

Estate Planning & Probate

Subject Matter Application

(Revised 05.01.2017)

Name: (please print) _____

Are you Board Certified in Estate Planning? _____ yes _____ no

If yes, please indicate below the panels in which you wish to receive referrals. You are not required to provide a list of cases. You may choose an unlimited number of categories below.

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

Where required, please provide a typed list of cases handled including case name, cause number, party names, year of disposition, brief description of case type and resolution.

Panel	Requirements
<input type="checkbox"/> Guardianship, contested <input type="checkbox"/> Fiduciary misconduct (trustee, executor) <input type="checkbox"/> Probate, contested or trust disputes	<p><input type="checkbox"/> For EACH selected panel, I have handled two (2) cases within the last three (3) years</p> <p>Provide list of two (2) cases as lead attorney of any kind (civil or criminal) through bench or jury trial within the last five (5) years</p> <p><input type="checkbox"/> I certify that 20% of my practice is in tax, estate planning, or probate law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law in the past three (3) years.</p>
<input type="checkbox"/> Wills – complex (draft/review)	<p>Must have participated in preparing three (3) taxable estates, living trusts, family partnership provisions within the past three (3) years</p> <p><input type="checkbox"/> I certify that 20% of my practice is in tax, estate planning, or probate law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law in the past three (3) years.</p>
<input type="checkbox"/> Trusts - Medicaid planning <input type="checkbox"/> Elder Law <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Medicare benefits/liens <input type="checkbox"/> Nursing home Medicaid planning <input type="checkbox"/> Reverse mortgages	<p><input type="checkbox"/> I certify that 20% of my practice is in tax, estate planning, or probate law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have nine (9) hours CLE in tax, estate planning, or probate law in the past three (3) years.</p>

For panels, you are not required to prove prior experience.

- Durable powers of attorney
- Guardianship, uncontested
- Probate, simple will, uncontested
- Wills, simple or with trusts (draft/review)

- Modest Means Program, Wills - simple (reduced fee)
- Modest Means Program, Guardianship, uncontested (reduced fee)

Effective September 1, 2015 Texas Estates Code Sec. 1054.201(b), certification and training is required of those attorneys representing clients applying as guardians. Please submit proof of training and certification in order to receive guardianship related referrals.

This proof must be submitted to remain on the guardianship panels.

I certify that I meet the membership requirements for receiving referrals from LRS in this area and will maintain compliance with the requirements as long as I accept these referrals.

Date _____ Signature _____