

SUPREME COURT OF NEW JERSEY  
BOARD ON ATTORNEY CERTIFICATION



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\_\_\_\_\_  
Applicant's Number  
(To be entered by the Board)

\_\_\_\_\_  
Filed:  
(Office Use Only)

**WORKERS' COMPENSATION LAW ATTORNEY RECERTIFICATION APPLICATION**

To the Applicant: The Board, the Workers' Compensation 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**

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**I. GENERAL INFORMATION**

Name: \_\_\_\_\_

Firm or Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ County of Practice: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

**II. LAW PRACTICE**

- A.** I am an active member in good standing of the Bar of New Jersey, currently maintaining an office in the State of New Jersey.

Yes \_\_\_\_\_ No \_\_\_\_\_

- B.** Date of Plenary Admission to the New Jersey Bar

\_\_\_\_\_

- C.** 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 same address indicated on the first page of this application, enter "NONE" below.

**Addresses**

**Dates**

**III. PEER REVIEW**

- A.** List five lawyers who are not and never have been your associate or partner, who can attest to your competence as a workers' compensation lawyer based on their observation in workers' compensation matters with you from within the past five years.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Matter(s): \_\_\_\_\_

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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Matter(s): \_\_\_\_\_

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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Matter(s): \_\_\_\_\_

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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Matter(s): \_\_\_\_\_

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Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Matter(s): \_\_\_\_\_

**B.** List three judges before whom you have appeared in a workers' compensation case within the last three years.

Name: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Matter(s): \_\_\_\_\_ Claim Petition # \_\_\_\_\_

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Name: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Matter(s): \_\_\_\_\_ Claim Petition # \_\_\_\_\_

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Name: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Matter(s): \_\_\_\_\_ Claim Petition # \_\_\_\_\_

**I V. SUBSTANTIAL INVOLVEMENT**

**A.** Please provide an approximate percentage for the amount of professional time you devoted to practicing workers' compensation law in New Jersey for the following years:

_____	2011	_____	2014
_____	2012	_____	2015
_____	2013		

**B.** If you did not devote 100% of your professional time practicing workers' compensation law in New Jersey, please list the other types of litigation you practiced and the percentage of time spent on each type for the following years:

2011	_____
2012	_____
2013	_____
2014	_____
2015	_____

**C.** Please list the courts or other forums in which you practice, i.e., Superior Court, Law Division, Chancery, Family Court, OAL, Federal District Court, Workers' Compensation Court, etc.

**D.** Do you hold other areas of certification? If so, please list them.

**E.** For the past five years, I have participated in workers' compensation matters listed below to the extent and in the capacity indicated:

<b>NUMBER HANDLED (APPROXIMATE)</b>	*	**
	<u>Lead Counsel</u>	<u>Supervisor Counsel</u>
1. Claim petitions and/or answers to claim petitions filed	_____	_____
2. Motions for medical and/or temporary benefits filed and/or answered	_____	_____
3. Contested motions for medical and/or temporary benefits tried	_____	_____
4. Cases settled by order approving settlement	_____	_____
5. Cases settled pursuant to Section 20	_____	_____
6. Cases resolved with joinder of Second Injury Fund	_____	_____
7. Cases settled after taking of testimony	_____	_____
8. Trials on Reports	_____	_____
9. Cases requiring medical testimony	_____	_____
10. Cases tried to conclusion	_____	_____
11. Cases settled or tried involving dependency issues	_____	_____
12. Appellate briefs prepared	_____	_____
13. Oral arguments presented in appellate courts	_____	_____
13. Other (Please specify)	_____	_____

\* Lead Counsel is defined as the person who would try the case.

\*\* Supervisor counsel is an attorney who would not try the case in the event of a trial but who actively supervises work done on the case.

**F.** Please provide a written description of your involvement in workers' compensation law for the past 5 years. Please explain how this involvement is sufficient for recertification.

**V. CONTINUING LEGAL EDUCATION**

**A minimum of 60 credits of continuing legal education was required during the 5 year period of certification. The courses must be directly related to your area of specialty certification or in ethics/ professional responsibility and professionalism.**

**Please list all the courses you completed to meet this requirement and attach a copy of the Certificates of Attendance.**

**A.** I have personally attended the following pre-approved CLE seminars and courses since my initial certification/last recertification:

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.** I have completed the following pre-approved CLE courses since my initial certification/last recertification through alternative verifiable learning formats:

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. I have lectured or taught the following CLE courses since my initial certification/last recertification:

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: \_\_\_\_\_

**D.** I plan to complete the following CLE courses to meet my requirement by the time my certification expires and will submit Certificates of Attendance verifying completion:

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: \_\_\_\_\_

**VI. 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

**IF EITHER OF THE ABOVE IS ANSWERED YES, PLEASE PROVIDE FULL DETAILS AND INCLUDE COPIES OF ANY AND ALL PLEADINGS, GRIEVANCES, COMPLAINTS, DISMISSALS, ORDERS, ETC.**

**VII. APPLICANT'S CERTIFICATION, WAIVER AND RELEASE**

I hereby certify that the statements and information contained in the foregoing application for recertification as a Workers' Compensation Law Attorney are true and complete.

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

I hereby release, discharge, and exonerate the New Jersey Board on Attorney Certification and Workers' Compensation 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 Workers' Compensation Certification Committee.

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SIGNATURE OF APPLICANT

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DATE