

Initial Application for Specialist Certification

General Information

- Standards and Policies.** Before completing this Application, please read the Standards and Requirements for Certification and Recertification of Lawyers ("Standards") that govern the Civil Trial Law Specialist program. View Standards at <http://www.mnbar.org/docs/default-source/certification/cert-civ-100-standards.pdf>.
- Professionalism and Ethics.** The Standards include consideration of character, ethics, and reputation for professionalism. The application requires disclosure of disciplinary history. If there are any changes in the information you provided on this application, during the processing period, or after certification and before the first required Annual Audit, advise our office in writing.
- Application Processing and Review.** If your Initial Application is accepted, you will be notified in writing. The deadline for completion of the Application process, including examination and submission of required Attachments, is two (2) years from the date of this filing.
- Examination.** If your Initial Application is approved, an examination agreement will be sent to you before the next scheduled examination. The examination fee will be due at that time. The examination will be offered bi-annually at a date and time announced by the Civil Trial Certification Board.
- Fees.** The application fee must accompany the Initial Application. Check made payable to MSBA.

MSBA Member Attorney
\$310

Not a MSBA Member Attorney
\$325

Applicant Lawyer Full Name

Firm Name

Business Address

City State Zip

Business Phone Website eMail

Office Use Only	Application No.	Payment	Date Filed	Date Notified
-----------------	-----------------	---------	------------	---------------

Mail this Application to the following address:

Minnesota State Bar Association

Certified ▲ Specialist

600 Nicollet Mall, Suite 380
Minneapolis, MN 55402-1039
612-278-6318 | www.mnbar.org

If you have any questions, please contact Susan Koplin, Certified Legal Specialists Director, (612) 278-6318 or skoplin@mnbar.org.

CONFIDENTIAL

RETAIN A COPY FOR YOUR FILES

Print or type information. Provide information for all blanks and check all boxes that apply.

Applicant Lawyer Full Name

Name as it should appear on Specialist Certificate

I hereby apply for certification as a Certified Civil Trial Law Specialist under the Certified Legal Specialists program of the Civil Litigation Section of the Minnesota State Bar Association (MSBA) approved by the Minnesota State Board of Legal Certification (MBLC) and overseen by the Civil Trial Certification Board.

The specialty field of civil trial law is the practice of law dealing with the representation of parties before federal and state courts in non-criminal matters.

- I agree to abide by all Rules and Regulations of the Minnesota State Board of Legal Certification (MBLC) and the Certification Board and to furnish the MBLC and the Certification Board with the information required to determine my entitlement to specialist certification.

License Information

- I am admitted to practice law in the following state(s):

State	Admission Date	License No.	Status (Active/Inactive)
MN			

Former or Pending Application(s)

- I have former/pending application(s) for certification:

State	National	Agency	Date Certified	Pending	Specialty Area
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	

Substantial Involvement Requirement

Please review Standard II.A. for a definition of this requirement.

I have been engaged in the continuous practice of law for at least five (5) years as of the date of this Application and I have spent at least 50% of my full-time practice (or its equivalent) in active participation in civil trial law. YES NO

At least three (3) years of this practice immediately preceded this Application, or an exception as set out in the Standards II. A.1.a. and b. applies. YES NO

I have been a trial or appellate judge of a court of general jurisdiction adjudicating civil trial matters during all or part of the past five (5) years. YES NO

Employment Information

The following is a complete statement of my employment for the last five (5) years. List most recent employment first.

Employer Name *Date employed from* *Date employed to*

Business Address

Nature of Employment (summarize nature of work performed)

Employer Name *Date employed from* *Date employed to*

Business Address

Nature of Employment (summarize nature of work performed)

Employer Name *Date employed from* *Date employed to*

Business Address

Nature of Employment (summarize nature of work performed)

Disclosure of Conduct

Since your admission to practice in Minnesota:

Have you been convicted of a serious crime, whether or not the conviction resulted from a plea agreement, *nolo contendere*, or of a guilty verdict? (Serious crimes include felonies or any lesser offense involving dishonesty or improper attorney conduct.) YES NO

Have you been formally admonished by any court? YES NO

Have any complaints about you been presented to the Lawyers Board of Professional Responsibility in Minnesota, or to any attorney licensing or disciplinary authority in any other state or jurisdiction? YES NO

Have you been the subject of any proceedings to suspend, reprimand, sanction, or discipline you in Minnesota or in any other state or jurisdiction in which you are licensed? YES NO

Has any sanction, admonition or other discipline of any kind, private or public, been imposed on you by any court, attorney licensing or disciplinary authority in Minnesota or any other jurisdiction? YES NO

If you answer YES to any of the questions above, you must complete and include the Disclosure of Conduct. (<http://www.mnbar.org/docs/default-source/certification/cert-civ-107-disclosure-of-conducte280e4182f7c4a6ab3cf9766155fbeb1.pdf>). A record of discipline or failure to disclose any of the information requested above may constitute grounds for denial of your Application or subsequent decertification.

Requirements

1. Have you had primary responsibility for at least two (2) completed jury trials: YES NO each involving presentation of live testimony and each lasting at least two (2) full days?
2. In addition, have you had primary responsibility for a least five (5) completed jury trials, not including those in item 1., each involving presentation of live testimony and each lasting at least two (2) full days? YES NO
3. Have you had primary responsibility for additional trials, pre-trial and post-trial matters, arbitrations and administrative hearings equal to at least seventy-five (75) experience units, as required by Section II.A.2? YES NO

CLE Requirements

1. I certify that I am current with continuing legal education credits for all states of licensure. YES NO
2. I certify that I have completed no less than forty-five (45) hours in programs of continuing legal education in civil trial law in the last three (3) years in accordance with Section II(C) of the Standards. YES NO

Examination

- I agree to take the written examination at the time and place specified by the Certification Board. I understand that all materials regarding the examination will be sent to me at a later date and that a non-refundable examination fee of \$260 for MSBA members, and \$275 if not a MSBA member, must be paid prior to the examination. YES NO

Notification Agreement

- I agree notify the Director of the MSBA Certified Civil Trial Law Specialist Program, in writing, in the event of any change in my status that relates to the Standards and Requirements for Certification and Recertification of Lawyers prior to my certification, including:
- Matters requiring disclosure
 - Change in my employment status

VERIFICATION

I, _____, being duly sworn, certify that I have carefully read the foregoing application and that all information contained therein is true. I fully understand that failure to make a truthful disclosure of any required fact or item of information may result in the denial of my application, or revocation of my Specialist Certification if granted.

Date: _____
Signature of Applicant Lawyer

State of Minnesota, County of _____

Signed and sworn to before me on _____, by _____
(month/day/year)

(insert name of Applicant Lawyer)

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

RELEASE

I agree to abide by all rules and regulations adopted by the Civil Trial Certification Board (the "Certification Board") as amended from time to time and to pay all fees required by the Certification Board as due.

In making and filing this application for certification, I authorize all persons, firms, officers, corporations, associations, organizations, educational institutions, governmental agencies and instrumentalities (including bar associations, bar examiners, and boards of professional responsibility), employers, references, business and professional associates (past and present), to release to the Certification Board and assigned Minnesota State Bar Association (MSBA) staff, and to the Minnesota State Board of Legal Certification (MBLC), all relevant documents, records or other information that may be requested in the investigation of this application or in the investigation of my continuing satisfaction of the standards for certification.

I agree that all information received by the Certification Board may be treated confidentially by the Certification Board. I hereby waive that confidentiality with regard to any State agency with jurisdiction over legal specialization and also with regard to any organization or entity approved by the State to certify legal specialists to which I have applied or which I am certified.

I specifically waive any right to review any statements of Independent Reference and Peer Review or other evaluations and references made to the Certification Board, whether solicited by me or by the Certification Board. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.

I release, discharge and exonerate the Certification Board, the Civil Litigation Section of the MSBA, the MSBA and its officers, staff, agents, employees and representatives, and any person furnishing information or evaluations to the Certification Board, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continuing satisfaction of the standards for certification.

I agree that in the event my certification is suspended or revoked or I am not recertified, I shall cease to hold myself out in any way as certified by the Civil Litigation Section of the MSBA, and will remove my certificate from public display.

I agree to defend or pay the costs of defense, at the discretion of the Certification Board, for any suit or claim initiated, and to indemnify the Certification Board, the Civil Litigation Section of the MSBA, and the MSBA for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my certification by the Civil Litigation Section.

I hereby certify that I have reviewed each part of my Application and Attachments carefully and made each statement and representation therein, and answered each question therein, fully and frankly and without concealment or reservation. Such questions and answers are, within my personal knowledge, true and complete.

Date: _____

Signature of Applicant Lawyer

Printed Name of Applicant Lawyer