

OATH FOR LIMITED PRACTICE OFFICERS

STATE OF WASHINGTON
COUNTY OF _____

I, _____, do solemnly swear or affirm that:

1. *I am fully subject to the laws of the State of Washington and Rule 12 of the Admission and Practice Rules and APR 12 Regulations adopted by the Washington State Supreme Court and will abide by the same.*
2. *I will support the constitutions of the State of Washington and of the United States of America.*
3. *I will abide by the Limited Practice Officer Rules of Professional Conduct and Rules for Enforcement of LPO Conduct approved by the Supreme Court of the State of Washington.*
4. *I will confine my activities as a Limited Practice Officer to those activities allowed by law, rule and regulation and will only utilize documents approved pursuant to APR 12.*
5. *I will faithfully disclose the limitations of my services, that I am not able to act as the advocate or representative of any party, that documents prepared will affect legal rights of the parties, that the parties' interests in the documents may differ, that the parties have a right to be represented by a lawyer of their own selection, and that I cannot give legal advice regarding the manner in which the documents affect the parties.*

I understand that I may incur personal liability if I violate the applicable standard of care of a limited practice officer. Also, I understand that I only have authority to act as a limited practice officer during the times that my financial responsibility coverage is in effect. If I am covered under my employer's errors and omissions insurance policy or by my employer's certificate of financial responsibility, my coverage is limited to services performed in the course of my employment.

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Judge (signature)

Judge (name printed)