



OFFICE OF LEGAL
SERVICES INNOVATION
An Office of the Utah Supreme
Court

**Addendum One:
Controlling and
Financing Persons**

Please refer to the following definitions before completing the form:

- **Controlling Persons:** 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, or a person possessing comparable rights by operation of law or by agreement.
- **Financing Persons:** All persons possessing an economic interest in the entity equal to or more than 10 percent of all economic interests in the entity.

1. Name of Controlling/Financing Person: _____

2. Title: _____

3. Business Email: _____

4. Business Phone Number: _____

5. Check any of the following that apply:

☐ Controlling Person

☐ Financing Person

6. Have you ever held (currently or in the past) a license to practice law ☐ Yes ☐ No

If yes, please provide the following:

State of Licensure _____

Bar Number _____

License Status _____

If yes, has your legal license ever been suspended or terminated, or have you ever been disbarred? ☐ Yes ☐ No

If yes, please provide an explanation:

7. Have you (currently or in the past) been subject to any investigation by a legal regulatory office such as a state bar association, state disciplinary office, or state court? ☐ Yes ☐ No

If yes, describe the nature, status, and outcome (if applicable) of the investigation:

8. Have you ever been (currently or in the past) a Utah Licensed Paralegal Practitioner (LPP)?

☐ Yes ☐ No

If yes, please provide the following:

Utah LPP Number _____

License Status _____

9. Have you ever (currently or in the past) been licensed with a limited legal license similar to Utah's LPP license (e.g., LLLT in Washington, a Legal Paraprofessional in Arizona, etc.)?

☐ Yes ☐ No

If yes, please provide the following:

State _____

Type of Limited License _____

License Number _____

License Status _____

10. Are you required to hold any other professional license (e.g. accountant, registered broker/dealer, social worker, mental health provider)? ☐ Yes ☐ No

If yes, please provide the following:

Type of License _____

License Number _____

Are you in good standing with the applicable licensing body? ☐ Yes ☐ No

11. Please disclose any history of state or federal criminal (misdemeanor or felony) conviction, state or federal consent decree, or state or federal enforcement action resulting in sanctions (disgorgement, civil penalties, and/or injunction).

12. Please disclose whether you are, to your knowledge, currently subject to a state or federal criminal investigation or state or federal enforcement action.

Authorization and Consent

☐ I agree to submit to a background check and license verification through the Innovation Office's chosen third-party vendor. I further consent to a credit check and fingerprinting if requested by the Innovation Office. I agree to give any further information which may be required.

I, _____, **certify that this information is true, accurate, and complete, to the best of my knowledge.**

Date

Signature

Title