



PERSONAL INJURY SPECIALIZATION

APPLICATION FOR SPECIALIZATION

PRESENTED BY: NEVADA JUSTICE ASSOCIATION IN CONJUNCTION WITH THE STATE BAR OF NEVADA

**COMPLETED APPLICATION TO BE SUBMITTED TO:
810 EAST FIFTH STREET, CARSON CITY, NV 89701**

APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 16, 2019
LATE APPLICATIONS WILL NOT BE CONSIDERED



Print Name: _____

APPLICATION

Exhibit A

Personal Injury trial law is the practice of law dealing with litigation of claims involving trauma or disability, physical or mental, to a person.

Submit your completed application with one fee of \$400.00 to the Nevada Justice Association Executive Director at 810 E. Fifth Street, Carson City, NV 89701.

PERSONAL INFORMATION

NAME:	
BAR NUMBER:	
FIRM NAME:	
STREET AND/OR PO BOX ADDRESS:	
CITY:	
STATE/ZIP:	
EMAIL ADDRESS:	
FACSIMILE:	

In completing this Application, you will need to be familiar with the *RULES AND REGULATIONS OF THE NEVADA BOARD OF PERSONAL INJURY LEGAL SPECIALIZATION* specifically Section IV (Requirements for Attorney Certification), Section V (Procedure for Initial Attorney Certification) and Section VII (Initial Certification of Personal Injury Specialization).

Please acknowledge by your initials that you have read and are familiar with the *RULES AND REGULATIONS OF THE NEVADA BOARD OF PERSONAL INJURY LEGAL SPECIALIZATION*.

(Initials)

Print Name: _____

LEGAL EDUCATION

List schools attended, dates of attendance, and degree awarded:

PRIOR CERTIFICATION APPLICATIONS

If applicable, list any organization in which you are/were certified as a legal specialist and the dates of certification. Also, indicate the dates and field of law of any former certifications in Nevada.

ON A SEPARATE SHEET OF PAPER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Record of Discipline: Please list any disciplinary actions taken against you in any state, jurisdiction, or organization. In addition, list all instances of discipline in which the sanction imposed was censure or greater, or an informal reprimand in which the disciplinary record was public. A record of discipline or failure to disclose the same may constitute grounds for denial of an application.

Employment History: In chronological order, beginning with your most recent employment, list a complete statement of your employment during the last seven (7) years. Include the dates of employment, employer’s name and address, and a brief summary of the nature of the work performed.

References: List the names and addresses of five (5) attorneys who practice in personal injury litigation and/or judges before whom you have appeared, familiar with your practice, and not including current partners or associates. You may not use as references the members of the Board of Personal Injury Legal Specialization. All references will be requested to provide written comments regarding your knowledge, skill, thoroughness, preparation, effectiveness and judgment in personal injury as well as your ethics and professionalism. The responses are confidential before the Board of Personal Injury Legal Specialization and will not be released to you or your representative.

Continuing Legal Education: List all continuing legal education activities within the area of specialization that you are seeking certification taken within the last five (5) CLE years. Include the following information:

- Sponsor (or, if published, the title of the publication):
- Title of Course:
- Dates:
- Number of CLE credits:

Print Name: _____

PLEASE INCLUDE ONLY CONTINUING LEGAL EDUCATION ACTIVITIES WITHIN THE AREA OF PERSONAL INJURY.

1. On a separate sheet of paper, please provide the following information that demonstrates that your practice meets the requirements of Section IV, paragraph D and paragraph E. You must show that you have had an *active law practice* in the field of Personal Injury in the last five (5) years.

“Active law practice” means for persons who reside and practices law in the Clark County, Washoe County or Carson City that they spend at least 33.3% of at least 1,200 hours per years involved Nevada Personal Injury litigation. If a person resides and is engaged in the practice of law in any county or city other than Clark County, Washoe County or Carson City and does no advertising and/or practice in Clark County, Washoe County or Carson City, then such attorney shall have at least 25% of those hours involved in Nevada Personal Injury litigation.

2. Please provide the following information that demonstrates that you handled a minimum of eight (8) *qualifying personal injury cases* as required by Section IV, Paragraph M:

“Qualifying personal injury cases” means that the Applicant must have handled a minimum of eight (8) contested civil trials, each involving substantial legal or factual issues, in a court of general jurisdiction (district court, federal district court or a court of similar jurisdiction in other states). Of the eight (8) trials, four (4) shall have been jury cases lasting at least two full days consisting of fourteen (14) hours of actual court room time, four (4) shall have been conducted by the Applicant as lead counsel, of which only two (2) jury trials and two (2) non-jury trials pursuant to the Nevada Short Trial Rules can be used, and at least four (4) shall be been submitted to the trier of act on some or all of the issues. If an Applicant is unable to submit eight (8) trials in court of general jurisdiction, then to be considered as substitute matter must have been an adversarial proceeding and must be binding on the parties. (Binding means that the parties were required to honor the court’s decision unless and until the decision is overturned pursuant to law). Completion of a Trial Advocacy Program approved by the State Bar of Nevada, either through teaching or attendance, that includes as part of its curriculum active participation by the Applicant in simulated courtroom proceedings, may also substitute as one(1) jury or non-jury trial. If the applicant has participated in the Nevada Trial Academy then he or she may substitute as one (1) jury trial or non-jury trial for each time the Applicant completed the Academy, but no more than three (3) jury and non-jury trials.

A. List each case that you handled and how it meets one of the PI Specialty requirements.

First Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

Print Name: _____

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Second Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Third Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Print Name: _____

Legal Matter (trial, summary judgment, etc.):

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Fourth Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Fifth Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

Print Name: _____

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Sixth Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Seventh Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

Print Name: _____

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

Eighth Case

Case Caption:

Case #: _____ Judge: _____

Opposing Attorney: _____

Legal Matter (trial, summary judgment, etc.):

No. of Days:

Please mark everything you did in the Case:

Voir Dire	<input type="checkbox"/>
Opening Statement	<input type="checkbox"/>
Direct of a Party	<input type="checkbox"/>
Cross of a Party	<input type="checkbox"/>
Direct of an Expert	<input type="checkbox"/>
Cross of an Expert	<input type="checkbox"/>
Closing Argument	<input type="checkbox"/>
Rebuttal Argument	<input type="checkbox"/>
Case went to verdict	<input type="checkbox"/>

Expert's Name: _____

Expert's Name: _____

B. On a separate sheet of paper, please provide in detail all the experience or programs that you have that satisfy the requirements of Section IV, Paragraph M where one does not have eight qualifying cases.

Print Name: _____

APPLICATION AGREEMENT

Read and initial each of the following statements and sign below:

- a. _____ I agree to abide by all Rules and Regulations of the Nevada Board of Personal Injury Legal Specialization as amended from time to time, to pay all fees required as due, and to furnish to the Board such information as may be required from time to time to ascertain my entitlement to certification.
- b. _____ I certify that I am an active member in good standing of the State Bar of Nevada and that I continue to engage in legal service (as defined in the Rules and Regulations of the Nevada Board of Personal Injury Legal Specialization) on an annual basis as required for the county in Nevada for which I practice law.
- c. _____ I annually devote the amount of practice of a full time practice to personal injury law, as defined in the Standards for Certification for Lawyers Specializing in Personal Injury Law.
- d. _____ I agree to advise the Board of Personal Injury Legal Specialization, from the date of filing this current application throughout the next approved five-year period of certification, of any disciplinary action taken against me in any state, jurisdiction, or organization. I will advise of all instances of discipline in which the sanction imposed was censure or greater, or an informal reprimand in which the disciplinary record was public. Further, if any formal matters are pending against me, or any develop, I will advise the Board.
- e. _____ I authorize all persons, firms, officers, corporations, organizations, associations (including Bar Associations of other jurisdictions), State or Federal agencies and institutions to furnish to the Board of Personal Injury Legal Specialization or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application or in any investigation of my continuing satisfaction of the Standards for Certification.
- f. _____ I authorize the Board of Personal Injury Legal Specialization to consult with any persons who may have information relating to my professional qualifications, credentials or character, ethics, behavior, or any other matter reasonably bearing on the criteria for initial and continued certification. I further agree that all information received by the Board shall be treated confidentially and that I have no right of access to information received by the Board from third parties. I specifically waive any right to review any reference or other evaluations made to the Board, whether solicited by me or the Board. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.
- g. _____ I release, discharge and exonerate the State Bar of Nevada, Nevada Justice Association the officers, directors, staff, agents, employees and representatives, and any person furnishing information and evaluations to the Board of Personal Injury Legal Specialization, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continued satisfaction of the Standards for Certification.

Print Name: _____

h. _____ I authorize the Board of Personal Injury Legal Specialization to release my application, if requested, to a professional attorney organization to which I have applied for membership, or to which I am being nominated for membership. I understand the Board will not release the peer review forms, investigation, or work product thereof.

i. _____ I certify that if I receive the certificate of specialization that I will be bound by the following Standards of Civility:

I DO SOLEMNLY SWEAR:

I will maintain the respect due to court of justice and judicial officers:

I will not counsel or maintain any suit or proceeding which shall appear to me to be unjust, nor any defense except such as I believe to be honestly debatable under the law of the land;

I will employ, for the purpose of maintaining the causes confided in me such means only as are consistent with trust and honor, and will never seek to mislead the judge or jury by any artifice or false statements of fact or law;

I will maintain the confidence and preserve inviolate the secrets of my clients, and will accept no compensation in connection with business except from them or with their knowledge and approval;

To opposing parties and their counsel, I pledge fairness, integrity, and civility, not only in court, but also in all written and oral communications;

I will abstain from all offensive personality and advance no fact prejudicial to the honor or reputation of a party or witness, unless required by the justice of the cause with which I am charged. I DO PROMISE AND COMMIT.

I further certify my application is true or true to the best of my knowledge and belief. I understand that failure to make a truthful disclosure of any material fact or item of information required may result in the denial of my application, revocation of my certificate of specialization if granted, or disciplinary action by the State Bar of Nevada.

Signature of Applicant

Date

Print Name: _____

Nevada Personal Injury Specialization Testing Date Agreement

I, _____ hereby agree that I can attend both testing dates: November 1, 2019 and November 15, 2019. If I cannot attend both testing dates, I understand that I will not pass the exam and I will forfeit any application fee in the personal injury specialization examination process.

Signature of Applicant

Date