INDIANA STATE BAR ASSOCIATION
FAMILY AND JUVENILE LAW SECTION
FAMILY LAW CERTIFICATION BOARD

APPLICATION FOR RE-CERTIFICATION IN FAMILY LAW

Mail Completed Application to:

Family Law Certification Board
Family and Juvenile Law Section
Indiana State Bar Association
Suite 530
One Indiana Square
Indianapolis, IN 46204
(317) 639-5465; (800) 266-2581

FILING DEADLINE
Must be postmarked by:

August 26, 2011

Include: $300.00 application filing fee with this application.
Please make check payable to Family Law Certification Board.
A certified copy of your criminal record or lack thereof from your county of residence and any county in which you have resided during the five-year period prior to the date of this Application.

Accreditation by the Indiana Commission for Continuing Legal Education ("CLE") of the Family Law Certification Board ("Board") as an independent certifying organization indicates solely that the certification program of the Board has met the CLE's standards.

No applicant shall be denied re-certification based upon race, religion, gender, sexual orientation, disability or age. Fellows of the American Academy of Matrimonial Lawyers who were exempted from the testing requirement at the time they became Certified Family Law Specialists must complete an application for re-certification, and provide all information requested therein, in the same manner as all other Certified Family Law Specialists.

All references herein to the "Standards" shall mean the Standards for Certification and Re-Certification of Lawyers Specializing in Family Law.

I. GENERAL INFORMATION

Name: _____
(Please type name as you wish it to appear on your certificate of specialization)

State Bar Number: _____

Licensed in another State? _____
If so, please provide name of State and date admitted: _____

Firm Name: _____

Office Address: _____
City State Zip

Office Phone: ( ) _____ Office Fax: ( ) _____

II. GOOD CHARACTER AND REPUTATION (See Article II, Section A of Standards)

This section requires disclosure of any matter, regardless of whether an appeal is pending. Each question must be answered. If you answer "YES" for any of these questions, please provide full details on a separate sheet of paper.

Yes	No	
☐	☐	Do you have a pending inquiry or complaint with the State Bar of Indiana, the Indiana Supreme Court Disciplinary Commission, or a similar designated entity in another state which has authority over attorney discipline?
☐	☐	Have you within the five-year period prior to the date of this Application ever been subject to any disciplinary sanctions by the State Bar of Indiana, the Indiana Supreme Court Disciplinary Commission, or by an entity in another state which has authority over attorney discipline? Discipline sanctions include: disbarment, resignation, suspension, and reprimand (public or private).
☐	☐	Has a criminal indictment or information been filed against you within the five-year period prior to the date of this Application for a felony or misdemeanor for a serious crime as defined in the Standards?
☐	☐	Have you within the five-year period prior to the date of this Application been convicted, given probation or fine for a felony or other serious crime as defined in the Standards?
☐	☐	Do you have a pending suit(s) for legal malpractice or other private civil action alleging attorney misconduct?
☐	☐	Has a suit(s) for legal malpractice or other private civil action alleging attorney misconduct been concluded for or against you, or has a finding of inadequate representation been made against you in a criminal case within the five-year period prior to the date of this Application?

III. EMPLOYMENT HISTORY. On a separate sheet of paper, please provide a complete statement of your employment in the five-year period prior to the date of this Application to the practice of law. Includes the dates of employment, employer's name and address, and a brief summary of the nature of work you performed.

IV. REFERENCES. (See Article II, Section C. of Standards) **Do <u>not</u> duplicate names**

Five judges of any court of record in Indiana whom I have appeared before as an advocate in a family law matter within two (2) years prior to the date of this Application and who is not related to me.

	Name	Address / City / State / Zip	Length of time acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

A lawyer against whom I have tried a family law matter within two (2) years prior to the date of this Application, who is not related to me or currently engaged in legal practice with me.

	Name	Address / City / State / Zip	Length of time acquainted
1.	_____	_____	_____

A lawyer with whom I have mediated a family law matter within two (2) years prior to the date of this Application, who is not related to me or currently engaged in legal practice with me.

	Name	Address / City / State / Zip	Length of time acquainted
1.	_____	_____	_____

Five lawyers, not partners, associates, or relatives of mine, who practice in my geographic area and can attest to my competence in the practice of family law. These lawyers are substantially involved in the practice of family law and are not related to me or currently engaged in legal practice with me.

	Name	Address / City / State / Zip	Length of time acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

V. MALPRACTICE ACTIONS. On separate sheets of paper, please list the following:

A. List all malpractice actions within the five-year period prior to the date of this Application which have been filed and are presently pending against you personally, in which your actions are alleged to have constituted malpractice. Include the title of the case, case number, county in which the case is filed, and name and address of counsel for plaintiff.

B. List all malpractice claims within the five-year period prior to the date of this Application, whether or not any malpractice action has been filed. Include the name of the person alleging the malpractice, and the name and address of counsel for that person.

C. List all malpractice claims within the five-year period prior to the date of this Application, whether or not any malpractice action was filed, in which applicant or an insurer insuring applicant has paid a settlement in excess of $5,000.00. Include the name of the person alleging the malpractice, and the name and address of counsel for that person.

D. List all malpractice actions within the five-year period prior to the date of this Application in which a judgment has been entered against applicant in excess of $5,000.00. Include the title of the case, cause number, county, name of judge, and name and address of counsel for plaintiff.

VI. TASK REQUIREMENT. Please complete the attached Appendix together with necessary Forms as outlined in the Appendix. Copy pages as needed to include additional information. Attach completed Appendix and Forms to the Application.

VII. EDUCATION

Colleges and Law School attended:

Name	From	To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. CONTINUING LEGAL EDUCATION. (See Article III, Section E. of Standards)

For both certification and re-certification, you are required to have completed forty (40) hours of continuing legal or mediation education, in family law subjects, during the four year period from August 1, 2006 through July 31, 2011. At least thirty-six (36) of those hours must have been completed during the three-year period from August 1, 2007 through July 31, 2011.

The Family Law Certification Board will obtain a list of your CLE courses from the Indiana Commission for Continuing Legal Education. In order to receive credit for courses taken between the time your application is filed and the end of the three- or four-year ending July 31, 2011, please notify us in writing after submitting the course information to the Indiana Commission for Continuing Legal Education.

You may also receive credit for other continuing legal education activities such as teaching, completing a course in family law or family mediation, speaking at a lecture series, authorizing a book or article, or participating in a professional committee dealing with substantive or procedural family law. **To receive credit for such activities, please submit details and the hours of involvement as an attachment to this application**. These activities will be reviewed on an individual basis. Generally, credit for teaching, speaking or completing a course in family law or family mediation will be given if the nature of the course or speaking or teaching assignment was such that the Board believes the Indiana Commission for Continuing Legal Education would likely have approved such for continuing legal or mediation education credit in Indiana if such approval had been sought.

IX. MALPRACTICE INSURANCE

You are required to attach to this Application proof of malpractice insurance or financial ability to pay up to $500,000.00 per loss.

X. AGREEMENTS / AUTHORIZATION

Any amendment or alteration to this section of the Application, or failure to sign the Application, will result in disqualification of the applicant at the time the amendment or alteration is discovered.

Please **read and initial** each of the following agreements and sign below in the presence of a Notary Public:

_____ Pursuant to the Standards which have been promulgated by the Family Law Certification Board, I certify that I am fully qualified and know of no reason why I am not entitled to certification. I have answered each question completely and truthfully, and any and all attachments are accurate and truthful.

_____ I certify that I am an active member in good standing of the State Bar of Indiana.

_____ I certify that I annually devote not less than fifty percent (50%) of my legal practice to family law, as defined in the Standards for Certification and Re-Certification of Lawyers Specializing in Family Law.

_____ I agree to abide by the provisions of the Indiana Bar Certification Review Plan, the rules and policies of the Indiana Commission for Continuing Legal Education, and the rules and regulations promulgated by the Family Law Certification Board as amended from time to time.

_____ I agree that I shall surrender any certificate held by me upon revocation or denial of re-certification.

_____ I agree to notify the Family Law Certification Board within ten (10) days of receiving notice that I have been disciplined in any manner by the Indiana Supreme Court Disciplinary Commission or a similar designated entity in another state which has authority over attorney discipline.

_____ I agree to pay all fees required by the Family Law Certification Board as due.

_____ I agree to submit to a personal interview before the Family Law Certification Board, any of its individual members, or any authorized representatives of the Family Law Certification Board for the purpose of testing my qualifications for certification.

_____ I agree to supply all relevant documents, records, or other information that may be requested from me in the investigation of this application.

_____ By signing and filing this application, I authorize all persons, firms, officers, corporations, associations, State or Federal agencies, and institutions to furnish to the Family Law Certification Board, the Indiana State Bar Association, or any of their authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of the Indiana Supreme Court Disciplinary Commission. I further agree that all information received by the Family Law Certification Board shall be treated confidentially and I specifically waive any right to access to information received by the Family Law Certification Board from third parties.

_____ I release, discharge and exonerate any person, organization or other entity furnishing information, documents, records or other information to the Family Law Certification Board 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 and Re-Certification for Lawyers Specializing in Family Law.

I have carefully read the foregoing application and all attachments thereto and certify that the information therein is true or true to the best of my knowledge and belief. I fully 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 or revocation of my certificate of specialization if granted.

_____
Signature of Applicant

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of _____, _____.

County of Residence:
_____

_____
Notary Public

My Commission Expires:
_____

_____
Name Printed