

SUPREME COURT OF NEW JERSEY
BOARD ON ATTORNEY CERTIFICATION



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Applicant's Number
(To be entered by Board)

WORKERS' COMPENSATION LAW ATTORNEY CERTIFICATION APPLICATION

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

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

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(s):

Do you hold any other certification in workers' compensation law? 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 WORKERS' COMPENSATION ATTORNEY (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 workers' compensation attorney. 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 the application. In addition, at least three references must be a judge 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. Justice of the Supreme Court of 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 _____ CLAIM PETITION # _____

NAME _____

FIRM OR COURT _____

ADDRESS _____

NAME OF CASE _____ CLAIM PETITION # _____

NAME _____

FIRM OR COURT _____

ADDRESS _____

NAME OF CASE _____ CLAIM PETITION # _____

NAME

FIRM OR COURT

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FIRM OR COURT

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NAME OF CASE

CLAIM PETITION #

III. PROFESSIONAL EXPERIENCE AS A WORKERS' COMPENSATION ATTORNEY (Rule 1:39-2(b); RG. 203:3)

PART A. TEN CONTESTED ACTIONS

List 10 contested workers' compensation 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. For more details as to what qualifies as a "contested action," please refer to Rule 1:39-2(b); RG. 203:3(c) and (e).

List each contested action on a separate sheet. 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.

NARRATIVE

As to each contested action, please provide a brief narrative statement describing the case. Include the nature of the action (dependency, total disability, partial permanent disability, etc.), the principal issue or issues involved, the witnesses presented, any unusual trial problems or techniques, and any 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.

TOTAL DISABILITY

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

DATE

THIS MATTER WAS _____ TRIED TO A CONCLUSION _____

_____ PARTIALLY TRIED _____

_____ SETTLED PRIOR TO TRIAL _____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

DEPENDENCY

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

SECOND INJURY FUND

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

PERMANENT/PARTIAL

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

MOTION FOR MEDICAL AND/OR TEMPORARY BENEFITS

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

APPEALS

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS TRIED _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

PART B - SECOND INJURY FUND MATTERS

List a minimum of five (5) Second Injury Fund matters in which you had primary responsibility since plenary admission to the bar, involving post-1980 cases, and resulting in an Order for Second Injury Fund liability. [Rule 1:39-2(b); RG. 203:3(d)] If you have listed Second Injury Fund matters in response to Part A, please do not repeat them here. The Second Injury Fund matters listed in this section should not include any of those Second Injury Fund matters listed in Part A or Part C of this application.

SECOND INJURY FUND MATTERS

_____ of _____

CAPTION _____

CLAIM PETITION NUMBER _____

VICINAGE _____

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

		<u>DATE</u>
THIS MATTER WAS	_____ TRIED TO A CONCLUSION	_____
	_____ PARTIALLY TRIED	_____
	_____ SETTLED PRIOR TO TRIAL	_____

IF TRIED OR PARTIALLY TRIED:

NUMBER OF DAYS _____

NAME OF JUDGE _____

OUTCOME _____

NARRATIVE

C. List 120 workers' compensation cases resolved to completion by you in the three years immediately preceding this application. Please do not include matters that you have listed as "contested matters" under Section A or Second Injury Fund matters listed in Section B. Please list the oldest cases first. Attach additional sheets as necessary, following the format shown on this page. [Rule 1:39-2(b); RG, 203:3(b)]

NAME OF CASE & CLAIM PETITION NUMBER MO/YR OF DISPOSITION	JUDGE AND VICINAGE	INDICATE: TRIED (T) PARTIALLY TRIED (P) SETTLED (S) CONCLUDED ON MOTION (M)	NATURE OF ACTION	NAMES OF ALL COUNSEL (INDIVIDUALS, NOT FIRM NAMES)	ANY OTHER RELEVANT INFORMATION
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D. Please provide the Board and the Workers' Compensation Certification Committee 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 workers' compensation practice. [Rule 1:39-2(b); RG. 203:3(a)]

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 MEDICAL OR LEGAL PROGRAMS OF STUDY FOR WORKERS' COMPENSATION 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 MEDICAL OR LEGAL PROGRAMS OF STUDY FOR WORKERS' COMPENSATION 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 MEDICAL OR LEGAL PROGRAMS OF STUDY FOR WORKERS' COMPENSATION 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 Workers' Compensation Law Attorney are true and complete.

I authorize the Workers' Compensation 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 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.

(DATE)

(SIGNATURE OF APPLICANT)