

## Estate Planning & Probate Experience Panel Application

Name: (please print) \_\_\_\_\_

Are you Board Certified in Wills, Trusts and Estates? \_\_\_ yes \_\_\_ no (If yes, please indicate below the panels from which you wish to receive referrals. You are not required to provide a list of cases. You may choose an unlimited number of categories below.)

If you are not Board Certified, please complete the application.

**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	Requirements
<input type="checkbox"/> Guardianship, contested <input type="checkbox"/> Lawsuits involving a fiduciary <input type="checkbox"/> Will contests or trust dispute	<p>___ For EACH selected panel, I have handled two (2) cases within the past three (3) years. Please provide list.</p> <p>Provide list of two (2) cases as lead attorney of any kind (civil or criminal) through bench or jury trial within the past five (5) years.</p> <p>___ I certify that at least 20% of my practice is in tax, estate planning, or probate law, and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law within the past three (3) years.</p>
<input type="checkbox"/> Draft wills (complex/ estate tax planning, trusts, family partnerships)	<p>Must have participated in preparing three (3) taxable estates, living trusts, family partnership provisions within the past three (3) years. Please provide list.</p> <p>___ I certify that at least 20% of my practice is in tax, estate planning, or probate law, and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law within the past three (3) years.</p>
<input type="checkbox"/> Specialty trusts <input type="checkbox"/> Elder Law <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Medicare benefits/liens <input type="checkbox"/> Nursing home Medicaid planning <input type="checkbox"/> Reverse mortgages <input type="checkbox"/> Financial Exploitation of the Elderly	<p>___ I certify that at least 20% of my practice is in tax, estate planning, or probate law, and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law within the past three (3) years.</p>

For panels below, you are not required to prove prior experience.

- Durable powers of attorney
- Guardianship, uncontested
- Guardian advocacy
- Probate, uncontested
- Wills, wills with trusts (draft / review)

I certify that 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 \_\_\_\_\_