

CERTIFICATION OF EMPLOYMENT IN A NONPROFIT ORGANIZATION PROVIDING LEGAL SERVICES TO INDIGENT PERSONS¹

I hereby certify that	(RUA No.:) is
First name employed full-time at this organization a	Last names nd that the attorney has not tendered his/he
resignation as of the date of this certific	cation nor is there presently any order in place
to remove him/her from service. I further	r certify that the information provided herein is
correct.	
Name of the organization:	
Federal Employer Identification Number	r:
Contact information of the person author	
Full name:	Position:
Telephone:Email:	
Signature:	_ Date of certification://
OFFICIAL STAMP OF THE ORGANIZATION	

¹ This certification must be attached to the declaration the attorney must file electronically in *Sistema Unificado de Manejo y Administración de Casos (SUMAC)* under the section titled "Declaraciones."