

Experience Panel Application

Lawyer Referral & Information Service of the
State Bar of Nevada

Wrongful Death, Medical Malpractice, Products Liability

Complete this form and return to the Lawyer Referral & Information Service. You may return it via e-mail by clicking the button at the end of the form, or you may opt to print the form and mail it to us at 600 E. Charleston Blvd., Las Vegas, NV 89104.

(Last Name)	(First Name)	(Middle)	(Telephone)
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(Complete Office Address Including Zip Code)

I, _____, declare that:

A. PRACTICE REQUIREMENTS

I. Specialist

I am board certified as a specialist in Personal Injury litigation in accordance with Nevada Rules of Professional Conduct Rule 7.4 (applicant may submit evidence of current certification to demonstrate compliance with section II below.) I understand that the LRIS Committee shall review this application and must determine that this satisfies the requirements for membership to this panel, specifically those outlined in section II.

OR

II. Experience

I have prepared or supervised the preparation of all legal work, including the preparation of all legal documents, and I have been lead counsel in not less than three (3) jury trials of the specific type identified on this panel to judgment. I understand that the LRIS Committee shall review this application and must determine that this satisfies the application requirements before I may be admitted as a member of this panel. Identification of three such matters is as follows:

Case Name	Court and Case Number	Date of Verdict	Description of Matter	Work I Performed
a)				

b)				
c)				

If applicant does not meet the requirements as set forth in section I or II above, applicant may submit evidence of the following:

III. ALTERNATE OR EQUIVALENT EXPERIENCE

I have prepared and tried one jury (1) trial of the specific type identified by this panel to judgment and three (3) additional jury trials similar to the type identified on the panel. I understand that the LRIS Committee shall review this application and must determine that this satisfies part II of the application before I may be admitted as a member of this panel.

Case Name	Court and Case Number	Date of Verdict	Description of Matter	Work I Performed
a)				
b)				
c)				
d)				

Alternate experience may be considered at the discretion of the LRIS Committee. Please attach documentation of any experience you wish the LRIS Committee to consider.

AND

B. CLE REQUIREMENT: (include proof of completion with application)

In addition to the trial experience listed above, successful applicants to this panel must show proof that they have met the minimum recommended amount of relevant CLE credits, as outlined below:

Six (6) hours of the required reporting amount, as follows:

1. Three (3) hours in personal injury practice in one or more of the following areas: wrongful death, medical malpractice or products liability;

and

2. Three (3) hours in any litigation related area such as discovery, motion practice or trial practice.

AND

C. FEE: In addition to the \$50 general application fee, applicant must submit an *additional* \$50 processing fee to be considered as a member to this panel. This fee is non-refundable, regardless of the disposition of the application process. This *additional* fee **SHALL BE WAIVED** if the applicant is submitting proof of current board certification of specialization in accordance with paragraph I of this application.

Date

Attorney Signature

To e-mail this form digitally, click below:

To print and submit a hardcopy of this form, click the print button below and fax to (702) 382-4070 or mail to:

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