

# Personal Injury Law

## Subject Matter Application

(Revised 05/01/2017)

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

Are you Board Certified in Personal Injury Law? \_\_\_ Yes \_\_\_ No

If yes, please indicate below the panels for which you wish to receive referrals. You are not required to provide proof of prior experience.

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

**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
<ul style="list-style-type: none"><li>___ Assault – sexual</li><li>___ Construction site accidents</li><li>___ Dog bite/animal - major injuries</li><li>___ Governmental claims (TX Tort Claims)</li><li>___ Inadequate security</li><li>___ Legal malpractice</li><li>___ Medical devices/drugs</li><li>___ Medical Malpractice (dental, psych., physician, pharmacy)</li><li>___ Nursing home</li><li>___ Police/prison - excessive force</li><li>___ Product liability</li><li>___ Vehicle collisions - major injuries</li><li>___ Wrongful death/massive injury</li></ul>	<p>For EACH selection, must have handled two (2) cases as lead attorney through discovery within the last three (3) years</p> <p>and</p> <p>Must have handled one (1) case of any type, as lead attorney, through voir dire or jury verdict within the last five (5) years.</p> <p><b><u>Please provide list.</u></b></p> <p>___ 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 twelve (12) hours of CLE in personal injury law in the past 3 years.</p>

For section below, you are not required to prove prior experience.

Panel	Requirements
<ul style="list-style-type: none"><li><input type="checkbox"/> Assault - bodily injury</li><li><input type="checkbox"/> Dog bite - minor injuries</li><li><input type="checkbox"/> Libel, slander, or harassment (non-employment)</li><li><input type="checkbox"/> Slip and fall</li><li><input type="checkbox"/> Vehicle collisions - minor injuries</li></ul>	<p><input type="checkbox"/> 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 five (5) hours CLE in personal injury law in the past year.</p>

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 and will maintain compliance with the requirements as long as I accept these referrals.

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