

# **Application for Authorization:**

Utah Legal Regulatory Sandbox

## **ENTITY STRUCTURE**

1. **Entity Name**
2. **Business Email Address**
3. **Business Phone Number**
4. **Business Website**
5. **Business Address**
6. **Business Mailing Address (if different)**
7. **Primary Contact Name**
8. **Primary Contact Title**
9. **Primary Contact Business Phone Number**
10. **Primary Contact Business Email**
11. **Secondary Contact Name**
12. **Secondary Contact Title**
13. **Secondary Contact Business Phone Number**
14. **Secondary Contact Business Email**

## **STATEMENT OF CANDOR**

**As a pilot regulatory reform program, the Sandbox necessitates candor from participants. Every applicant is expected to err on the side of transparency and disclosure.**

**I agree [Mandatory checkbox].**

## **INSTRUCTIONS**

**Please certify that you have read the instructions.**

**I agree [Mandatory checkbox].**

## **PROPOSED SERVICES**

1. **If your entity already provides services outside of the Sandbox, describe the entity business model and services in detail.**
2. **Describe in detail the business model and/or services for which you are requesting Sandbox authorization. Please identify: (1) who will provide the legal services (i.e. lawyers, nonlawyers, and/or software); (2) who will manage and oversee the direct legal providers; (3) how consumers will access/receive these services; and (4) what your services will do for consumers.**
3. **Identify how your proposal will meet the “innovation requirement.” Explain how your entity will reach consumers currently underserved by the legal market (examples include using non-lawyer providers to deliver free or low-cost services and creating a one-stop-shop for consumers to obtain related legal and non-legal services).**
4. **Describe your target consumer(s).**
5. **Which service models are you seeking to use?<sup>1</sup> [Drop down menu].**
  - a. **Lawyers employed or managed by nonlawyers**
  - b. **Less than 50% nonlawyer ownership**

- c. **More than 50% nonlawyer ownership**
  - d. **Sharing legal fees (note that bare referral fee arrangements are prohibited)**
  - e. **Non-lawyer provider with lawyer involvement**
  - f. **Non-lawyer provider without lawyer involvement**
  - g. **Software provider with lawyer involvement**
  - h. **Software provider without lawyer involvement**
  - i. **Intermediary platform**
  - j. **Other \_\_\_\_\_**
6. **Are any UT-licensed lawyers providing legal services?**
  7. **Are any UT-licensed lawyers overseeing nonlayers (either persons or software)?**
  8. **If you have UT-licensed lawyers operating within your entity in another capacity, please explain.**
  9. **Are any legal service providers for your entity licensed or previously licensed in other jurisdictions?**
  10. **If yes, provide details.**
  11. **Identify whether you are applying as a Low Innovation, Moderate Innovation, or High Innovation entity. Please see the instructions page for descriptions. You may select multiple options. [Drop down menu with option to select multiple]**
    - a. **Low Innovation**
    - b. **Moderate Innovation**
    - c. **High Innovation**
  12. **Identify the number of full-time equivalent (“FTE”) employees in your proposed entity.**

#### **SUBSTANTIVE LEGAL AREAS**

Select any and all legal areas in which you intend to provide services. [Drop down menu]

- **Business/Corporate/Commercial**
- **Civil and Disability Rights**
- **Consumer**
- **Criminal Issues**
- **Expungement**
- **Domestic /Intimate Partner Violence**
- **Education**
- **Elder**
- **Employment and Unemployment**
- **Environmental and Land Use**
- **Family and Marriage**
- **Healthcare**
- **Immigration**
- **Intellectual Property**
- **Landlord and Tenant**
- **Municipal**
- **Native American /Tribal**
- **Personal Injury**
- **Public Benefits**
- **Real Estate**

- Taxes
- Traffic
- Wills or Estates
- Workplace Safety

**Are there any secondary areas in which you may need to provide services in order to adequately provide your key services?\***

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

#### **ENTITY STRUCTURE**

1. **Has your entity been formed? *Note: A formed entity is one that has been developed to a point that it matches the intended structure of the business (e.g., LLC, sole proprietorship, 501(c)(3), Corporation). Forming an entity will vary based on the expected business structure. An entity has a tax identification that matches the chosen business structure (e.g., EIN for an LLC or SSN for a sole proprietorship) and is registered as required based on jurisdiction.***
2. **If no, do you anticipate forming your entity within the next 12 months?**
3. **List any and all alternate names for your entity (i.e. a trade name or “doing business as” name).**
4. **If your entity is an umbrella organization that will not provide the direct legal services, list the following for any and all subsidiaries providing the proposed legal services:**
  - a. **Subsidiary Name**

- b. **Business Address**
- c. **Business Website**
- d. **Business Email**
- e. **Business Phone Number**
- 5. **What type of structure is your entity?**
  - a. **Sole Proprietorship**
  - b. **LLC or PLLC**
  - c. **LLP or other Partnership**
  - d. **Corporation**
  - e. **501(c)(3)**
  - f. **501(c)(6)**
  - g. **Voluntary Organization, not a 501(c)**
    - i. **Incorporated** \_\_
    - ii. **Unincorporated** \_\_
  - h. **Other:**

### **RISK ASSESSMENT**

The Innovation Office monitors for the following types of consumer harms: (1) inappropriate or otherwise flawed legal results; (2) failure to exercise legal rights through ignorance or bad advice; and (3) the purchase of an unnecessary or inappropriate legal service.

1. **Fully and candidly discuss the risks consumers might face if they use your proposed model, including each of the risks described above.**
2. **Describe the specific ways you will identify, track, and mitigate the risks to consumers in your proposed model.**
3. **Describe your consumer complaint resolution process.**

### **UTAH REQUIREMENTS**

1. **Is your entity authorized and in good standing with the Utah Department of Commerce? If yes, please provide proof of your registration.**
2. **Does your proposal comply with applicable Utah legal requirements?**
3. **Are your service models ready to implement?**

### **CONTROLLING AND FINANCING PARTIES**

Please note that additional information must be submitted for each party listed below.

1. **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, or a person possessing comparable rights by operation of law or by agreement. (“Controlling Persons”).**
2. **List all persons possessing an economic interest in the entity equal to or more than 10 percent of all economic interests in the entity. (“Financing Persons”).**
3. **If there are any additional parties involved in your entity who were not captured in the above list whom you believe are important to disclose, please list here:**
4. **Please certify that no financing or controlling persons are disbarred lawyers.**

5. Please certify that no persons who will be in a director, supervisor/monitoring, and/or managerial role over the direct provision of legal services to consumers are disbarred lawyers.
6. Please certify that no controlling persons or financing persons have a felony criminal record showing a conviction (including guilty plea, nolo contendere, plea in abeyance, no contest, or receipt of a deferred adjudication) within the past 15 years of the following crimes:
  - a. Fraud
  - b. Identity Fraud or Theft
  - c. Embezzlement
  - d. Forgery
  - e. Perjury or Lying to Government Officials
  - f. Conducting a Pyramid Scheme
7. Please certify that no persons who will be in a director, supervisor/monitoring, and/or managerial role over the direct provision of legal services to consumers have a felony criminal record showing a conviction (including guilty plea, nolo contendere, plea in abeyance, no contest, or receipt of a deferred adjudication) within the past 15 years of the following crimes:
  - a. Fraud
  - b. Identity Fraud or Theft
  - c. Embezzlement
  - d. Forgery
  - e. Perjury or Lying to Government Officials
  - f. Conducting a Pyramid Scheme
8. If any persons who will be in a director, supervisor/monitoring, and/or managerial rule over the direct provision of legal services to consumers have a felony criminal record showing a conviction (including guilty plea, nolo contendere, plea in abeyance, no contest, or receipt of a deferred adjudication) that was not captured by the above question, please explain here:
9. 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:

#### **RULE WAIVER**

1. List any additional Utah Rules of Professional Conduct that you seek to waive for your entity.

#### **ENTITY DISCLOSURES**

1. Is your entity or any affiliated entity (such as a parent company or subsidiary) currently subject to state or federal criminal investigation?
2. If yes, please explain.
3. If your entity or any affiliated entity (such as a parent company or subsidiary) currently subject to any state or federal criminal investigation or enforcement action?
4. If yes, please explain.
5. 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?

6. **If yes, please explain.**
7. **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)?**
8. **If yes, please explain.**
9. **Has your entity or any affiliated entity been (currently or in the past) subject to investigation and/or enforcement by any legal regulatory body?**
10. **Does your entity or any affiliated entity plan to share or sell consumer data in any form to third parties?**
11. **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:**

#### **FINAL QUESTIONS**

1. **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 Sandbox?**
2. **If yes, please identify the other entity and describe the association.**
3. **Has any person that was not listed in your application but will have material involvement with the proposed model and/or services been officially associated (i.e. employed or held a position of control/influence) with any other entity that has applied to the Sandbox?**
4. **If yes, please identify the other entity and describe the association.**

#### **PUBLIC APPLICATION**

**Your application will be made publicly available and may be posted to the Innovation Office website. You have the opportunity to make a claim of business confidentiality for specific information that would qualify for protection under GRAMA Section 63G-2-305. [Mandatory Checkbox] I understand.**

**Signature**

**Printed Name**

**Title**

**Date**

**Please identify if you wish to redact your application.**

**Please note that applicants are encouraged not to include personal contact information; however, applicants may redact any such information.**

**If checking the box, I agree to provide redactions to the Innovation Office within seven business days by emailing a PDF copy of the submitted application with proposed redactions highlighted in yellow. If proposed redactions are not timely provided (please confirm receipt), your application will be posted without any redactions.**

**[Optional Checkbox] I request to redact my application.**

#### **CERTIFICATION**

**Making false/materially misleading statements or omissions in this application is a basis for loss of authorization to practice within the Sandbox. Other criminal and civil sanctions may also apply.**

**[Mandatory Checkbox] I agree**

**If your answers to any of the application questions change, you are responsible for updating the information with the Innovation Office. Failure to promptly update information will be considered relevant to your regulatory status.**

**[Mandatory Checkbox] I agree**

**The Innovation Office is committed to facilitating impartial, independent studies of Utah's evidence-based regulatory experiment to promote legal services innovation and consumer protection. By clicking this box, you consent to the Office sharing your contact information with approved researchers, whose projects are entirely independent of the work of the Office and the regulatory process.**

**[Optional Checkbox] I agree**

**The Innovation Office may follow up with you to gather additional information.**

**Signature:**

**Name:**

**Date:**



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**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.)?

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**



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**Addendum Two: Controlling  
and Financing Persons**

**Instructions:**

*Answer each of the following questions. DO NOT answer "Yes" if you have only civil traffic violations. Regarding criminal matters, the fact that you entered into a plea bargain or plead "no contest" or your conviction has been vacated, pardoned, expunged, sealed, set aside, dismissed, or appealed, or your civil rights have been restored this question must be answered "Yes." If the answer is "Yes", give details of the offense, and explain at the bottom of the form.*

**Have you or any business entity in which you have or had an economic interest or control in:**

(1) committed any act constituting material misrepresentation, omission, fraud, dishonesty, or corruption in business or financial matters?  Yes  No

(2) engaged in conduct showing incompetence or a source of injury and loss to the public?  Yes  No

(3) been convicted by final judgment of a felony, regardless of whether civil rights have been restored?  Yes  No

(4) been convicted by final judgment of a misdemeanor, regardless of whether civil rights have been restored?  Yes  No

(5) had a professional or occupational license or certificate denied, revoked, suspended, or any other disciplinary action taken?  Yes  No

(6) been terminated, suspended, placed on probation, or other disciplinary action taken in the course of employment since the age of 21?  Yes  No

(7) been found civilly liable in an action involving misrepresentation, material omission, fraud, misappropriation, theft, or conversion?  Yes  No

(8) been placed on probation or parole?  Yes  No

(9) violated any decision, order, or rule issued by a professional regulatory entity?  Yes  No

(10) violated any order of a court, judicial officer, or administrative tribunal?

Yes  No

(11) been the subject (to the best of your knowledge) of any pending criminal or administrative investigations relating to professional competency, unauthorized practice of law, or material misrepresentation, omission, fraud, dishonesty, or corruption in business or financial matters?

Yes  No

Provide any explanations below:

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



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**Addendum Three:  
Controlling and Financing  
Parties**

**I agree to the following duties if my entity receives authorization:**

- Must act in good faith to further a client's best interests.
- Must not allow economic or other conflicts of interests to adversely affect the legal services rendered to a client.
- Must ensure that legal services are delivered with reasonable diligence and promptness.
- Must not reveal confidential information pertaining to the representation of a client without the client's consent or as allowed or required by law.
- Must not engage in or allow any activity that misleads or attempts to mislead a client, a court, or others.
- Must not take any action or engage in activity that interferes with the professional independence of lawyers or others authorized to provide legal services.
- Must develop systems and processes within the entity applicant to ensure that each of the above duties are met and satisfied.
- Must complete an approved one-hour ethics training that explains the above obligations.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_