

SUPREME COURT OF NEW JERSEY  
BOARD ON ATTORNEY CERTIFICATION



MARK NEARY, SECRETARY  
WENDY L. WEISS, COUNSEL  
PO Box 965  
Trenton, New Jersey 08625-0965  
(609) 984-3077

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

---

Applicant's Number  
(To be entered by Board)

**MUNICIPAL COURT LAW ATTORNEY CERTIFICATION APPLICATION**

To the Applicant: The Board, the Municipal Court 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. Please refer to the attached checklist prior to submitting your application.

**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 Criminal 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 MUNICIPAL COURT LAW 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 Municipal Court Law 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 or Certification Committees may not be submitted as references.

---

1. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

2. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

3. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

4. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

5. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

6. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

7. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

---

8. NAME \_\_\_\_\_  
FIRM OR COURT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME OF CASE \_\_\_\_\_ DOCKET # \_\_\_\_\_

III. PROFESSIONAL EXPERIENCE AS A MUNICIPAL COURT LAW ATTORNEY  
(Rule 1:39-2(b); RG. 203:4)

A. TEN CONTESTED ACTIONS

List 10 contested municipal court 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. Six of the ten contested actions must involve driving while intoxicated from alcohol or drugs or refusal to submit to evidential breath testing. For more details as to what qualifies as a "contested action" please refer to RG. 203:4(e)(1) and (3).

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 venued in the Municipal Courts of the State 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>
Driving While Intoxicated/Refusal Trials	_____
Other Municipal Court 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. Include in the narrative 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" in accordance with RG. 203:4(e). If the matter was unusually difficult, complex, protracted, or significant, please state why that is so.

**DRIVING WHILE INTOXICATED/REFUSAL TRIALS**

No. \_\_\_\_\_ of \_\_\_\_\_ Listed

CAPTION \_\_\_\_\_

COMPLAINT NUMBER \_\_\_\_\_

MUNICIPAL 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	_____
	_____ CONCLUDED ON MOTION	_____

**IF TRIED OR PARTIALLY TRIED:**

NUMBER OF DAYS TRIED \_\_\_\_\_

NAME OF JUDGE \_\_\_\_\_

OUTCOME \_\_\_\_\_

**NARRATIVE**

**OTHER MUNICIPAL COURT TRIALS**

No. \_\_\_\_\_ of \_\_\_\_\_ Listed

CAPTION \_\_\_\_\_

COMPLAINT NUMBER \_\_\_\_\_

MUNICIPAL 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 municipal court matters that you have tried or have prepared for trial before any New Jersey Municipal Court during the three years immediately preceding this application.

If the total would be more than 90, you may **select 30 from each of the three years.**

This section allows the Board and Certification Committee to ascertain your level of involvement in municipal court 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. Rule 1:39-2(b); RG. 203:4(e)(2)

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.

---

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 &  
COMPLAINT NUMBER  
MO/YR OF  
DISPOSITION

MUNICIPAL  
COURT  
& JUDGE

INDICATE:  
TRIED (T)  
PARTIALLY  
TRIED (P)  
PLEA BARGAINED (PB)  
CONCLUDED ON MOTION (M)

NATURE  
OF  
ACTION

NAMES OF ALL  
COUNSEL  
(INDIVIDUALS,  
NOT FIRM NAMES)

ANY OTHER  
RELEVANT  
INFORMATION

---

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 the municipal courts of the State of New Jersey. (Rule 1:39-2(b); RG. 203:4)

**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 MUNICIPAL COURT PRACTICE OR PROGRAMS OF STUDY FOR MUNICIPAL COURT 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 MUNICIPAL COURT PRACTICE OR PROGRAMS OF STUDY FOR MUNICIPAL COURT 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 MUNICIPAL COURT PRACTICE OR PROGRAMS OF STUDY FOR MUNICIPAL COURT 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 Municipal Court Law Attorney are true and complete.

I authorize the Municipal Court 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 Municipal Court Law 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 Municipal Court Law Certification Committee.

---

(DATE)

---

(SIGNATURE OF APPLICANT)