

**Civil Rights
Experience Panel Application**

Name: (please print) _____

Please indicate the areas in which you are willing to take referrals.

- Children / student's rights
- False arrest / false imprisonment
- Freedom of speech / assembly
- Jail injuries (deliberate indifference)
- Police misconduct
- Unlawful search and seizure
- Discrimination

Other civil rights practice areas: _____

I certify that at least 20% of my practice is in civil rights law, and I have disclosed this percentage on my application for malpractice insurance. I practice and am qualified to civil rights cases, and 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 these referrals.

I further certify that I have nine (9) hours of CLE in civil rights law within the past three (3) years.

Date _____ Signature _____