Law Firm Paralegal Account Onboarding Form

| Full Name | |
|--|---|
| | |
| Email Address | |
| | |
| Phone Number | |
| | |
| Start Date | |
| | |
| Law Firm Name | |
| | |
| Department | |
| | |
| Supervisor Name | _ |
| Office Address | |
| Office Address | |
| City | |
| | |
| State/Province | |
| | |
| ZIP/Postal Code | |
| | |
| Employment Type | |
| | _ |
| Bar Association Number (If Applicable) | |
| | |
| Areas of Specialization | |
| | |
| Required Software Access | |
| | |
| Additional Notes | |
| | |
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