

Malpractice Panel Participation
Medical &/or Legal Malpractice

Please complete this form and return to **Tarrant County Bar Association Lawyer & Referral & Information Service** in order to participate in any malpractice area.

Attorney Name _____

I declare that:

I am Board Certified in **Personal Injury Trial Law** or **Civil Trial Law** by the **Texas Board of Legal Specialization**, such certification being effective _____.

OR

I have prepared and handled at least two cases in the area(s) specified below within the past **TWO** years. The relevant information for each is listed below:

Medical Malpractice

Case Number	Court and Cause Number	Type of Case
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a.

b.

Legal Malpractice

Case Number	Court and Cause Number	Type of Case
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a.

b.

I certify that I am competent to handle cases referred to me in these field(s).

(Signature)

(Date)