

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

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
<input type="checkbox"/> Appeals <input type="checkbox"/> Contested divorce (complex/w assets, children) <input type="checkbox"/> Domestic Violence Petitioner <input type="checkbox"/> Domestic Violence Respondent <input type="checkbox"/> Pre/post nuptial agreement <input type="checkbox"/> Adoption without termination <input type="checkbox"/> Dependency	<p>For EACH selection, must have handled two (2) cases as to completion within the past three (3) years;</p> <p>Please provide list.</p> <p><input type="checkbox"/> 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.</p>

Panel	Requirement
<input type="checkbox"/> Adoption with termination <input type="checkbox"/> Interstate/International custody <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender (family related issues) <input type="checkbox"/> Military divorce <input type="checkbox"/> Modification of Final Judgment of Dissolution of Marriage/Paternity <input type="checkbox"/> Paternity, contested <input type="checkbox"/> Custody, contested	<p>Must have handled four (4) contested cases to completion within the past three (3) years and have handled two (2) contested hearings.</p> <p>Please provide list.</p> <p><input type="checkbox"/> 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.</p>

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 _____