AFFIDAVIT IN SUPPORT OF
NON-LAWYER ASSISTANT REQUEST FOR ELECTRONIC FILING ACCOUNT

Name: First:_____ Middle:_____ Last:_____

User Name:_____ (should mirror user name on the request for an electronic filing)

Employer:_____ Date of Birth: _____

Phone Number: _____ Email address: _____

User Certification:

I, _____, being first duly sworn, depose and say:

That I am a non-attorney intending to file pleadings for attorneys at my organization pursuant to Arkansas Supreme Court Administrative Order Number 21;

That I hereby certify that I will not engage in the unauthorized practice of law and understand that any pleadings filed in violation could be rendered a nullity;

That I will identify the attorney for whom I am filing, and I am responsible for ensuring that the attorney of record is listed on the certificate of service in the eFlex system for all cases in which I am filing pleadings;

That my Driver License Number or State ID Number is: _____, issued by the State of _____, and expires on the ____ day of _____, 2_____.

I swear that the foregoing information is accurate and complete on this __ day of _____, 2____.

_____

Notary Public_____

Supervising Lawyer Certification:

I, _____, AR Bar #_____, being first duly sworn, depose and say:

That I agree to act as a supervising lawyer with respect to the foregoing non-lawyer who will be e-filing on my behalf and others at my organization;

That I will comply with the Rules of Professional Conduct and will make reasonable efforts to ensure that the user's conduct is compatible with the professional obligations provided by the Rules, and I recognize that I could be held responsible for user's conduct that violates the rules of professional conduct;

That I am responsible for ensuring that the attorney of record is listed on the certificate of service in the eFlex system for all cases in which I am associated;

That I shall immediately notify acap.help@arcourts.gov to terminate user's eFlex account upon employment termination and at any point in which I have reasonable belief that user should not have such access.

I swear that the foregoing information is accurate and complete on this __ day of _____, 2____.

_____

Notary Public _____