will increase the accessibility of quality legal services for Washington consumers; specifically, how it will increase access to justice by enhancing access

to affordable and reliable legal and law-related services to low- and moderate-income Washingtonians.

[text box]

What data or information will you be able to provide to the WSBA to demonstrate the impact your proposal has on accessibility to affordable and reliable legal and law-related services to low- and moderate-income Washingtonians?

[text box]

Risk Assessment

This section asks specific questions about risk. Risk describes the likelihood and potential impact of harm or negative consequences to consumers resulting from your proposed model of legal service delivery. Responses should be complete, candid, and concise.

Describe the risks to consumers created by waiving or modifying regulatory rules under your proposed study and service model. Include risks present at the time services are received and potential future risks.

You may want to consider potential risks associated with:

- Use of unlicensed legal professionals
- Reliance on technology, software, or automated systems
- Modification of traditional legal professional regulation and compliance

Risk (short descriptor)

Likelihood of Harm: (1) Very Unlikely, (2) Possible, (3) Almost Certain

[drop down with these 3 options]

Potential Severity of Harm: (1) Negligible, (2) Manageable, (3) Catastrophic

[drop down with these 3 options]

Provide a full description of the risk with an explanation for your categorization.

[text box]

Clearly describe the specific measures or controls your entity will implement to mitigate or eliminate this risk. Include details such as staff training, process oversight, monitoring mechanisms, technological safeguards, or other relevant practices.

[text box]

+Add Another Risk

Even if not directly created by your proposed study, address the following risks or risks associated with:

- Inappropriate or flawed legal results

- Failure of consumers to exercise legal rights due to ignorance or incorrect advice
- Purchase of unnecessary or inappropriate legal services

Risk: Inappropriate or flawed legal results

Likelihood of Harm: (1) Very Unlikely, (2) Possible, (3) Almost Certain

[drop down with these 3 options]

Potential Severity of Harm: (1) Negligible, (2) Manageable, (3) Catastrophic

[drop down with these 3 options]

Provide a full description of the risk with an explanation for your categorization.

[text box]

Clearly describe the specific measures or controls your entity will implement to mitigate or eliminate this risk. Include details such as staff training, process oversight, monitoring mechanisms, technological safeguards, or other relevant practices.

[text box]

Risk: Failure of consumers to exercise legal rights due to ignorance or incorrect advice

Likelihood of Harm: (1) Very Unlikely, (2) Possible, (3) Almost Certain

[drop down with these 3 options]

Potential Severity of Harm: (1) Negligible, (2) Manageable, (3) Catastrophic

[drop down with these 3 options]

Provide a full description of the risk with an explanation for your categorization.

[text box]

Clearly describe the specific measures or controls your entity will implement to mitigate or eliminate this risk. Include details such as staff training, process oversight, monitoring mechanisms, technological safeguards, or other relevant practices.

[text box]

Risk: Purchase of unnecessary or inappropriate legal services

Likelihood of Harm: (1) Very Unlikely, (2) Possible, (3) Almost Certain

[drop down with these 3 options]

Potential Severity of Harm: (1) Negligible, (2) Manageable, (3) Catastrophic

[drop down with these 3 options]

Provide a full description of the risk with an explanation for your categorization.

[text box]

Clearly describe the specific measures or controls your entity will implement to mitigate or eliminate this risk. Include details such as staff training, process oversight, monitoring mechanisms, technological safeguards, or other relevant practices.

[text box]

Describe the specific measures your entity will have in place for public protection. Include:

- Methods to identify and track consumer harms
- Contingency plans for unforeseen risks
- Methods to reduce implicit bias, such as algorithm bias

[text box]

Clearly describe the process your entity will establish for receiving, reviewing, and resolving consumer complaints under your proposed service model. Include:

- How complaints will be submitted by consumers
- Timelines for review and response
- Escalation pathways for unresolved issues

[text box]

Describe in detail how your entity will demonstrate financial responsibility to adequately compensate consumers harmed due to negligence, errors, or malpractice. Include specifics such as:

- Professional liability or errors and omissions insurance (coverage limits)
- Audited financial statements or other financial assurances

[text box]

Does your entity or any affiliated entity plan to share or sell consumer data in any form to third parties?

[Yes/No]

[If Yes] Fully explain the nature and purpose of the data sharing or sale, along with measures to protect consumer privacy.

[text box]

Describe your entity's policies, procedures, and technological systems for ensuring confidentiality, privacy, and security of client records and information. Specifically address:

- Data encryption and security protocols, both within your entity and for any service providers to your entity (for example cloud data storage or processing)
- Staff training and access control policies
- Procedures for data breach notification and response

[text box]

Clearly describe your entity's policies and procedures for identifying, managing, and avoiding conflicts of interest.

[text box]

Explain how your entity's policies and operational procedures will ensure that the entity prioritizes the best interests of the client over its own interests. Provide examples of specific policies or practices you will implement.

[text box]

Does your entity require customers to waive certain rights as a condition of service?

[If Yes] Briefly describe which rights customers will be required to waive and any implications those waivers may have on the rules of professional conduct.

Certification

On behalf of the entity named in this application and identified below:

- ☐ I understand and acknowledge that the Washington State Pilot Project for Entity Regulation is a pilot project and experiment. As such, policies and requirements are subject to change as more information is gathered.
- ☐ I understand that (1) this application may be subject to a public records request in accordance with GR 12.4; (2) proprietary data, trade secrets, and other information that relates to unique methods of conducting business or data unique to the product or service of the entity may be redacted under applicable statutes, such as RCW 42.56.270(11); and (3) GR 12.4(d)(3) provides that if a public records request is made, the WSBA may notify the entity before disclosing the records and tell the subject they may present information opposing disclosure.
- ☐ I have read Washington Supreme Court Order No. 25700-B-721 dated Dec. 5, 2024, and the *Washington State Pilot Project for Entity Regulation Participant Manual*.
- ☐ I acknowledge knowingly or intentionally making false or materially misleading statements or omissions in this application is a basis for loss of authorization to participate in the pilot project for entity regulation and that other criminal and civil sanctions may also apply.
- ☐ I agree if there are changes to any of my answers to the application questions related to entity disclosures or the proposed regulatory reform and business model, I, or my designee at the entity, is responsible for updating the information with the Washington State Bar Association (WSBA) and that failure to promptly update information might delay or affect the decision to authorize the entity.
- ☐ I agree to respond to additional questions or requests for information during the application process and that failure to promptly update information might delay or affect the decision to authorize the entity.
- ☐ I consent to WSBA sharing my and my entity's contact information with approved researchers, whose projects are entirely independent of the work of the WSBA and the regulatory process so that the WSBA can facilitate impartial, independent studies of

Washington's evidence-based regulatory experiment to promote legal services innovation and consumer protection.

- ☐ I acknowledge, by virtue of participating in the pilot project, I, my entity, and my entity's staff are subject to the WSBA's enforcement procedures for the pilot project.
- ☐ By submitting this application, I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is complete, true, and correct to the best of my knowledge.

Name

Title

Entity

City where certifying

State where certifying

Date [*system submit date*]

Required Documents to Upload

Authorization & Release

WA Secretary of State registration and most recent annual report if applicable

Entity Formation Papers (articles of incorporation, partnership agreement, etc.) for WA only

Good standing certificate/letter for other jurisdictions where authorized to provide legal services

Entity Regulation Pilot Project

Character & Fitness Application for Entity Persons

Each Financing Person, Controlling Person, and Compliance Officer must complete and submit this application with the Application for Washington State Pilot Project for Entity Regulation.

Applicant Information

Contact Information:

First:

Middle:

Last:

Date of Birth:

Name of Entity Applying: *((auto-populate with selection applicant makes during registration))*

Business Title:

Home Email Address:

Home Phone Number:

Home Address (may not be a P.O Box):

Business Email Address:

Business Phone Number:

Business Address (may not be a P.O Box):

Have you ever used or been known by any other name? *[if yes]*

Note: You are being asked to provide any different name (e.g., legal names, nicknames, or aliases) you have used in employment, official documentation, or government records. Your name(s) will be used as identification in correspondence sent to employers, courts, references, etc. You must provide the full legal name including middle name(s) if applicable. If you have any concerns with the WSBA contacting an employer or other entity using your current or other name, please contact us at admissions@wsba.org prior to submitting your application.

Previous First Name

Previous Middle Name

Previous Last Name

From Date:

To Date:

Explanation *[text box]*

Residential History

List every permanent or temporary physical address where you have resided for a period of one month or longer for the last ten years or since age 18, whichever period of time is shorter.

Date From:

Date To:

Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

Employment and Applications for Licensure

Employment History

List your employment and unemployment information for the last ten years or since age 18, whichever period of time is shorter.

NOTES: Employment - In this context, employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, contract work, volunteer work, and temporary employment.

Unemployment - Provide a brief, but specific, description of your activities while unemployed (seeking employment, preparing for law school, attending law school; vacation, studying for bar exam, e.g.).

Employment References – A valid email address is required. If an employer is no longer in operation, or you were self-employed or employed by a relative, provide the name and contact information of a verifying reference. Do not list yourself or your own contact information or a relative as a verifying reference; doing so will delay processing of your application.

Details - Indicate if the address provided is a company headquarters or if you worked remotely. Provide other information that may assist in verification of this period of employment.

[Dev Note: this is the same question and required fields as the Application for Licensure]

Are you currently or have you been unemployed? [If Yes - the following information is required for every period of unemployment during the relevant time period)

Unemployed From

Unemployed To

Provide a brief, but specific, description of your activities while unemployed.

+Add Another Unemployment Period

Are you currently or have you been employed?

[If yes (the following information is required)]

From

To

Employment position
Employer or firm name
Reason for leaving
Name of Supervisor, Associate or HR Address 1
Address 2
Address 3
City
State/Province
Postal Code
Country
Telephone
Email of Supervisor, Associate or HR

Please choose one of the options

Verifying reference name / Business name Address 1
Address 2
Address 3
City
State/Province
Postal Code
Country
Phone Number
Email Address
Details
+Add Another Employer

Licenses

Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as a lawyer or other licensed legal professional?

[If yes]

License Type
Issued to (include business name, if applicable)
Current Status
License number
Application Date
Expiration/Inactive Date
Name and address of issuing authority

Name

Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

+Add Another License

Admissions

Have you ever been licensed, admitted, or otherwise authorized to practice law in any jurisdiction?

[if yes, display message]

Required Documentation: Upload a Certificate of Good Standing where you are or have ever been admitted to practice law, dated within the six months prior to the submission of this application. To obtain your certificate, contact the admitting authority (i.e., State Bar or highest state court).

Name and address of bar or licensing authority:

Name: Name of U.S jurisdiction or foreign jurisdiction: [drop-down list]

Admission or Readmission Date: [date field]

Bar/License Number:

+Add Another Jurisdiction

Disclosures

Instructions

For the following questions, if you have been admitted to practice law in any jurisdiction, disclose only actions, matters, information, etc. that occurred after the date you were first admitted to practice law.

Employment Actions

In the last ten years, have you been investigated, warned, terminated, suspended, disciplined, laid off for misconduct or dishonesty, permitted to resign in lieu of termination or other disciplinary action taken in the course of employment?

[If yes]

Employer:

Date of Employment From:

Date of Employment To:

Disposition:

Date of Disposition:

Explanation of Circumstances: [text box]

+Add Another Employment Action

Professional-Conduct Complaint

Have you been the subject of any formal or informal charges, complaints, or grievances concerning your conduct as a lawyer, other licensed legal professional, or member of any other profession?

[if yes]

Required Documentation: Upload a copy of relevant documentation from the regulatory agency.

Name and address of the Regulatory Agency

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Case Number, if applicable:

Action Taken: *[Text Box]*

Date:

Explanation: [text box]

+Add Another Complaint

Unauthorized Practice of Law

Have you ever been the subject of any formal or informal charges, complaints, or grievances alleging that you engaged in the unauthorized practice of law, including any dismissed or pending?

[if yes]

Required Documentation: Upload a copy of relevant documentation from the regulatory or law enforcement agency.

Name and Address of the Regulatory Agency or Law Enforcement Agency

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Country:

Case Number, if applicable:

Action Taken:

Date:

Explanation:

+Add Another Unauthorized Practice of Law

License Denial/Revocation

Have you ever been denied, or had revoked, a license for a business, trade, or profession including a license to practice law?

[If yes]

License Type:

License Number:

Application Date:

Action Taken

Name and Address of Regulatory Agency

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Date of Action:

Explanation: [text box]

+Add Another License

Application Integrity and Verifications

Have you ever been accused or found to have made a false or misleading statement or verification in support of an application for a license filed by another person?

[if yes]

Explanation: [text box]

Professional Conduct and Ethics

Have you ever been accused or found to have committed any act constituting material misrepresentation, omission, fraud, dishonesty or corruption in business or financial matters?

[if yes]

Explanation: *[text box]*

Professional Discipline

Have you ever been suspended, disbarred, or otherwise disciplined or disqualified as a member of the legal profession?

Yes

No

N/A

[if yes]

Required Documentation: Upload a copy of relevant documentation from the regulatory agency.

Name and address of the Regulatory Agency

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Case Number, if applicable:

Action Taken:

Date:

Explanation: *[text box]*

+Add Another Discipline Record

Have you ever been suspended, censured, or otherwise disciplined or disqualified as a member of any other profession, or as a holder of public office?

[if yes]

Required Documentation: Upload a copy of relevant documentation from the regulatory agency.

Name and address of the Regulatory Agency

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Case Number, if applicable:

Action Taken:

Date:

Explanation: [text box]

+Add Another Discipline Record

Civil Actions

Have you ever been named a party (of any kind) to any civil action?

NOTE: Family law matters (including divorce, child support, parenting plans, etc.) and protection orders should be included here.

[if yes, display message]

Required Documentation: For matters filed within the last ten years, upload a copy of any judgments, final orders, and docket report. If a matter is still pending, upload a copy of the complaint, answer, and any motions for dismissal or summary judgment. If a matter resulted in a monetary judgment against you, upload documentation of satisfaction of that judgment or other resolution. If a matter concluded more than ten years ago, you need not upload documentation unless requested.

Complete Title of Action:

Court File Number:

Date Filed:

Name and Address of Court

Name

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Country:

Name of Plaintiffs Attorney:

Name of Defendant's Attorney:

Trial Date:

Date of Final Disposition:

Disposition:

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)? *[yes/no]*

If the disposition resulted in a judgment, has the judgment been satisfied? *[yes/no]*

[if no]

Explain why not in the "detailed explanation of civil action" section below.

Amount still owed:

Detailed Explanation of Civil Action:

[if yes]

Date judgment satisfied:

Detailed explanation of civil action:

+Add Another Civil Action

Criminal Action

Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that was resolved in juvenile court? (Do not include traffic violations.)*[if yes, display message]*

Required Documentation: For matters filed within the last ten years, upload a copy of the associated arrest report, complaint, indictment, citation, information, disposition, sentence, docket report and relevant appellate documentation, if any. If a matter was concluded more than ten years ago, you need not upload documentation unless requested.

Date (or time period) of incident:

Original Charged Violation:

City:

County:

State/Province:

Postal Code:

Incident Location

Country:

Title of Complaint, Indictment, or Citation:

Court File Number:

Was a Court File Number Assigned to this Matter: *[if yes, asks name & court involved, if no, go to name and address of law enforcement]*

Name and Address of Court Involved:

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Name and Address of the Law Enforcement Agency Involved

Name:

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Name of Defendant's Attorney

Date of Initial Court Hearing

Charge(s) at time of initial court hearing:

Date of final disposition:

Charge(s) at time of final disposition

Final disposition

Detailed description of allegation or violation: [text box]

+Add Another Criminal Action

Administrative Action

Have you ever had a complaint or action initiated against you in any administrative forum?

[if yes, display message]

Required Documentation: For matters filed within the last ten years, upload a copy of the relevant portions of the associated administrative record, including documentation of final disposition and compliance with any conditions or payment obligations.

Date action/complaint initiated:

Name and Address of Administrative Forum or Body

Name:

Address 1:

Address 2:

Address 3:

City:

State/Province:

Postal Code:

County:

Country:

Date of Final Disposition, if any:

Disposition, if any:

Explanation:

+Add Another Administrative Action

Bankruptcy

In the last ten years, have you filed or been involved with a business or entity that filed for bankruptcy?

[if yes, display message]

Required Documentation: Upload a copy of the petition, schedule of creditors, and order of discharge.

Date Filed

Type of Bankruptcy: *[drop down list]*

Court File Number/Case Number

Name and Address of Court Involved:

Name

Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

Date of Disposition

Total amount discharged in U.S dollars (text field)

Were there any adversary proceedings instituted? (yes/no)

Were there any allegations of fraud? (yes/no)

Were any debts not discharged (yes/no)

Detailed Description of circumstances surrounding filing (text box)

+Add Another Bankruptcy

Defaulted Debt

In the past ten years, have you defaulted on any debt of \$2,500 or more that was not resolved in bankruptcy?

Type of Debt (Charge Account, Credit Card, Real Estate, Student Loan, Medical, Tax Debt, Other)

Explanation

Last four digits of account number

Original amount of debt

Current balance

Date of last payment

Have you made any payments

Entity extending credit Name

Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

Phone Number

Is your current creditor different from entity extending credit? *[yes/no]*

Name of current creditor or collection agency if different from above

Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

Phone Number

Current status of this debt

Describe the history of this debt. (if this is medical debt, include date of service and institution name)

For real estate debt, provide address of property associated with debt Address 1

Address 2

Address 3

City

State/Province

Postal Code

County

Country

Phone Number

+Add Another Defaulted Debt

Certification

- ☐ I am the applicant named in the foregoing application, and I understand and acknowledge that the Washington State Pilot Project for Entity Regulation is a pilot project and experiment. As such, policies and requirements are subject to change as more information is gathered.
- ☐ I understand that this application may be subject to a public records request in accordance with GR 12.4, and GR 12.4(d)(3) provides that if a public records request is made, the WSBA may notify me before disclosing the records and tell me I may present information opposing disclosure in whole or in part.
- ☐ I have read Washington Supreme Court Order No. 25700-B-721 dated Dec. 5, 2024, and the Washington State Pilot Project for Entity Regulation Participant Manual.
- ☐ I agree to respond to additional questions or requests for information during the application process and that failure to promptly update information might delay or affect the decision to authorize the entity.
- ☐ I understand that I may be asked to provide additional information beyond the time frames asked for in this application.
- ☐ I understand that I have a duty to inform the Washington State Bar Association in writing of any changes to the information in the application that occur at any time between the date signed and the date the entity is authorized to practice law in Washington state.
- ☐ By submitting this application, I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is complete, true, and correct.

Name

Job Title

Entity *(auto-populate with selection applicant makes during registration)*

City where certifying

State where certifying

Date [system submit date]

Pilot Project for Entity Regulation

Periodic Reporting by Entity – Questions and Data Collection

For each client matter in which you provided services under your authorization to participate in the entity regulation pilot project, provide the following for all matters in which services are concluded:

- Client ID No. – a unique de-identified alphanumeric number you assign to each client
- Legal Issue – identify the legal that the services addressed

Consumer/Finance

- 01—Bankruptcy/Debtor Relief
- 02—Collection (Including Repossession/Deficiency/Garnishment)
- 03—Contracts/Warranties
- 04—Collection Practices/Creditor Harassment
- 05—Predatory Lending Practices (Not Mortgages)
- 06—Loans/Installment Purchase (Not Collections)
- 07—Public Utilities
- 08—Unfair and Deceptive Sales and Practices (Not Real Property)
- 09—Other Consumer/Finance

Education

- 11—Reserved
- 12—Discipline (Including Expulsion and Suspension)
- 13—Special Education/Learning Disabilities
- 14—Access (Including Bilingual, Residency, Testing)
- 15—Vocational Education
- 16—Student Financial Aid
- 19—Other Education

Employment

- 21—Employment Discrimination
- 22—Wage Claims and other FLSA (Fair Labor Standards Act) Issues
- 23—EITC (Earned Income Tax Credit)
- 24—Taxes (Not EITC)
- 25—Employee Rights
- 26—Agricultural Worker Issues (Not Wage Claims/FLSA Issues)

- 29—Other Employment

Family

- 30—Adoption
- 31—Custody/Visitation
- 32—Divorce/Separation/Annulment
- 33—Adult Guardian/Conservatorship
- 34—Name Change
- 35—Parental Rights Termination
- 36—Paternity
- 37—Domestic Abuse
- 38—Support
- 39—Other Family

Juvenile

- 41—Delinquent
- 42—Neglected/Abused/Dependent
- 43—Emancipation
- 44—Minor Guardian/Conservatorship
- 49—Other Juvenile

Health

- 51—Medicaid
- 52—Medicare
- 53—Government Children’s Health Insurance Programs
- 54—Home and Community Based Care
- 55—Private Health Insurance
- 56—Long Term Health Care Facilities
- 57—State and Local Health
- 59—Other Health

Housing

- 61—Federally Subsidized Housing
- 62—Homeownership/Real Property (Not Foreclosure)
- 63—Private Landlord/Tenant
- 64—Public Housing
- 65—Mobile Homes
- 66—Housing Discrimination

- 67—Mortgage Foreclosures (Not Predatory Lending/Practices)
- 68—Mortgage Predatory Lending/Practices
- 69—Other Housing

Income Maintenance

- 71—TANF
- 72—Social Security (Not SSDI)
- 73—Food Stamps
- 74—SSDI
- 75—SSI
- 76—Unemployment Compensation
- 77—Veterans Benefits
- 78—State and Local Income Maintenance
- 79—Other Income Maintenance

Individual Rights

- 81—Immigration/Naturalization
- 82—Mental Health
- 84—Disability Rights
- 85—Civil Rights
- 86—Human Trafficking
- 87—Criminal Record Expungement
- 89—Other Individual Rights

Other

- 91—Legal Assistance to Non-Profit Organization or Group (Including Incorporation/Dissolution)
- 92—Indian/Tribal Law
- 93—Licenses (Drivers, Occupational, and Others)
- 94—Torts
- 95—Wills/Estates
- 96—Advance Directives/Powers of Attorney
- 97—Municipal Legal Needs
- 98—Tribal Court—Criminal
- 99—Other: _____
- End Date – date service was completed
- Service Method –
 - Lawyer provided legal service

- Other licensed legal professional (LLLT, LPO) provided legal service
- Person not licensed to practice law provided legal service
- Software or technology with lawyer/LLLT/LPO assistance provided legal service
- Software or technology with person not licensed to practice law provided legal service
- Software or technology alone provided legal service
- Law-related services provided by person
- Law-related services provided by software/technology
- Services Received – general type of services received
 - Legal advice
 - Legal document completion
 - Legal communication
 - Negotiation
 - Trial/hearing
 - Referral
 - Full representation
 - Other: __
 - No services provided
- Amount Paid – amount paid by consumer for services received
- Complaints – were complaints received from the client? Yes/no

General

- Number of complaints received from consumers during this period
- Number of FTE

Short answer:

Please provide a short self evaluation on the status and progress of your regulatory reform test. Consider the following:

- Do you consider your test and service model to be successful or that it will be successful as a business model?
- How is the entity making progress toward its own business goals using the model in your test?
- Is the regulatory reform under your test and business model achieving or will it achieve the goals of the pilot project?
- How is the entity making progress toward achieving the goals of the pilot project?

Are you considering any changes to your service model? Note: Any changes to the service model or regulatory reform must be submitted to the WSBA and approved by the Washington Supreme Court.

How were complaints resolved generally? Were there any complaints that were not able to be resolved?

Pilot Project for Entity Regulation

Client Survey – Questions and Data Collection – Survey link directly to WSBA

Purpose Statement

You received legal help from a company that is part of the Washington state Pilot Project for Entity Regulation. This is a test program that is trying to see if new rules for legal services companies can help more people get good, affordable legal help.

Your answers to this short survey will help the Washington State Bar Association (WSBA) see if the program is working. Your answers will be private. They will be mixed in with other people's answers, and will not be traced back to you, so please provide honest feedback.

[token of appreciation/gift card? If so, adjust private language]

Survey

Which entity, company, or firm provided your legal services?

[dropdown of authorized entities]

If you know, who was your primary contact?

On a scale of 1 to 6, with 1 indicating very unhappy and 6 indicating very happy, how happy are you with the legal services you received?

Was this legal provider your first choice?

If this legal service provider was not available, would you have received legal services from a different provider?

What barriers or challenges do you face when looking for legal services? Check all that apply.

- ☐ Geography – Legal services are limited in my area or I need to travel long distances to find legal services
- ☐ Transportation – I rely on public transportation, do not have access to a car, etc.
- ☐ Caregiver – I take care of children, parents, persons with disabilities, etc.
- ☐ Employment – I work during times when most legal services are open, I can't take time off from work, etc.
- ☐ Language – English is not my first language, my English is not very good, etc.
- ☐ Technology – I don't have access to the internet at home, my internet service is poor, etc.

- ☐ Financial – I can't find affordable legal services, I don't have extra money to spend on legal services, etc.

How would you describe the area where you live?

- ☐ City
☐ Suburb
☐ Small town
☐ Rural

What is your zip code?

Is English your first language?

- ☐ Yes
☐ No
☐ I choose not to respond

If no, what was your first language?

Do you identify as having a physical or mental disability or impairment?

- ☐ Yes
☐ No
☐ I choose not to respond

Please check the box(es) that most closely represents your racial/ethnic identity. Please check all that apply. (Checking more than one box will be reported as "multi-racial.") If you wish to supply a more specific identity, please check "not listed", fill in the blank and also check the box for the most applicable race/ethnicity from the list provided, if any.

- ☐ American Indian, Native American, or Alaskan Native
☐ Asian—Central Asian
☐ Asian—East Asian
☐ Asian—South Asian
☐ Asian—Southeast Asian
☐ Black, African American, or African Descent
☐ Hispanic/Latinx
☐ Middle Eastern Descent
☐ Pacific Islander or Native Hawaiian
☐ White or European Descent
☐ Not listed: _____
☐ I choose not to respond

What is the size of your family household, including yourself?

- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6+ people
- ☐ I choose not to respond

What is your annual household income?

- ☐ \$0 to \$30,000
- ☐ \$30,001 to \$40,000
- ☐ \$40,001 to \$50,000
- ☐ \$50,001 to \$60,000
- ☐ \$60,001 to \$70,000
- ☐ \$70,001 to \$80,000
- ☐ \$80,001 to \$90,000
- ☐ \$90,001 to \$100,000
- ☐ \$100,001 to \$110,000
- ☐ \$110,001 to \$120,000
- ☐ \$120,001 and above
- ☐ I choose not to respond

End of Survey Contact Info Message

Thank you for taking the time to complete the survey. [token of appreciation?]

If you have additional information you would like to share or discuss with the WSBA, please email entityregulationpilot@wsba.org.

Additional information about the Washington State Pilot Project for Entity Regulation can be found online at www.wsba.org/entityreg.