

Please return to:
LRS, P.O. Box 218, Austin TX 78767

Attorney Line: 472-1311
Fax: 472-2695

**Personal Injury Law 2009
Workers Compensation
Subject Matter Application**
(updated 10/27/08)

Please print:

Name: _____ Firm: _____

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 form. You may choose an unlimited number of panels below for which you are qualified. Please date and sign the form.

PART A

For EACH selected panel, you, **within 3 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 jury 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.

- ___ (PA1) Medical Malpractice (dental, psych., physician, pharmacy)
- ___ (PA2) Products Liability
- ___ (PA3) Wrongful Death or Massive Injuries
- ___ (PA4) Aviation Accidents
- ___ (PA6) Professional Malpractice (non med)
- ___ (PA7) Auto Collision
- ___ (PA8) Toxic Tort
- ___ (PA9) Inadequate Security

- ___ (PA10) Medical Devices/Drugs
- ___ (PA11) Construction site accidents
- ___ (PA12) Nursing home
- ___ (PA13) Dog bite/animal (massive injuries)
- ___ (PA15) Governmental claims (TCA)
- ___ (PA16) Sexual Assault
- ___ date rape
- ___ sexual exploitation by professional
- ___ (PB4) 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 jury 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 certify that I have 25 hours CLE in personal injury law in the past 3 years.

PART B

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.

- ____ (PB1) Slip and Fall
- ____ (PB2) Simple Assault and/or Battery
- ____ (PB3) Libel, Slander, or Harassment (non-employment)
- ____ (PB5) Dog Bite (minor injuries)

I had full responsibility/**lead attorney** for all cases listed in this application, or if not, I have attached an explanation.

Date _____ Signature _____

Please complete the application as completely as possible. If you believe that you have relevant experience other than that responsive to the questions that you want completed, provide it in an attachment or forwarding letter.

Workers Compensation

(PA5) Federal Worker's Compensation

(PA14) Worker's Compensation

For the workers comp panel, applicant, within the last 2 years, must have handled 15 Benefit Review Conferences (BRC), 6 Contested Case Hearings (CCH). In the past 2 years, must have handled 1 appeal.

Yes, I meet the above requirement (15 Benefit Review Conferences)

Yes, I meet the above requirement (6 Contested Case Hearings)

I certify that at least 25% of my practice is in workers compensation law. To the extent required by my malpractice carrier, I have disclosed that a material portion of my practice is devoted to workers compensation. I certify that I have 15 hours CLE in workers comp law in the past three (3) years.

I had full responsibility/**lead attorney** for all cases listed in the application, or if not, I have attached an explanation.

Date _____ Signature _____

Please complete the application as completely as possible. If you believe that you have relevant experience other than that responsive to the questions that you want completed, provide it in an attachment or forwarding letter.