

Personal Injury Law Experience Panel Application

Name: (please print) _____

Are you Board Certified in Civil Trial? ___ yes ___ no (If yes, please indicate below the panels for which you wish to receive referrals. You are not required to provide proof of prior experience.) Please sign application.

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

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"/> Auto collision <input type="checkbox"/> Construction site accidents <input type="checkbox"/> Dog bite/animal (major) <input type="checkbox"/> Governmental claims <input type="checkbox"/> Inadequate security <input type="checkbox"/> Medical devices/drugs <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Dental <input type="checkbox"/> Psych. <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacy <input type="checkbox"/> Veterinary <input type="checkbox"/> Professional malpractice (legal) <input type="checkbox"/> Nursing home abuse <input type="checkbox"/> Police/prison brutality <input type="checkbox"/> Product liability <input type="checkbox"/> Toxic tort <input type="checkbox"/> Sexual assault <input type="checkbox"/> Date rape <input type="checkbox"/> Sexual exploitation by professional <input type="checkbox"/> Wrongful death or massive injuries	<p>For EACH selection, must have handled two (2) cases through discovery within the past three (3) years</p> <p>and</p> <p>must have handled one (1) case of any type, as lead attorney to jury verdict.</p> <p>Please provide list.</p> <p>___ I certify that at least 25% of my practice is in personal injury law, and I have disclosed this percentage on my application for malpractice insurance. I further certify that I have twelve (12) hours of CLE in personal injury law within the past three (3) years.</p>

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

Panel	Requirement
<input type="checkbox"/> Assault (simple/battery) <input type="checkbox"/> Dog bite (minor injuries) <input type="checkbox"/> Libel, slander, or harassment (non-employment) <input type="checkbox"/> Slip and fall <input type="checkbox"/> Personal Liability <input type="checkbox"/> Premise Liability	<input type="checkbox"/> I certify that at least 25% of my practice is in personal injury law, and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in personal injury law within the past year.

For the sub-panels selected above, I represent the Plaintiff Defendant.

I certify that I practice and am qualified to accept personal injury 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 _____