

Family Law Experience Panel Application

Name: (please print) _____

For panels below, you are not required to prove prior experience. Please check the areas in which you wish to receive referrals.

- ☐ Divorce/Dissolution of Marriage, uncontested
- ☐ Emancipation
- ☐ Enforcement of Final Judgment of Dissolution of Marriage/Paternity
- ☐ Name changes
- ☐ Paternity / uncontested / establishment of child support
- ☐ Domestications of out of state orders
- ☐ Qualified Domestic Relations Order
- ☐ Annulment
- ☐ Guardian Ad Litem

Are you Board Certified in Marital and Family Law? ☐ yes ☐ no (If yes, you are not required to provide proof of prior experience to accept referrals in the areas listed below.)

If you are not board certified, please provide proof of experience as requested, if you wish to receive referrals in the areas below.

Where required, please provide a typed list of cases handled, including case name, party names, year of disposition, brief description of case type and resolution.

Panel	Requirement
☐ Appeals ☐ Contested divorce (complex/w assets, children) ☐ Domestic Violence Petitioner ☐ Domestic Violence Respondent ☐ Pre/post nuptial agreement ☐ Adoption without termination ☐ Adult Adoptions ☐ Dependency	For EACH selection, must have handled two (2) cases as to completion within the past three (3) years; Please provide list. ☐ I certify that at least 25% of my practice is in family law, and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in family law within the past year.

Panel	Requirement
☐ Adoption with termination ☐ Interstate/International custody ☐ Lesbian, Gay, Bisexual, Transgender (family related issues) ☐ Military divorce ☐ Modification of Final Judgment of Dissolution of Marriage/Paternity ☐ Paternity, contested ☐ Custody, contested	Must have handled four (4) contested cases to completion within the past three (3) years and have handled two (2) contested hearings. Please provide list. ☐ I certify that at least 25% of my practice is in family law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in family law within the past year.

☐ I certify that I practice and am qualified to accept family law cases. I meet the LRIS membership requirements for receiving referrals from LRIS in this area and will maintain compliance with the requirements as long as I accept LRIS referrals.

Date _____ Signature _____