

SUPREME COURT OF NEW JERSEY
BOARD ON ATTORNEY CERTIFICATION



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WEBSITE: <http://www.njbac.org/>

Applicant's Number
(To be entered by Board)

CRIMINAL TRIAL ATTORNEY CERTIFICATION APPLICATION

Please refer to the Instructions to Applicants posted on the Board's website prior to submitting your application.

The Board, the Criminal Certification Committee, and the Supreme Court require that all questions be answered. Failure to answer all questions completely will result in the rejection of your application. Use additional paper as necessary to respond fully.

ALL ANSWERS MUST BE TYPEWRITTEN.

THIS APPLICATION SHALL REMAIN CONFIDENTIAL

I. GENERAL INFORMATION

Name (As you wish it to appear on your certificate):

County of Practice: _____

Date and Place of Birth: _____

Date of Plenary Admission to the New Jersey Bar: _____

New Jersey Attorney I.D. #: _____

List other jurisdictions in which you are admitted. Federal District Court for the District of New Jersey does not constitute another jurisdiction for purposes of this question. Attach a current Certificate of Good Standing from each jurisdiction other than New Jersey. If you are not admitted in any other jurisdiction, enter "none."

Have you previously applied for Attorney Certification in New Jersey? YES _____ NO _____

If so, which area of certification and when? _____

Are you certified by the Supreme Court in any other approved area of certification? YES _____ NO _____

If so, identify the certification(s) you presently hold and the date of such certification:

Are you also applying for certification as a Civil Trial Attorney at this time? YES _____ NO _____

Do you hold any other certification in trial advocacy? YES _____ NO _____

If yes, list the name of the certifying organization and the date on which you were certified:

Home Address:

(number and street)

(city, state, zip code)

Office Address:

(name of firm)

(number and street)

(city, state, zip code)

(telephone number)

(FAX number)

(E-mail address)

List all other office addresses used by you during the last five years and their duration. Attach additional sheets as necessary. If you have maintained your office at the above address for the past five years, enter "none" below.

Addresses

Dates

II. REPUTATION AS A TRIAL ADVOCATE (Rule 1:39-2(c); RG. 204)

List the names and addresses of eight members of the bench or bar of this state who can attest to your competence as a criminal trial advocate. At least two references must be an attorney who represented an opposing party in a contested matter, and another two who represented an opposing party in a litigated matter within the three years immediately preceding the filing of this application. In addition, at least three references must be judges before whom you tried one or more cases within the last three years.

Do not list the name of anyone who has been formally associated with you in the practice of law. Justices of the Supreme Court or members of the Board on Attorney Certification or the Certification Committees may not be submitted as references.

NAME	_____
FIRM OR COURT	_____
ADDRESS	_____
NAME OF CASE	_____ DOCKET NUMBER _____

NAME	_____
FIRM OR COURT	_____
ADDRESS	_____
NAME OF CASE	_____ DOCKET NUMBER _____

NAME	_____
FIRM OR COURT	_____
ADDRESS	_____
NAME OF CASE	_____ DOCKET NUMBER _____

NAME

FIRM OR COURT

ADDRESS

NAME OF CASE

DOCKET NUMBER

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NAME OF CASE

DOCKET NUMBER

NAME

FIRM OR COURT

ADDRESS

NAME OF CASE

DOCKET NUMBER

III. PROFESSIONAL EXPERIENCE AS A TRIAL ATTORNEY (Rule 1:39-2(b); RG. 203:1)

A. TEN CONTESTED ACTIONS

List 10 contested criminal actions in which you had primary responsibility since having been admitted to the practice of law. A substantial number of the ten contested actions must have been tried to conclusion as to your clients. These 10 contested actions must demonstrate a minimum of 25 completed trial days. For more details as to what qualifies as a "contested action" please refer to RG. 203:1(e)(1).

Attach additional sheets as necessary, but please follow the format shown on the following pages and make certain that you provide all of the information requested.

The actions listed in this portion of your application should be criminal matters venued in the Superior Court of New Jersey, or in U.S. District Court for the District of New Jersey.

PLEASE LIST YOUR TEN CONTESTED ACTIONS IN THE ORDER SHOWN BELOW. LIST EACH CONTESTED ACTION ON A SEPARATE SHEET.

<u>Type</u>	<u>Number Listed</u>
Jury Trials	_____
Non-Jury Trials	_____

NARRATIVE

As to each contested action, please provide a brief narrative statement describing the case. Include the amount in controversy (if applicable), the nature of the action, the principal issues involved, any unusual discovery problems or techniques, and post-trial applications or appeals. Provide any additional relevant information or circumstances that tend to support a characterization of the matter as substantial and that qualify it as a "contested action." If the matter was unusually difficult, complex, protracted, or significant, please state why that is so.

JURY TRIALS

No. _____ of _____ Listed

CAPTION _____

INDICTMENT NUMBER _____

COURT & COUNTY OF VICINAGE _____

NAMES AND ADDRESSES OF ALL COUNSEL AND PARTY REPRESENTED:
(list individual attorneys, not firm names)

	<u>DATE(S)</u>
THIS MATTER WAS _____ TRIED TO A CONCLUSION	_____
_____ PARTIALLY TRIED	_____
_____ PLEA BARGAINED	_____
_____ CONCLUDED ON MOTION	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

NON-JURY TRIALS

No. _____ of _____ Listed

CAPTION _____

INDICTMENT NUMBER _____

COURT & COUNTY OF VICINAGE _____

NAMES AND ADDRESSES OF ALL COUNSEL AND PARTY REPRESENTED:
(list individual attorneys, not firm names)

		<u>DATE(S)</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ PLEA BARGAINED	_____
	_____ CONCLUDED ON MOTION	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

B. LITIGATED MATTERS

List all of the criminal matters that you have tried or have prepared for trial before any N.J. State Court - Law Division or Federal Court of this District, or any agency or arbitrator during the three years immediately preceding the filing of this application. If the total would be more than 30, **select 10 from each of the three years listed below.**

This section allows the Board and Certification Committee to ascertain your level of involvement in criminal trial law. Matters that are "prepared for trial" do not have to be those that require your having reached the courthouse steps. It is likely that all matters that you work on are being prepared for trial, although they may never reach the trial stage.

Please do not include matters that you have listed as "contested actions" under Section A. Attach additional sheets as necessary, following the format shown on the next page. [Rule 1:39-2(b); RG. 203:1(a) and (e)]

PLEASE LIST THE LITIGATED MATTERS BY YEAR OF DISPOSITION, LISTING THE OLDEST CASES FIRST.

<u>YEAR</u>	<u>NUMBER LISTED</u>
2013	_____
2014	_____
2015	_____

NAME OF CASE & INDICTMENT NUMBER MO/YR OF DISPOSITION	FORUM & JUDGE OFFICER OR ARBITRATOR	INDICATE: TRIED (T) PARTIALLY TRIED (P) PLEA BARGAINED (PB) CONCLUDED ON MOTION (M)	IF TRIED, JURY OR NON-JURY	NATURE OF ACTION	NAMES OF ALL COUNSEL (INDIVIDUALS, NOT FIRM NAMES)	ANY OTHER RELEVANT INFORMATION
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C. Please provide any additional information that you feel is appropriate to establish that, during the past three years, you have devoted a substantial portion of your professional time to the preparation and trial of litigated matters in your criminal practice. (Rule 1:39-2(b); RG. 203:1)

IV. EDUCATIONAL EXPERIENCE

Applicants must demonstrate satisfactory and substantial continuing legal educational involvement within the three years immediately preceding the filing of this application. The Certification Committee and the Board will evaluate the information submitted in light of the requirements and criteria set forth in Rule 1:39-2(d) and RG. 205.

Complete the relevant portions of this section in chronological order (oldest information first) and attach a copy of the Certificates of Attendance as proof of your completion.

A. ATTENDANCE AT LIVE COURSES IN TRIAL PRACTICE OR PROGRAMS OF STUDY FOR CRIMINAL TRIAL ATTORNEYS:

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

B. ALTERNATIVE VERIFIABLE LEARNING FORMAT COURSES COMPLETED IN TRIAL PRACTICE OR PROGRAMS OF STUDY FOR CRIMINAL TRIAL ATTORNEYS:

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Format: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Format: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Format: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Format: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Format: _____

C. TEACHING COURSES IN TRIAL PRACTICE OR PROGRAMS OF STUDY FOR CRIMINAL TRIAL ATTORNEYS:

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

Name of Course: _____

Provider: _____

Subject Matter: _____

Credits: _____ Date: _____ Location: _____

V. OTHER MATTERS

A. Have any claims been made against you or discipline imposed, arising out of the professional relationship or fiduciary relationship with a client, whether criminal, civil, administrative or ethical? (This question includes, but is not limited to, malpractice and ethics claims and/or complaints.)

Yes

No

B. Have you been convicted of a crime?

Yes

No

YOU ARE REQUIRED TO PROVIDE A DETAILED EXPLANATION OF THE ALLEGATIONS IF YOU RESPONDED YES TO EITHER OF THE ABOVE QUESTIONS AND ATTACH A COPY OF THE PLEADINGS; INCLUDING ANY COMPLAINTS, DISMISSALS, ORDERS, ETC.

APPLICANT'S CERTIFICATION, WAIVER, AND RELEASE

I hereby certify that the statements and information contained in the foregoing application for certification as a Criminal Trial Attorney are true and complete.

I authorize the Criminal Certification Committee and the Board on Attorney Certification to make such inquiry and investigation as it deems appropriate, and I hereby expressly waive access to any references or other items of information supplied to the Certification Committee and the Board by third parties.

I hereby release, discharge, and exonerate the New Jersey Board on Attorney Certification and Criminal Certification Committee, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigation made by the New Jersey Board on Attorney Certification and Criminal Certification Committee.

(DATE)

(SIGNATURE OF APPLICANT)