

# Personal Injury 2010 2011

## Subject Matter Application

(Rev 6/9/10)

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

Are you Board Certified in Personal Injury Law? \_\_\_ yes \_\_\_ no

If you **are** Board Certified, you are not required to provide case names or proof of prior experience. Please indicate below which categories you wish to receive referrals. You may choose an unlimited number of panels below. Please date and sign the form.

If you **are not** Board Certified, please complete the entire form. You may choose an unlimited number of panels below for which you are qualified. Please date and sign the form.

### Part A Selections

For EACH selected Panel A law type, you, **within 5 years of the date of this application**, must have handled as **lead attorney** through discovery 2 cases in the category, AND, within **5 years of the date of this application**, must have handled as lead attorney 1 type of case in any category listed in Part A or Part B below through voir dire or verdict.

Please select the panels in which you wish to receive referrals. If you have any practice experience not shown on this application, attach supplemental experience on a separate sheet.

\_\_\_ Medical Malpractice (dental, psych., physician,  
pharmacy)  
\_\_\_ Product liability  
\_\_\_ Wrongful death or massive injuries  
\_\_\_ Professional malpractice (legal)  
\_\_\_ Auto collision (major injuries)  
\_\_\_ Toxic tort  
\_\_\_ Inadequate security

\_\_\_ Medical devices/drugs  
\_\_\_ Construction site accidents  
\_\_\_ Nursing home abuse  
\_\_\_ Dog bite/animal  
\_\_\_ Governmental claims (TCA)  
\_\_\_ Sexual assault  
\_\_\_ Date rape  
\_\_\_ Sexual exploitation by professional  
\_\_\_ Police/prison brutality

List 2 cases you have handled as **lead attorney** through discovery (**within the past three years**) in each category you have listed to receive referrals:

1. Case, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

2. Case, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

3. Case, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

4. Case, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

Identify 1 personal injury case **within five (5) years of the date of this application** that you handled as lead attorney through voir dire or through verdict.

1. Case, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

\_\_\_ I certify that 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 twenty five (25) hours of CLE in personal injury law in the past 3 years.

### Part B Selections

For any of the selected panels below, you are not required to prove prior experience. Please indicate the panels in which you wish to receive referrals.

- \_\_\_ Auto collision (minor injuries)
- \_\_\_ Slip and fall
- \_\_\_ Simple assault and/or battery
- \_\_\_ Libel, slander, or harassment (non-employment)
- \_\_\_ Dog bite (minor injuries)

\_\_\_ I certify that I have at least three (3) hours of CLE in personal injury law in the past each of the preceding three (3) years.

I certify that I practice and am qualified to accept personal injury law cases, I meet the membership requirements for receiving referrals from LRS in this area, I will maintain compliance with the requirements as long as I accept these referrals, and I had full responsibility/**lead attorney** for all cases listed in this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_